

SEASIDE PARK POLICE DEPARTMENT

Application Guide

Applicant:

Congratulations on taking your first step towards a career in Law Enforcement. This form will serve as your guide for the order of movement through the Application Process.

Along with this guide, there are four (4) additional sections of this application. They are as follows:

1. Police Application
2. Official Waiver of Liability Form
3. Physical Assessment Test Packet
4. Medical Release Form

Upon downloading and printing the necessary forms, follow the steps below to complete your Application Packet:

- Step 1: Complete in full the Police Application. Every question must be answered in handwritten form using black ink.
- Step 2: Complete the "Official Waiver of Liability", the "Authorization and Release Acknowledgement" and the "Oath" forms in the presence of a Notary Public, and have said forms notarized accordingly.
- Step 3: Make an appointment with your health care provider for the purpose of obtaining medical clearance to participate in entry level law enforcement training. On the date of the appointment, bring with you the Physical Assessment Test Packet and the Medical Release Form. Have your doctor review the Physical Assessment Test Packet and indicate on the Medical Release Form whether or not you are medically eligible to participate.
- Step 4: Complete the top section of the first page of the Applicant Reference Request and provide the forms to the three people you have selected. These references must have known you for at least three years and may not be family members. We cannot start your background investigation without your references being submitted with your application.
- Step 5: Submit your completed Police Application, Medical Release Form and three (3) notarized forms at Seaside Park Police Headquarters between the hours of 8am and 4pm, Monday through Friday. At this time, you will also need to submit the required Application processing fee of \$20.00. This fee is acceptable in cash or money order form only.

*****In addition to the application, all three notarized forms and the processing fee are required. Any incomplete or missing forms will result in your Application Packet being removed from further consideration*****

Further instruction will be provided for the Application Process upon submitting a complete Application Packet. Any questions or concerns regarding the application process should be directed to:

Detective AJ Mantz at 732-793-8000 Ext 247 or at detectivemantz@seasideparknj.org

SEASIDE PARK POLICE DEPARTMENT

Application for Police Officer



NOTICE

Seaside Park Police Department conducts background investigations of all applicants for public safety positions to decide their suitability for employment. We need information from you so that we may follow the laws that apply to selecting people for employment. If you do not answer these questions, we cannot process your application.

We must have your Social Security Number (SSN) to keep your records straight. Other people may have the same name and/or date of birth. The SSN has been used to keep records since 1943, at the direction of Executive Order 9397.

Seaside Park Police Department may also use your SSN to ask for information about you from employers, schools, banks, law enforcement agencies, credit agencies and others who know you. We will only use your SSN when the law allows it. Data we collect by using your SSN may also be given to federal, state or local agencies to check for violations, or for studies or statistics that will not identify you. We may also give information we have about you to federal, state or local agencies to conduct other lawful checks.

NOTICE

If any of the following occurs during the time you are being investigated, you must notify the Detective Bureau in writing:

- 1 Name change
- 2 Address or telephone number change
- 3 Employer change
- 4 If you are arrested
- 5 If you receive a criminal summons
- 6 If you are sued
- 7 If you receive a traffic citation
- 8 If you are involved in a motor vehicle accident
- 9 If you become the subject of a disciplinary action at work
- 10 If you are terminated from any employment
- 11 Any other significant event that occurs in your life

Notify the Applicant Investigator at this address:

Seaside Park Police Department
Attn: Detective Bureau
6th & Central Avenues
PO Box 56
Seaside Park, NJ 08752

NOTICE: N.J.S. 2C:28-3a *A person commits an offense if he/she makes a written false statement which he does not believe to be true, on or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable.*

POLICE APPLICANT PERSONAL HISTORY QUESTIONNAIRE

INSTRUCTIONS:

- Read through the entire questionnaire before completing the required information. You are responsible for personally preparing the questionnaire and compiling all of the required documents. Answer every question and leave no blank spaces. If a question does not apply to you, write "DNA" in the space provided for the answer. All dates should include the month, day and year.

- The information you provide in this questionnaire and throughout the background investigation will determine your suitability for the position being sought. Any falsification or omission of a material fact or any deception shall be grounds for removal from the list and, if hired, may be grounds for termination at a later date. Answer all questions fully by providing specific details. If, for any reason, additional space is needed to answer a question, use the continuation page provided. Be sure to number any responses on the continuation page. Questionnaires shall be clearly written in block lettering using black ink. Questionnaires must be legible.

- The Seaside Park Police Department is committed to a policy of equality of opportunity for all prospective and current employees regardless of race, color, creed, sex, age, national origin or disability and does not discriminate on any such basis with respect to its activities, programs or policies.

- If you are qualified and are entitled to reasonable accommodations to assist you in completing this questionnaire or during any phase of the hiring process you must request an accommodation when needed to the Detective Bureau or as soon as possible.

- If you have any contact with a law enforcement agency or ANY information in your background changes contact the Detective Bureau immediately!

- If you have specific questions contact Detective AJ Mantz at (732) 793-8000

This background investigation and its result are strictly confidential and are the sole property of the Seaside Park Police Department. Copies of reports and documents may be forwarded to the Appointing Authority, its agents and CSC as needed. Information we collect about you and our reports may be provided to any federal, state, and local agencies regarding violations of law and for any other lawful purposes. All copies of documents provided by the candidate become the sole property of the Seaside Park Police Department and will not be returned. This questionnaire is NOT an offer for employment.

**Application must be handwritten in ink.
Do not type this application.**

**YOU MUST PROVIDE COPIES OF THE FOLLOWING DOCUMENTS
WHEN SUBMITTING THIS APPLICATION**

DO NOT SUBMIT ORIGINAL DOCUMENTS

- Birth certificate.
- High school diploma or certificate of high school equivalency. (High school equivalency certificate (e.g. GED report) must be accompanied by the test score report.)
- Official sealed and unopened high school and college or university transcripts. If the school will not give you the transcripts, have them mailed to: Seaside Park Police Department, Attn: Detective Bureau, 6th & Central PO Box 56, Seaside Park, NJ 08752
- DD Form 214, Certificate of Discharge from the Armed Forces, for each period of military service. The DD Form 214 must be the copy that reflects "Reentry Code".
- Marriage license(s).
- Naturalization certificate.
- Court orders or paper such as those listed below. Even if not listed below, if you fail to provide all civil or criminal court papers, we will terminate your interview:
 - 1 Divorce decree (s)
 - 2 Name change(s)
 - 3 Adoption(s)
 - 4 Civil or criminal court orders or dispositions
 - 5 Bankruptcy order(s)
 - 6 Ex Parte orders
 - 7 Paternity suits
- Social Security card.
- Driver's license, any vehicle registration card(s) and proof of insurance.
- Copies of any motor vehicle accident reports.
- Selective Service card or letter from the Selective Service proving you registered (males only).

**FAILURE TO PROVIDE THESE DOCUMENTS MAY RESULT
IN DISQUALIFICATION**

Automatic Disqualifiers for Employment

As part of the Background Investigation and the Hiring process for the Seaside Park Police Department, there are certain automatic disqualifiers which will result in the termination of the hiring process. This list includes the following:

1. If you were ever convicted of an indictable offense or are presently under indictable conviction expungement
2. A conviction of any offense involving Domestic Violence
3. A conviction of any offense involving a "controlled dangerous substance"
4. A conviction of any offense involving public office, position or employment (IE, school board, township committee, etc)
5. If you were adjudicated to have committed an act of juvenile delinquency. "Juvenile Delinquency" here means the commission of an act, which, if committed by an adult, would constitute an indictable offense.
6. If you were adjudicated by a court or found by an employer to have violated any person's civil rights in this State or any other State.
7. If you are currently on probation or have ever been on probation at any time within the last 12 months in this State or any other State.
8. If you participated in a program of supervisory treatment or pretrial intervention for an indictable offense under N. J. S. A. 2C:43-12 or any out of state equivalent.
9. If you have been convicted of driving while intoxicated two times or once within the past five years in this State or any other State.
10. If you're driving privilege is currently revoked or suspended in New Jersey or in any other State.
11. If you were dishonorably discharged from any branch of military service or law enforcement agency.
12. If you have ever renounced your United States Citizenship
13. If you are currently subject to a final domestic violence restraining order
14. If you were terminated or asked to resign from a public office, position, or government employment for misconduct involving such public office, position or employment
15. If you have possessed or used any other illegal drug or drugs other than those prescribed or provided by a physician or purchased over the counter including the use of anabolic steroids with the past ten (10) years.
16. If you have ever sold, or given an illegal drug to another person in your life.
17. If you have ever manufactured an illegal drug at any time in your life.

NOTICE: N.J.S. 2C:28-3a *A person commits an offense if he/she makes a written false statement which he does not believe to be true, on or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable*

I certify and attest that none of the aforementioned disqualifiers apply to me.

Signature of Applicant: _____

PRINT NAME Last (Include Maiden Name) First Middle

MAILING ADDRESS Number & Street City or Town State Zip Code

County Home Phone # Cell Phone #

Email Address

IF CURRENT RESIDENCE IS DIFFERENT FROM ABOVE, COMPLETE THE FOLLOWING

City State County Home Phone #

READ THESE INSTRUCTIONS CAREFULLY PRIOR TO FILLING OUT APPLICATION

INSTRUCTIONS: Read through this entire application before completing the required information. **ANSWER EVERY QUESTION AND LEAVE NO BLANK SPACES. IF A QUESTION DOES NOT APPLY TO YOU, WRITE (DNA) IN THE SPACE PROVIDED FOR THE ANSWER.** Initial and date each page upon completion. A candidate will be rejected from the selection process who has intentionally made a false statement or practiced, or attempted to practice any deception or fraud in filling out this application or subsequent interview. The application must be prepared by the applicant, with the exception of Voucher Information. Vouchers will complete their own required information and then date and sign the voucher form. All entries except signatures **must be printed legibly in BLOCK LETTERS** with black ink. If there is insufficient space available for answering any question, **use the continuation page provided.** Precede each answer on continuation page with the corresponding number of the question being answered.

Initial and Date

Application for Employment

(Print using Black Ink)

Date: _____

Class II: ☐

Class I: ☐

1. Name _____
Last First Middle in Full Nickname

2. Home Address _____
Number Street City State Zip

3. Length at Current Address (Years & Months) _____ Home Phone _____
Cell Phone _____

4. Previous Address:
(If less than 3 Years) _____
Number Street City State Zip

5. Emergency Contact: _____
Full Name Address Phone Cellular

6. Local Address _____
(During Employment) Number Street City State Zip

7. Email Address: _____

8. Last available dates for full time duty _____ Available weekends after this? ☐ Yes ☐ No

9. Are you certified as an SLEO? ☐ Yes ☐ No If yes, SLEO I or SLEO II (circle one) and date completed _____

10. Personal Information:

Are you a citizen of the United States? ☐ Yes ☐ No _____
Date of Birth (mm/dd/yyyy) Age Sex Race

Social Security Number Marital Status Number of Dependents

11. Drivers License Information: _____
DL Number State Expiration Date

12. Spouse Information:

Is your spouse a citizen of the United States? ☐ Yes ☐ No

Name Date of Birth (mm/dd/yyyy) Sex Race Social Security Number

FOR DEPARTMENT USE ONLY:

DATE RECEIVED: _____

RECEIVED BY: _____

INTERVIEW: _____

STATUS: _____

APPLICANT ADVISED: _____

(cont. Spouse Information)

If never married, list one or more dating partners with whom you were involved in the past three years.

Name: _____ Phone # : _____
Occupation: _____ Duration of Friendship: _____
Street Address (city, state, zip): _____

Name: _____ Phone # : _____
Occupation: _____ Duration of Friendship: _____
Street Address (city, state, zip): _____

Name: _____ Phone # : _____
Occupation: _____ Duration of Friendship: _____
Street Address (city, state, zip): _____

FAMILY INFORMATION:

Father's Name: _____ Currently Living? : _____
Phone # : _____ Occupation: _____
Street Address (city, state, zip): _____

Mother's Name: _____ Currently Living? : _____
Phone # : _____ Occupation: _____
Street Address (city, state, zip): _____

Sibling's Name: _____ Currently Living? : _____
Phone # : _____ Occupation: _____
Street Address (city, state, zip): _____

Married? _____ Spouse's Maiden Name: _____

Sibling's Name: _____ Currently Living? : _____
Phone # : _____ Occupation: _____
Street Address (city, state, zip): _____

Married? _____ Spouse's Maiden Name: _____

Sibling's Name: _____ Currently Living? : _____
Phone # : _____ Occupation: _____
Street Address (city, state, zip): _____

Married? _____ Spouse's Maiden Name: _____

13. Educational Data:

Type of School	Name of School and Location	Dates of Attendance	Graduate		Special Subjects and Degrees
Grade			☐ Yes	☐ No	
High School			☐ Yes	☐ No	
College / University			☐ Yes	☐ No	
Other School			☐ Yes	☐ No	

14. Military Service and Experience:

Branch of Service	Date Entered	Date of Discharge	Type of Discharge
Detail any Special Training: _____			

15. Work History (Provide at minimum, the past (5) years, attach additional sheets if necessary)

Employer	Dates / Positions	Summary of Duties
Name	Employed From:	
	To:	
Address	Position Held:	
Reason for leaving above job		
Contact Person and Phone Number		
Employer	Dates / Positions	Summary of Duties
Name	Employed From:	
	To:	
Address	Position Held:	
Reason for leaving above job		
Contact Person and Phone Number		

Initial and Date

16. Previous Law Enforcement Experience or Training:

17. Violation/Criminal History:

Has your Drivers License ever been suspended in this state or any other state? If YES, please explain: ☐ Yes ☐ No

Have you ever been detained, questioned or arrested, as an adult or juvenile anywhere in this state or elsewhere (including all expunged matters) or been charged with any criminal offense, disorderly persons offense or ordinance violation?

☐ Yes ☐ No

Date	Violation / Incident	Location	Disposition	Police Agency Concerned	Your Age at Time

Have you ever been issued a motor vehicle summons in this State or elsewhere (including all moving and non-moving violations?)

☐ Yes ☐ No

Date	Offense	Location	Disposition	Police Agency Concerned	Your Age at Time

Have you ever been held as a suspicious person or investigated by any law enforcement or private security agency for any reason?

☐ Yes ☐ No

If yes, explain in detail: _____

18. Civil Actions:

Have you ever been named as a party in any type of Civil Action? (If yes, describe when and where below) ☐ Yes ☐ No

Initial and Date

Have you ever been served or been named in a domestic violence restraining order in this State or elsewhere?

(If yes, describe when and where below) ☐ Yes ☐ No

19. Have you ever been denied a firearms identification card or permit to purchase a firearm in this State or elsewhere?

(If yes, describe when and where below) ☐ Yes ☐ No

Date	Location	Reason for Denial	Police Agency Concerned

20. Do you currently, or have you within the past five (5) years, owned or leased a motor vehicle, power boat, or aircraft of any kind?

☐ Yes ☐ No If yes, provide the following information:

Vehicle Type	License Plate #	State	Year	Make	Model	Currently Own?

List the name and address of company(ies) which carries your auto or other type craft insurance:

Has your auto or other type craft insurance ever been revoked or refused? ☐ Yes ☐ No

If yes, give complete details:

MISCELLANEOUS:

21. Have you previously made an application for employment with this or any other law enforcement agency? ☐ Yes ☐ No

If yes, give full details as to the agency or agencies, dates, and status of that application below:

22. Have you ever been rejected by another police department for employment? ☐ Yes ☐ No

If yes, give full details as to when, where, and why:

23. Are you currently on an employment list or have you taken any tests for potential employment with any other law enforcement agency? ☐ Yes ☐ No If yes, give details as to dates and agencies:

24. Were you ever discharged or asked to resign from employment? ☐ Yes ☐ No If yes, how many times?

Give details below:

Date	Employer	Supervisor's Reason

Initial and Date

25. Were you ever subjected to disciplinary action in connection with any employment? ☐ Yes ☐ No

If yes, how many times? _____ Give details below:

Date	Employer	Supervisor's Reason

26. Are you now, or were you ever, a member of a labor or fraternal organization? ☐ Yes ☐ No If yes, list below:

Name of Organization: _____ Type of Organization: _____

Dates Attended From and To (include Month & Year: _____

Street Address (city, state, zip): _____

Name of Organization: _____ Type of Organization: _____

Dates Attended From and To (include Month & Year: _____

Street Address (city, state, zip): _____

27. Do you smoke cigarettes, cigars, or a pipe? ☐ Yes ☐ No If yes, how frequently? _____

28. Do you consume any alcoholic beverage? ☐ Yes ☐ No If yes, how frequently? _____ Quantity? _____

29. How would you describe your use of alcoholic beverages? _____

30. Do you read, write and / or speak the English language fluently? ☐ Yes ☐ No

31. Do you read, write and / or speak any other language than English fluently? (If yes, list below) ☐ Yes ☐ No

32. References (Do not list relatives or others previously noted in application.)

Name: _____ Phone # : _____

Occupation: _____ Cell Phone #: _____

Street Address (city, state, zip): _____

Name: _____ Phone # : _____

Occupation: _____ Cell Phone #: _____

Street Address (city, state, zip): _____

Name: _____ Phone # : _____

Occupation: _____ Cell Phone #: _____

Street Address (city, state, zip): _____

Social Media Profiles (Include usernames) _____

Initial and Date

DRUG SCREENING THROUGH URINALYSIS
APPLICANT NOTICE AND ACKNOWLEDGMENT

I, _____, understand that as a part of the pre-employment process, the Borough of Seaside Park Police Department will conduct a comprehensive background investigation to determine my suitability for the position for which I have applied.

I understand that as part of this process, I will undergo certain medical and physical examinations, which will include drug screening through urinalysis.

I understand that a negative result on the drug screening is a condition of employment.

I understand that I can refuse to undergo this testing. If I refuse, I understand that I will be rejected for employment.

I understand that if I produce a positive result for illegal drug use, I will be rejected for employment.

I understand that if I produce a positive test result for illegal drug use that information will be forwarded to a central registry maintained by the Division of State Police. Information from that registry will be made available by court order or as part of a confidential investigation relating to law enforcement employment.

I understand that if I produce a positive test result for illegal drug use and I am not currently employed as a sworn law enforcement officer, I will be barred from future law enforcement employment in New Jersey for two years. After this two year period, the positive test result may be considered in evaluating my fitness for future law enforcement employment.

I understand that if I am currently employed as a sworn law enforcement officer and I produce a positive test result for illegal drug use, my current law enforcement employer will be notified of the positive test result in accordance with the Attorney General's guidelines and I will be dismissed from my position and I will be permanently barred from law enforcement employment.

I further understand that I will undergo unannounced drug screening by urinalysis during my attendance at academy training.

I acknowledge receipt of a copy of the methods and procedures for drug screening applicants for sworn law enforcement positions.

I have read and understand the information contained on this "Applicant Notice and Acknowledgment" form. I agreed to undergo drug screening through urinalysis as part of the pre-employment process.

Signature of Applicant

Date

Signature of Witness

Date

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

Initial and Date



SEASIDE PARK POLICE DEPARTMENT

1 Municipal Plaza
Seaside Park, New Jersey 08752
732-793-8000

Authorization and Release of Information

(Print Full Name)

I, _____, do hereby authorize a review and full disclosure of all records and information concerning myself to any duly authorized agent or representative of the Seaside Park Police Department, whether the said records or information are of a public, private or confidential nature to include information contained in any expunged or sealed records. I also authorize and request every person, firm, company, organization, government agency, be they municipal, county, state or federal court, financial or medical institution or any other organization having control of any documents, records and other information pertaining to me, to furnish to the Borough of Seaside Park any such information, including documents, records, files regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Borough of Seaside Park or any of its agents or representatives to inspect and make copies of such documents, records and other information. I also authorize the New Jersey Division of Taxation to obtain and provide to the Borough of Seaside Park any and all records pertaining to the filing of state, federal and out of state tax returns.

Military Records Release

I hereby request and authorize the Department of _____ (Army, Navy, Air Force) to furnish to the Borough of Seaside Park the record of each period of my service therein, and to furnish the character and service rendered for each period. My serial number (Social Security Number) is _____ (supply from DD 214). ☐ Check box if never in the military.

- I understand that any information obtained by a confidential background investigation which is developed directly or indirectly, in whole or part, upon this Authorization and Release will be considered in determining my suitability for employment by the Borough of Seaside Park.
- I hereby release, discharge and exonerate the Borough of Seaside Park, its agents and representatives and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing, inspection or collection of such documents, records, and other information or the investigation made by the Seaside Park Police Department.
- A photo copy of this Authorization and Release from will be valid as a original thereof, even though the said photo copy does not contain an original writing of my signature.

I have read and fully understand the contents of this Authorization and Release. _____ (Initials)

Sworn to and subscribed before

This _____ day of _____, 20____

(Signature)

(Print Name and Title)

(Affix Notary Seal)

Signature – (Include maiden name)

Date: _____

Address: _____

Date of Birth: _____

Social Security Number: _____

This page must be completed in the presence of a notary public

****OATH must be completed in the presence of a notary public ****

NOTICE: N.J.S. 2C:28-3a

A person commits an offense if he/she makes a written false statement which he does not believe to be true, on or pursuant to a form bearing notice, authorized by law, to the effect that false statements made therein are punishable.

I, _____, a candidate for the position of _____ _____ for the Seaside Park Police Department, N.J.; being duly sworn, depose and say that I am the above named person; I have read and answered each and every question contained in the foregoing pages honestly and completely. I have reviewed the contents of my answers on each page, and have personally initialed each page on the bottom to indicate such. I fully understand that any deception, misstatement of fact or record, or omissions made which in any manner or way may affect my eligibility for the position sought may result in the automatic removal of my name from eligibility and subject to penalty under the law. <table><tr><td>_____</td><td>sworn before me this</td></tr><tr><td>Candidate's signature</td><td>_____ day of _____ 20 _____</td></tr><tr><td colspan="2">_____ Notary Public</td></tr></table>		_____	sworn before me this	Candidate's signature	_____ day of _____ 20 _____	_____ Notary Public	
_____	sworn before me this						
Candidate's signature	_____ day of _____ 20 _____						
_____ Notary Public							

Staple 2"x2" color passport type photo here
--

Candidate's Signature

Officer Receiving Date & Time

Waiver of Liability and Release of All Claims

Instructions: Read this form carefully and completely. Sign and date the form at the bottom of the page only after reading the entire page carefully and completely. Initial each section after reading the section carefully and completely.

I declare and represent that I received a written description entitled "Class I Physical Assessment Test Packet" and am aware of what this test entails. I have read completely and fully understand the "Class I Physical Assessment Packet" and understand the nature of the physical fitness events comprising the Physical Assessment Test. I understand that certain aspects of the Physical Assessment Test present a risk of possible physical or psychological injury, however, I choose to voluntarily participate in this Physical Assessment Test. I further declare and represent that I am now in good health, that I am familiar with and understand the nature of the Physical Assessment Test, that I am physically and medically fit to participate in the tests, and that my personal attire is safe and fit for participation in the test. I personally assume any and all risks of injury with respect to all matters pertaining to my participation in the test, including death, damage, or loss which I may sustain as a result of participating in any activities associated with the test. I hereby consent and agree to all of the following terms and conditions.

Initial

Acknowledgment of Risk As a voluntary participant in the Physical Assessment Test, I recognize and acknowledge that there are certain risks of physical injury inherent in the Physical Assessment Test. I agree to assume the full risk of any injury, including death, damage or loss which I may sustain as a result of my voluntary participation in any and all activities connected with or associated with the test.

Initial

Waiver of Liability and Release of All Claims I do hereby for myself, heirs, executors and administrators, and other parties claiming under or through me, fully waive, relinquish, release, and forever quit-claim and discharge the Seaside Park Police Department and all its elected officials, trainers, officers, agents, employees, servants, monitors, and examiners from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related in any way to any loss, damage, medical expense, or injury (including death) that may be sustained by me while participating in the Physical Assessment Test, or upon the premises where the test is begin conducted, whether the loss, damage, medical expense injury, or death results from the negligence of the Seaside Park Police Department or its elected officials, trainers, officers, agents, employees, servants, monitors, or examiners, or is otherwise caused.

Initial

Indemnity and Defense I do hereby agree, for myself, heirs, executors, and administrators, and other parties claiming under or through me, to indemnify and hold harmless and defend the Seaside Park Police Department and its elected officials, trainers, officers, agents, employees, servants, monitors, and examiners from any and all claims, suits or demands, actions, or causes of action whatsoever arising out of or related in any way to loss, damage, or injury (including death) that may be sustained by me while participating in the Physical Assessment Test, or upon the premises where the test is being conducted.

Initial

Other I understand that the test administration staff may remove me from the test if they believe I might endanger myself or be an endangerment to others.

Initial

Other I understand that my participation in the Physical Assessment Test is entirely voluntary and that I may stop participating in the Physical Assessment Test at any time.

Initial

In signing below, I hereby certify and declare that I fully understand and agree to the foregoing terms, conditions, and declarations.

PRINT NAME

SIGNATURE

Subscribed and Sworn to before me this _____ Day of _____, _____.

_____, NOTARY PUBLIC

REFERENCE FOR: _____ who is seeking
NAME

employment with the Seaside Park Police Department.

I, the above named applicant, request that _____
REFERENCE'S NAME

serve as a personal reference for me and provide this completed reference form to the above named agency. I herein request and authorize you to provide any information required in completing the following form. You are required to respond truthfully in completing the following form and in providing information upon which the employing agency will evaluate my suitability for the position I seek. I herein authorize you to provide the required information even if that information might unfavorably impact upon my application with the above named law enforcement agency.

SIGNATURE

DATE

TO THE VOUCHER:

As a voucher, you are required to respond fully and truthfully in the answers you provide below and in any other information you provide regarding the above applicant who seeks employment with a law enforcement agency.

The voucher should read carefully and respond truthfully to all questions and in all statements provided before signing this reference form. All information provided must be provided by the voucher and within the personal knowledge of the voucher.

I, the undersigned person, declare that I am over eighteen (18) years of age. That I have personally known the applicant for at least three (3) years. That I am not related in any way to the applicant. That I have read the foregoing, and that the statements and information provided herein by me are true to the best of my knowledge. I will, upon request, give further facts concerning the applicant, as I may possess. I understand that my response will be considered to be confidential.

(PLEASE TYPE OR PRINT BY HAND ALL RESPONSES REQUIRED BELOW)
VOUCHER:

Name: _____ Date of Birth: ____/____/____

Address: _____

Phone Number: () _____ Cell Phone: () _____

Occupation: _____

How long have you personally known the applicant? _____

In your opinion, would the applicant make a good law enforcement officer? _____

If you were in danger would you want the applicant to be the officer to assist you? _____

Why? _____

What do you believe the applicant's most significant attributes are? _____

Do you personally know of any reason why the applicant should not be hired as a law enforcement officer? _____ If so, please explain: _____

On a scale from one to ten, with ten being the highest, where would you place the applicant as an individual, who possesses all of the character, personality, temperament, and mental ability necessary to be a good and successful law enforcement officer? _____

SIGNATURE

DATE

REFERENCE FOR: _____ who is seeking
NAME

employment with the Seaside Park Police Department.

I, the above named applicant, request that _____
REFERENCE'S NAME

serve as a personal reference for me and provide this completed reference form to the above named agency. I herein request and authorize you to provide any information required in completing the following form. You are required to respond truthfully in completing the following form and in providing information upon which the employing agency will evaluate my suitability for the position I seek. I herein authorize you to provide the required information even if that information might unfavorably impact upon my application with the above named law enforcement agency.

SIGNATURE

DATE

TO THE VOUCHER:

As a voucher, you are required to respond fully and truthfully in the answers you provide below and in any other information you provide regarding the above applicant who seeks employment with a law enforcement agency.

The voucher should read carefully and respond truthfully to all questions and in all statements provided before signing this reference form. All information provided must be provided by the voucher and within the personal knowledge of the voucher.

I, the undersigned person, declare that I am over eighteen (18) years of age. That I have personally known the applicant for at least three (3) years. That I am not related in any way to the applicant. That I have read the foregoing, and that the statements and information provided herein by me are true to the best of my knowledge. I will, upon request, give further facts concerning the applicant, as I may possess. I understand that my response will be considered to be confidential.

(PLEASE TYPE OR PRINT BY HAND ALL RESPONSES REQUIRED BELOW)
VOUCHER:

Name: _____ Date of Birth: ____/____/____

Address: _____

Phone Number: () _____ Cell Phone: () _____

Occupation: _____

How long have you personally known the applicant? _____

In your opinion, would the applicant make a good law enforcement officer? _____

If you were in danger would you want the applicant to be the officer to assist you? _____

Why? _____

What do you believe the applicant's most significant attributes are? _____

Do you personally know of any reason why the applicant should not be hired as a law enforcement officer? _____ If so, please explain: _____

On a scale from one to ten, with ten being the highest, where would you place the applicant as an individual, who possesses all of the character, personality, temperament, and mental ability necessary to be a good and successful law enforcement officer? _____

SIGNATURE

DATE

REFERENCE FOR: _____ who is seeking
NAME

employment with the Seaside Park Police Department.

I, the above named applicant, request that _____
REFERENCE'S NAME

serve as a personal reference for me and provide this completed reference form to the above named agency. I herein request and authorize you to provide any information required in completing the following form. You are required to respond truthfully in completing the following form and in providing information upon which the employing agency will evaluate my suitability for the position I seek. I herein authorize you to provide the required information even if that information might unfavorably impact upon my application with the above named law enforcement agency.

SIGNATURE

DATE

TO THE VOUCHER:

As a voucher, you are required to respond fully and truthfully in the answers you provide below and in any other information you provide regarding the above applicant who seeks employment with a law enforcement agency.

The voucher should read carefully and respond truthfully to all questions and in all statements provided before signing this reference form. All information provided must be provided by the voucher and within the personal knowledge of the voucher.

I, the undersigned person, declare that I am over eighteen (18) years of age. That I have personally known the applicant for at least three (3) years. That I am not related in any way to the applicant. That I have read the foregoing, and that the statements and information provided herein by me are true to the best of my knowledge. I will, upon request, give further facts concerning the applicant, as I may possess. I understand that my response will be considered to be confidential.

(PLEASE TYPE OR PRINT BY HAND ALL RESPONSES REQUIRED BELOW)
VOUCHER:

Name: _____ Date of Birth: ____/____/____

Address: _____

Phone Number: () _____ Cell Phone: () _____

Occupation: _____

How long have you personally known the applicant? _____

In your opinion, would the applicant make a good law enforcement officer? _____

If you were in danger would you want the applicant to be the officer to assist you? _____

Why? _____

What do you believe the applicant's most significant attributes are? _____

Do you personally know of any reason why the applicant should not be hired as a law enforcement officer? _____ If so, please explain: _____

On a scale from one to ten, with ten being the highest, where would you place the applicant as an individual, who possesses all of the character, personality, temperament, and mental ability necessary to be a good and successful law enforcement officer? _____

SIGNATURE

DATE

PHYSICAL CONDITIONING TESTING PROCEDURE FOR ALL BASIC LAW ENFORCEMENT COURSES THAT CONDUCT A PHYSICAL CONDITIONING COMPONENT

At the August 3, 2016, Police Training Commission meeting, the Commissioners approved a motion adding a testing standard and procedures to the physical conditioning functional area with appropriate updates to the curriculum in the Physical Conditioning Manual.

Initial testing will be done during the first physical conditioning assessment of the basic law enforcement courses (to establish a base line all events will be run).

General Physical Conditioning Testing Procedures

1. Warm up for at least three (3) minutes.
2. Perform Vertical Jump, and then recover for 1-2 minutes.
3. Perform the 1-Minute Sit-up, and then recover for 5 minutes.
4. Perform the 300 Meter Run, and then recover for 10 minutes.
5. Perform the 1-Minute Push-up, and then recover for 5 minutes.
6. Perform the 1.5 Mile Run, and then recover for 5 minutes.

Important Note: Trainees should recover through active techniques (walking, stretching, etc.). Trainees may be given more time in between events due to processing delays but should not be given less time in between activities.

Physical Conditioning Passing Test Requirements:

Vertical Jump: 15 inches

1 Minute Sit-up: 28 repetitions

300 Meter Run: 70.1 seconds or less

1 Minute Push-up: 24 repetitions

1.5 Mile Run: 15:55 minutes or less

PTC

New Jersey

Police Training Commission



Notice to Physician

Under N.J.A.C. 13:1-8.1(a)5, the individual you are examining is required to obtain medical clearance prior to acceptance into a Police Training Commission basic course involving physical activity. This training may include physical conditioning, defensive tactics (unarmed defense) training, baton training, physical restraint training, exposure to chemical agents and firearms training.

Physical conditioning consists of a series of physical fitness assessments and a program of physical exercise conducted at a school approved by the Police Training Commission. The exercise program will be conducted a minimum of three and a maximum of five times per week, each session lasting sixty minutes. For individuals who are more highly fit, an additional ten minutes of aerobic activity is permitted. The program of physical exercise will focus on flexibility, cardiorespiratory endurance (aerobics), strength, power, speed, and neuromuscular coordination (agility, balance). The intensity of training is individualized to the extent possible in a group setting and is gradually increased throughout the course of the exercise program.

Please note that some of the commission-approved schools have requested and received commission approval to include variations to the mandated physical conditioning training program. These variations include the use of Universal equipment, super-circuit weight training, boxing, obstacle courses and the horizontal ladder. The director of the school where the trainee will be enrolled has been informed to supply directly to you information concerning a school's variation from the commission-mandated physical conditioning program.

Defensive tactics (unarmed defense) training teaches the trainee to use body parts as defensive weapons. The trainee will use the open hand, elbow, forearm, knee, foot, and hand during the defensive moves. Take-down tactics, holds, punching, straight kicks and headblocks are some of the defensive tactics employed during the training. Balance and leverage (extensive use of trunk and abdominal muscles) are part of the defensive stance used by the trainee.

Chemical agent training is held at either an indoor or an outdoor training area. A trainee may be exposed to either a direct facial spray of Oleoresin Capsicum (OC) or a room in which the chemical agent has been released. The trainee experiences the physiological impairments and reactions associated with the agent as well as understanding the aftercare required.

Firearms training is held either in an indoor or an outdoor range and the trainees use

handguns and shotguns. A trainee walks briskly or slowly jogs from the 25-yard to the 1-yard line, with intermittent stops at designated yard lines, and fires the handgun. Standing, prone, kneeling and barricaded positions are assumed. Trainees use both the strong and support hands for handgun firing. Shotguns, weighing approximately 11 pounds, are fired from a standing position using the strong shoulder position. In the Basic Course for State Corrections Officers, rifle training is required. Rifles, weighing approximately 12 -13 pounds are fired from behind barricades from a standing and kneeling position. The strong shoulder and strong knee positions are used.

For firearms training, manual dexterity is required and there may be problems if any fingers or limbs are missing or if there are problems with vision.

To assist you in understanding the training program this individual will participate in, we have enclosed the following:

- Chart 1 - Physical Conditioning Exercise Program Overview and Sequence of Exercises for Five-Day Week
- Chart 2 - Physical Conditioning Exercise Program Overview and Sequence of Exercises for Three-Day Week
- Chart 3 - Static and Dynamic Flexibility Exercises
- Chart 4 - Calisthenics/Strength Exercises
- Chart 5 - Defensive Tactics
- Other - Medical Certification Form

The Commission-approved Physical Conditioning Training Program manual specifies that the following shall be included in the physical examination:

- o A hearing examination.
- o Physical examination of the spine and limbs for bone and joint abnormalities and of the neck, chest, abdomen, eyes, ears, nose, and throat
- o Auscultation of heart and lung sounds for identification of possible cardiac murmurs, dysrhythmias, or chronic lung disease
- o Measurement of resting heart rate, blood pressure and respiration
- o Height and weight

The following laboratory work is required:

- o Chemical analysis of blood for levels of serum cholesterol, triglycerides, glucose, and uric acid
- o Urinalysis from State Toxicology Laboratory (Agency must Submit)

- o Electrocardiogram.

If indicated because of medical history or a finding on the examination, a chest x-ray may be required.

A maximal exercise stress test may be required. In keeping with the guidelines of the American College of Sports Medicine, it is desirable for an individual 45 years of age or older to have a maximal exercise stress test before beginning the training program. An exercise stress test prior to acceptance into the school is strongly recommended for prospective trainees whose medical screening and fitness evaluation indicate a higher risk status or the presence of disease. The physician, however, will determine whether or not the stress test is to be administered.

A Health History Statement (PTC-7) including cardiac-related information has been completed by the trainee to assist you in determining whether or not the individual is fit to undergo the commission-approved programs as specified in this letter. The trainee has been directed to provide you with the completed Health History Statement so that it may be reviewed during the medical examination. The responses contained in the Health History Statement are to be used as a starting point in the medical examination. Please feel free to inquire into any other areas which, in your medical opinion, are necessary so that you may accurately determine whether the prospective trainee is medically fit to undergo the programs described. Please retain a copy of the completed Health History Statement (PTC-7) in your files in accordance with N.J.A.C. 13:35-6.5.

Following the examination it is requested that you complete the enclosed Medical Certification Form (PTC-8). Please indicate whether the individual is:

Medically fit to participate in Defensive Tactics (unarmed defense), Chemical Agent exposure, Baton training, Physical Restraint training, Firearms Training and in the Police Training Commission's Physical Conditioning Training Program without limitations.

If the individual has a temporary illness or injury which will clear prior to the training program, please note that on the PTC-8 form.

Not medically fit to undergo training.

The nature and severity of any risks or disease should be viewed in light of the content of the training programs and the trainee's physical condition.

To ensure confidentiality of the completed Medical Certification Form and the Health History Statement, please return both in the envelope which is marked Confidential and is addressed to the chief executive of the employing agency.

Please retain a copy of the completed Medical Certification Form for your records.

Your cooperation is greatly appreciated.

CHART 1

PHYSICAL CONDITIONING EXERCISE PROGRAM

OVERVIEW AND SEQUENCE OF EXERCISES FOR FIVE-DAY WEEK

Warm-Up.....	<u>5 minute</u> walk accelerating to a slow jog.
Flexibility Exercises.....	<u>7 minutes</u> of stretching exercises to enhance range of motion of the principal joints associated with musculature. Flexibility exercises are to be selected from the exercises listed in Chart 3 and described in the Flexibility Exercises section. Exercises are to include stretching of the primary muscle groups that are going to be used during the conditioning phase.
Aerobic Activities.....	<u>15-20 minutes</u> of exercises from the following list of options: jogging/running, rope jumping, swimming, and bicycling. Trainees at the intermediate level of fitness (Level II) and at the advanced level (Level III) may add no more than an additional 10 minutes of aerobic activities to this component of the exercise session as specified in the Aerobic Activities Prescription Guidelines.
Transition Cool-down.....	<u>3 minutes</u> of rhythmic movement including stretching.
Calisthenics/Strength Exercises.....	<u>20 minutes</u> of strength exercises three times a week and <u>10 minutes</u> , two times a week. Exercises are to be selected from the exercises listed in Chart 5 and described in the Calisthenics/Strength Exercises section.
Speed and Agility Exercises.....	<u>5 minutes</u> of sprinting and <u>5 minutes</u> of agility running two times a week. (Trainees, however, may require additional time for the speed and agility components because of the rest periods specified in the Speed and Agility Prescription Guidelines.)
Cool-down.....	<u>5 minutes</u>

CHART 2

PHYSICAL CONDITIONING EXERCISE PROGRAM

OVERVIEW AND SEQUENCE OF EXERCISES FOR THREE-DAY WEEK

Warm-up	<u>5 minute</u> walk accelerating to a slow jog.
Flexibility Exercises.....	<u>7 minutes</u> of stretching exercises to enhance range of motion of the principal joints associated with musculature. Flexibility exercises are to be selected from the exercises listed in Chart 3 and described in the Flexibility Exercise section. Exercises are to include stretching of the primary muscle groups that are going to be used during the conditioning phase.
Aerobic Activities.....	<u>15-20 minutes</u> of exercise from the following list of options: jogging/running, rope jumping, swimming and bicycling. Trainees at the intermediate level of fitness (Level II) and at the advanced level (Level III) may add no more than an additional 10 minutes of aerobic activities to this component of the exercise session as specified in the Aerobic Activities Prescription Guidelines.
Transition Cool-Down.....	<u>3 minutes</u> of rhythmic movement including stretching.
Calisthenics/Strength Exercises.....	<u>20 minutes</u> of strength exercises every other day; <u>10 minutes</u> when time is allotted for Speed/Agility exercises. See below. Exercises are to be selected from the exercises listed in Chart 5 and described in the Calisthenics Strength Exercises section.
Speed and Agility Exercises	<u>5 minutes</u> of sprinting and <u>5 minutes</u> of agility running every other day. See below. Trainees, however, may require additional time for the speed and agility components because of the rest periods specified in the Speed and Agility Prescription Guidelines.
Cool-Down.....	<u>5 minutes</u>

CHART 3
STATIC AND DYNAMIC FLEXIBILITY EXERCISES

1. Neck Stretch (Dynamic)
2. Shoulder Stretches (Static)
3. Chest Stretch (Static)
4. Sitting Trunk Twist
5. Modified Indian Curl (Static)
6. Sitting Toe Touch (Static)
7. Straight Leg Abs
8. Lying Supine - Leg Over (Dynamic)
9. Prone Support Back Stretch (Static)
10. Standing Lateral Side Stretcher (Dynamic)
11. Supported Forward Stride Stretcher (Dynamic)
12. Standing Quad Stretches (Static)
13. Hamstring Stretch (Static)
14. Hamstring/Back of Knee Stretch (Static)
15. Hamstring and Calf Stretch (Static)
16. Standing Achilles and Calf Stretcher (Static)
17. Cross Body Arm Stretch
18. Standing Toe Touch
19. Lower Limb Neural Tension (Sitting)
20. Pelvic Tilt: Posterior - Legs Bent (Supine)
21. Knee-to-Chest with Neck Flexion Stretch (Supine)
22. Knee-to-Chest Stretch: Bilateral
23. Lumbar Rotation (Non-Weight Bearing)
24. Wall Slide
25. Hip Abduction (Side-Lying)
26. Hip Adduction (Side-Lying)
27. Terminal Knee Extension (Supine)
28. Hip Extension (Prone)
29. Knee Flexion (Standing)
30. Lower Limb Neural Tension (Long-Sitting)
31. Straight Leg Raise

CHART 3 , continued

- 32. Thoracolumbar Side-Bend: Double Arm (Standing)
- 33. Knee Flexion (Sitting)
- 34. Opposite Arm-Leg Lift (Prone)
- 35. Side Lunge
- 36. Quadras Stretch (3 Variations)
- 37 Thoracolumbar Side-Bend: Single Arm
- 38. Quadriceps Stretch
- 39. Lumbar Rotation Stretch
- 40. Gastrocnemius Stretch
- 41. Soleus Stretch

CHART 4

CALISTHENICS/STRENGTH EXERCISES

Back

1. Lateral Trunk Bends
2. Back Lifts
3. Sit-ups with Stabilizer Ball

Abdomen

1. Alternating Elbow to Knee Crunch
2. Bent Knee Sit-Ups (with partner)
3. Modified Curl-ups (with partner)

Chest

1. Recline Fly with Stabilizer Ball

Arms

1. Shoulder Rotations
2. Push-ups
Incline/Decline Push-up
3. Horizontal Dips
4. Pull-ups
5. Jumping Jacks
6. Tricep Extension with Heavy Ball
7. Reverse Hammer Curl

Shoulders

1. Dumbbell Exercises (6 variations)
2. Recline Press with Stabilizer Ball

Legs

1. Platform Balancing Exercise - Side Dip
2. Heel Raises
3. Knee Bends
4. Modified Knee Bends
5. Mountain Climbing
6. Squat Thrusts
7. Windshield Wiper (Advanced Exercise)

CHART 5

DEFENSIVE TACTICS

Goal: Trainees use body parts as defensive weapons.

A. Parts of the body to be used:

1. open hand and fist
2. elbow
3. forearm
4. knee
5. foot
6. head

B. Defensive stance:

1. balance
2. leverage - extensive use of trunk and abdominal muscles
3. concentration of power
4. use of opponent's power

C. Defensive tactics employed:

1. breaking and countering choke and strangle holds
2. escaping
3. headblocks and headlocks
4. body and clothing grabs
5. blocking
6. counter actions and follow-ups
7. punching
8. straight kicks
9. come-along holds
 - a. arm locks
 - b. wrist locks
 - c. fingerlocks
10. take-down tactics
 - a. wrist throw
 - b. stiff arm take-down
 - c. foot sweeps
11. break falls

D. Defensive tactics from the ground

E. Weapon retention



PHILIP D. MURPHY
Governor
TAKESHA L. WAY
Lt. Governor

State of New Jersey
OFFICE OF THE ATTORNEY GENERAL
DEPARTMENT OF LAW AND PUBLIC SAFETY
OFFICE OF PUBLIC INTEGRITY AND ACCOUNTABILITY
25 MARKET STREET
PO BOX 085
TRENTON, NJ 08646-0085

MATTHEW J. FLAHERTY
Attorney General
THOMAS J. ECHER
Executive Director

MEDICAL CERTIFICATION FORM
(Please Print)

Candidate's Name: _____

Last 4 SS Number: _____

Candidate's Employing Agency: _____

Agency Address: _____

PTC-Approved School
Candidate Will Attend: _____

Name of Course: _____ Course Dates: _____

Physician's Name: _____

Physician's Address: _____

Based upon the medical examination and review of the Health History Statement, the above-named individual is determined to be:

(Check one)

☐ Medically fit to participate in Defensive Tactics (unarmed defense), Chemical Agent exposure, Firearms Training, Baton Training, Physical Restraint Training, and in the Police Training Commission's Physical Conditioning Training Program without limitations.

☐ Not medically fit to participate in Defensive Tactics (unarmed defense), Chemical Agent exposure, Firearms Training, Baton Training, Physical Restraint Training, and in the Police Training Commission's Physical Conditioning Training Program.

Physician's Signature and License No. _____

_____ Date