

LEWISTOWN BOROUGH POLICE

CIVIL SERVICE COMMISSION

21 South Brown Street, Suite 1A

Lewistown, PA 17044

Phone: (717) 248-6716

Fax: (717)953-9524

PRELIMINARY APPLICATION

ENTRY LEVEL POLICE OFFICER



LEWISTOWN BOROUGH CIVIL SERVICE COMMISSION PRELIMINARY EMPLOYMENT APPLICATION

APPLICATION INFORMATION			
Last Name	First Name	M.I.	Date
Street Address		Apt/Unit#	
City	State	Zip Code	
Phone	E-mail Address		
Cell Phone #	Are you 21 years of age or older? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Driver's License #	State	Social Security #	
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you eligible for Veterans Preference Points? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Are you MPOETC ACT 120 Trained? YES <input type="checkbox"/> Certified MPOETC # _____ NO <input type="checkbox"/>	Are you a certified police officer in another state? YES <input type="checkbox"/> State _____ NO <input type="checkbox"/>		
If enrolled in MPOECT ACT 120 training - What is your scheduled graduation date: _____			
Have you ever been convicted of a crime? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain: _____			
Maiden Name (if applicable) _____			
EDUCATION			
High School Diploma Date Graduated _____ High School Name & Location _____		GED Date Received _____ Administrator Facility & Location _____	
Signature _____			
LEAVE BLANK FOR ADMINISTRATIVE USE ONLY			
DATE APPLICATION RECEIVED: _____			

Questions, please call the Lewistown Police Department # 717-248-6716 or email info@lewistownpolice.org

Completed application to be mailed, emailed to Chief Clemens dclemens@lewistownpolice.org
or hand delivered to:

**Lewistown Police Department
21 South Brown Street, Suite 1A
Lewistown PA, 17044**

Physical Fitness Requirements and Medical Release

This examination is to determine the physical fitness for the applicant to be certified as a police officer in Pennsylvania. The applicant, who you are about to examine, intends to apply to the Lewistown Borough Police Department. When hired, he or she will be vested with a position of public trust, and may, at some future time, be required to exercise significant physical strength and undergo high emotional stress. A licensed physician must administer this examination.

NOTE: This form must be printed in ink or typewritten. Photocopies will not be accepted.

Tests

The following tests will be administered by the Lewistown Borough Police Department at a later date.

1	300 Meter Run	Applicant will be required to complete a timed run of 300 meters on a level surface within 90 seconds
2	Stair Climb	Applicant will be required to run a set of stairs consisting of no less than 13 steps. This will not be a timed event.
3	Dummy Drag	Applicant will be required to drag a 150 pound dummy 25 feet with a time limit of 60 seconds without dropping.
4	Fence Clearing	Applicant will be required to clear a four foot fence.
5	Trigger Pull	Applicant will be required to pull the trigger of a double action revolver ten times with the strong hand and 10 times with the weak hand.

A licensed physician shall complete the following:

		YES	NO
1	Is this applicant's physical condition such that the applicant can reasonably be expected to withstand significant cardiovascular stress?		
2	Is this applicant free from any debilitating conditions such as tremor, coordination, convulsion, fainting episodes or other neurological conditions, which may affect the applicant's ability to perform as a police officer?		
3	Is this applicant free from any other significant physical limitations or disabilities, which would, in the physician's opinion, impair the applicant's ability to perform the duties of a police officer or complete the required minimum training requirements?		
4	Is this applicant missing any extremities, including digits, which would prevent performance of required police duties or meeting minimum training requirements?		

Above questions 1-3 must be answered "YES" and question 4 must be answered "NO" for the applicant to be found fit.

Blood Pressure:	Systolic:	Diastolic:	
Heart:	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	(Please check one)
Lungs:	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	(Please check one)

Hearing: The applicant must be able to distinguish a normal whisper at a distance of 15 feet. The test shall be independently conducted for each ear, while the tested ear is facing away from the speaker and the other ear is firmly covered with the palm of the hand. The applicant is prohibited from using a hearing aid during the testing. If the applicant fails the whisper test, a decibel audio test is required.

Right Ear: Normal Abnormal (Please check one)

Left Ear: Normal Abnormal (Please check one)

Vision: The applicant shall have visual acuity of at least 20/70, uncorrected in the stronger eye, correctable to at least 20/20, and at least 20/200, uncorrected in the weaker eye, correctable to at least 20/40. In addition, the applicant shall have normal depth and color perception and be free of any other significant visual abnormalities.

Stronger Eye: Uncorrected 20/70 Corrected 20/20 (Please check one)

Weaker Eye: Uncorrected 20/200 Corrected 20/40 (Please check one)

Any other significant visual abnormalities, explain: _____

A physical examination of applicant, **Name:** _____ was conducted on, **Date:** _____, 20____. After reviewing the requirements for training, physical fitness and testing, a physical examination of the individual was conducted.

I have personally examined the above named applicant, and it is my professional opinion that this person is physically fit or unfit for all training, physical conditioning, development and testing and to be certified as a police officer in Pennsylvania as indicated below.

Fit Unfit **Date:** _____ **Physician Signature:** _____

Print Physicians Name

Office Phone Number

Print Physicians Address

Note: The physician must examine the applicant and complete this form no longer than six (6) months before the test date. Upon successful completion for the test, the results shall remain valid for six (6) months, a physical examination and a retest is required.

The applicant must submit this completed form on or before the date of the physical fitness testing.

INFORMED CONSENT FORM

My signature on this form indicates that I have given my informed consent to participate in total fitness testing sponsored by the Lewistown Borough Police Department (hereinafter "Agency"). The program that I am being asked to consent to may consist of all or any of the following activities:

(1) Exercise testing to include 300 meter run, stair climb, dummy drag, fence clear and trigger pull.

I understand that a trained exercise leader will supervise exercise testing. I further understand that in any exercise testing program there is a chance of an unfavorable incident. These incidents may include injury, either orthopedic or heart related or related to other systems: unusual coronary vascular episodes such as changes in blood pressure or irregular heartbeat; and, on rare occasions, heart attack. I understand that the staff has been trained to recognize the symptoms of these incidents and to take the appropriate actions such as first aid and CPR. I further acknowledge my responsibility to immediately report any signs of these conditions and any discomfort, which I am feeling to the staff.

I am aware that there is a possibility of soreness after testing. I agree to follow the directions of staff regarding proper warm up and cool down to minimize soreness. I further recognize that any additional medical care required as a result of this testing would be my financial responsibility. I agree to answer all questions asked of me as part of this program fully, honestly and accurately. I understand the possible concerns of not doing so including reducing the chance of safely completing the testing.

I understand that, if at any time I feel that I may be at any additional risk or that I may be harmed by this testing program I may, of my own violation, discontinue the test.

I give my consent for any data gathering during the test being used in evaluating me.

I have read and understand this form and I understand my responsibilities. I represent and warrant that I am at least twenty-one (21) years of age and mentally competent. I understand that my representations herein and the consent given in this form are being relies upon by Agency. I understand that by signing this document I am consenting to participate in a fitness test and that I am accepting the risk of the testing program. I have received adequate explanation of the program and the risks involved.

I further release, discharge and give up any claims which I may have against the Agency and any agent, employee, contractor or representative of the Agency or against the Borough of Lewistown, it's agent, representative or employee of the Borough which I may have or which may arise from any negligence in the testing program or any injuries which may occur to me because of participation in the testing program.

Printed Name of Applicant: _____

Signature of Applicant: _____ Date: _____

PHYSICAL FITNESS ASSESSMENT

Applicants for the position of “Police Officer” must demonstrate a fitness level that would allow them to perform the essential job functions of a police officer. Applicants must perform each of the following exercises in accordance with the indicated standards. **If an applicant fails one event, they fail the entire test.** The exercises must be performed in the following order:

1. **300 Meter Run** – Applicant will run 300 meters on a level surface within 90 seconds.
2. **Stair Climb** – Applicant will be required to run up a set of stairs consisting of no less than 13 stairs. This event will not be a timed.
3. **Dummy Drag** - Applicant will be required to drag a 150 pound dummy for 25 feet with a time limit of sixty seconds. During the process the applicant cannot drop the dummy to the ground. The applicant may set the dummy on the ground to readjust grip if needed.
4. **Fence Clearing** – Applicant will be required to clear over a four foot fence.
5. **Trigger Pull** – Applicant will be required to pull the trigger of a double action revolver ten times with the strong hand and then ten times with the weak hand.



AUTHORITY TO RELEASE

To Whom It May Concern:

I hereby authorize any Lewistown Police Department official or authorized representative of the Lewistown Police Department, bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my employment, military, credit or educational records including, but not limited to, academic achievement, attendance, athletic, personal history, and disciplinary records; medical records, criminal or police records and credit records or reports. I hereby direct you to release information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Lewistown Police Department. I hereby release to you, as the custodian of such records, and any school, college, university, police department or other educational institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including its officers, employees, or related personnel, whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it. I am furnishing my social security account number on a voluntary basis. I have been advised that the Lewistown Police Department will utilize this number only to facilitate the location of employment, military, credit and educational records concerning me in connection with my application for employment. Should there be any questions as to the validity of the release, you may contact me as indicated below.

Name: (Last, First, Middle)	
Signature:	X
Social Security Number:	
DOB:	
Current Address: (Street)	
(City, State, Zip Code)	
Telephone Numbers: (Home)	
(Cell)	
Date: (Month, Day, Year)	

Applicant's Initials: _____