



Upper Macungie Township
Police Department
37 Grim Road
Breinigsville, PA 18031
Phone (484) 661-5911

Edgardo A. Colón, *Chief of Police*
Fax (610) 841-4922

Instructions for Completing the Application for Police Officer Employment

Please complete the following:

- Complete the Application
- Include the \$35.00 non-refundable application fee
(Please make checks payable to *Upper Macungie Township*)

Completed applications are due by **noon on Monday February 19, 2018.**

Applications may be mailed or returned in person to:

Upper Macungie Township Police Department
Attn: Keri Diehl
37 Grim Road
Breinigsville, PA 18031

In order to participate in the physical agility test you will need to complete the following and bring them on the day of testing (Sunday February 25, 2018):

- Have a physician sign the waiver of release to participate in the physical agility testing.
- Complete and sign the Informed Consent form
- Complete and have notarized the Personal Injury Waiver

No applicant will be permitted to participate in the physical agility testing without the completed forms. Failure to participate in the physical agility test will result in the removal from the hiring process.



Upper Macungie Township

8330 Schantz Rd
Breinigsville, PA 18031

Application for Police Officer Employment

APPLICANT INFORMATION										
Last Name					First				M.I.	
Street Address								Apartment/ Unit #		
City					State				ZIP	
County					E-mail Address					
Alias				Home Phone				Cell Phone		
Position Applied for										
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you completed ACT 120 training?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Are you at least 21 years of age?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you a Pennsylvania resident?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you received a high school diploma or GED?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you currently employed as a police officer?			YES <input type="checkbox"/>	NO <input type="checkbox"/>		
THE FOLLOWING QUESTIONS MUST BE ANSWERED AND WILL BE PART OF YOUR PERMANENT APPLICATION										
Since the age of 18, but within the last five years, have you used marijuana?							YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Since the age of 18, but within the last five years, have you used Heroin, LSD, Methamphetamines, Cocaine, Mushrooms or any other drugs or illegal substances, other than marijuana?							YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Since the age of 18, but within the last three years, have you been charged with Driving Under the Influence (DUI) or Driving While Intoxicated (DWI)?							YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Since the age of 18, have you produced, purchased, sold, viewed or possessed child pornography?							YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Since the age of 18, have you engaged in sexual contact with a person less than 16 years of age when you were four or more years older than a person, with or without the person's consent?							YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Since the age of 18, but within the last five years, have you used steroids other than those prescribed by a physician?							YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Since the age of 18, have taken you taken any prescribed drug for recreational use?							YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Since the age of 18, have you ever committed a burglary (entering a building or occupied structure with the intent to commit a crime)?							YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Since the age of 18, have you been convicted of a criminal offense graded as a Misdemeanor-2 or above?							YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Military Experience (check all that apply): Army <input type="checkbox"/> Marine Corps <input type="checkbox"/> Reserves <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard <input type="checkbox"/> National Guard <input type="checkbox"/>										
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.										
Signature					Date					



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Applicant,

Please be advised that in order to participate in the physical agility testing for employment with the Upper Macungie Township Police Department, you must have the following waivers signed. The first waiver must be signed by a physician. In order to have the waiver completed before the physical agility testing date, please schedule your appointment early. The informed consent must be signed by you, the applicant.

Applicants will **not** be able to participate in the physical agility testing without the signed waiver. No exceptions will be made. There is only one date for the physical agility testing.

If you have any questions, please contact us at the number listed above.

Thank you,

A handwritten signature in black ink that reads "Edgardo A. Colón". The signature is written in a cursive style.

Edgardo A. Colón
Chief of Police



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Dear Physician,

In order for _____, an applicant for the position of police officer, to participate in the physical agility test, it is necessary for him/her to obtain clearance from a licensed physician. Please review the test guidelines that follow this form and sign the appropriate line below. Additional space is allowed for comments, including any restrictions or limitations on applicant's participation.

Name of Applicant (Please Print)

All testing is monitored by certified fitness coordinators. Testing is ended when the applicant meets the requirement, i.e. if the standard is 25 push-ups, the test ends when the applicant meets that standard. Any additional push-ups will not be counted. The test is of the pass/fail type.

I have examined the applicant whose name is listed above.
The applicant **MAY** participate in the Physical Fitness tests.

Physician's Signature: _____

OR

I have examined the applicant whose name is listed above.
The applicant **MAY NOT** participate in the Physical Fitness tests.

Physician's Signature: _____

Comments: _____

Questions regarding this form or the Physical Fitness Tests shall be directed to: William Gibson, Physical Fitness Consultant, Pennsylvania Chiefs of Police Association (PCPA), 3905 North Front Street, Harrisburg, PA 17110, wgibson@pachiefs.org or (717) 579-7299.

UPPER MACUNGIE TOWNSHIP POLICE DEPARTMENT

MEDICAL CLEARANCE FORM FOR PARTICIPATION

It is the responsibility of each applicant to possess an acceptable level of physical readiness which insures that the applicant is, at all times, at a level of physical readiness necessary to perform the essential tasks of a police officer.

In order to insure that each applicant can perform his/her duties safely and effectively without undue risk of harm to themselves or to the public, the applicant is required to take the Physical Fitness Tests as part of the selection procedures. This test was designed using the guidelines of the "American College of Sports Medicine" and the "Cooper Institute for Aerobic Research."

The test battery consists of:

300 Meter Run	66 Seconds or less
Sit-Ups	30 Reps in 1 minute
Push-Ups	25 Reps in 1 minute
Vertical Jump	15.5 inches
1.5 Mile Run	15 Minutes 54 seconds

Each test is preceded by a warm-up or rest period, with a mandatory cool-down period at the conclusion of the tests.



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Informed Consent Form

The undersigned hereby gives informed consent to engage in a series of procedures relative to taking a battery of exercise tests, and participating in a variety of physical activities. The purpose of the testing is to determine physical fitness, cardiovascular function, and health status. All exercise testing and physical activity sessions will be supervised and monitored by trained exercise technicians. These activities include walking, running, weight training, and callisthenic exercises performed in either field or gymnasium settings.

I am aware of the possibility that certain detrimental physiological changes may occur during exercise and exercise testing. These changes could include heart related illness, abnormal heart beats, abnormal blood pressure, and in rare instances, heart attack. If abnormal changes were to occur, the staff has been trained to recognize symptoms and take appropriate action, including administering CPR and first aid.

I have read this form and understand that there are inherent risks associated with any physical activity and recognize that it is *my* responsibility to provide accurate and complete health/medical history information. Furthermore, it is my responsibility to monitor my individual physical performance during any activity and to alert the supervising exercise technician of any pain, discomfort or adverse effects I may experience.

I hereby waive and release PCPA, its testers, trainers, helpers and other participants and persons who will be assisting in this testing, whether employees of PCPA or independent contractors or consultants, Upper Macungie Township, and any affiliated agents, officers or employees, and the owners of the locations where the testing is held, its officers and employees or agents, from any and all liability of any nature for injury, damage or any other loss resulting from the testing, and I expressly assume the risk of such damage, injury or loss while engaged in any testing.

I give informed consent for testing data to be recorded to determine my state of physical readiness as it applies to the essential job functions of a Pennsylvania Police Officer.

Print Name: _____

Signature: _____

Date: _____

**UPPER MACUNGIE TOWNSHIP POLICE DEPARTMENT
LEHIGH COUNTY, COMMONWEALTH OF PENNSYLVANIA**

**PHYSICAL AGILITY TEST
PERSONAL INJURY WAIVER**

Applicant's Name: _____

Social Security Number: _____

I, the above named applicant, hereby release Upper Macungie Township, the Commonwealth of Pennsylvania, and Moravian College, and any of its officials or authorized representatives, from any and all liability or damage for any physical injury which may result from performing the physical agility test for the position of police officer.

Signature

Date

Address

AFFIDAVIT

State of Pennsylvania
County of

Before me personally appeared _____ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose thereof.

Sworn to and subscribed in my presence this _____ day of _____, 20_____.

Notary Public