

Qualifications for Employment Police Officer

- 1. Must be OPOTA certified.**
- 2. Must be at least 21 years of age upon appointment.**
- 3. Must possess a valid Ohio Driver's License.**
- 4. No OVI convictions within the past 5 years.**
- 5. No domestic violence convictions.**
- 6. No felony convictions.**
- 7. Preferred college (not mandatory).**
- 8. Must pass physical fitness evaluation.**
- 9. Must pass a written examination.**
- 10. Must pass a psychological evaluation.**
- 11. Must pass an OPOTA certified firearms qualification course of fire.**
- 12. Must pass a drug screen.**
- 13. Must pass a thorough background investigation.**

SPRINGFIELD TOWNSHIP POLICE DEPARTMENT
APPLICANT QUESTIONNAIRE INSTRUCTIONS

(READ COMPLETELY BEFORE GOING TO PAGE ONE)

This applicant questionnaire is intended to help gather information as we investigate you for possible appointment to the Springfield Township Police Department. You must complete all parts of this questionnaire. If any part does not apply to you, mark the blank "N/A".

You must also sign the release forms at the end of the questionnaire. We will use these waivers as we request information or confirmation of facts from various sources given by you throughout this questionnaire.

If you do not have enough room in the spaces provided, use the back of each page and mark OVER at the bottom of the front of the page.

Attach a copy of the following:

1. Driver's License
2. Social Security Card
3. DD Form 214 (when applicable)
4. Selective Service Registration Card
5. Birth Certificate
6. College Transcripts
7. High School Transcript
8. Income Tax Forms for last year (City, State, and Federal)
9. Name Change Documents

INSTRUCTIONS TO APPLICANT

The information provided in this questionnaire will be used to assist the Springfield Township Police Dept. in determining your qualifications. All information will be considered strictly confidential and will not be disclosed to any unauthorized personnel.

Interviews and a complete background investigation will verify the answers. ***The intentional omission or falsification of any material fact will give just cause for disqualification of your application from the selection process.***

IF THIS BOX IS CHECKED you are required to make known to us any criminal record(s) you have that have been expunged or legally sealed, consistent with Ohio Revised Code 2953.33.

IF THIS BOX IS CHECKED you will undergo drug testing as part of the pre-employment evaluation process. As a condition of employment you will be subject to further testing.

I HAVE READ THE ABOVE INSTRUCTIONS AND FULLY UNDERSTAND THEM.

Signature: _____ Date: _____

SPRINGFIELD TOWNSHIP POLICE DEPARTMENT
APPLICANT QUESTIONNAIRE
PLEASE PRINT

Position applied for: _____
Today's Date: _____

IDENTIFICATION

Legal Name _____
Last First Middle

By what other names have you been known? _____

Address (including apartment #, city, state, and zip code)

Telephone number---Home _____
Work _____ hrs/days you work _____
Cell _____

Age: _____

Date of Birth: _____

Place of birth (City, State, and County) _____

Social Security Number _____

Have you ever used any other Social Security Number? ()Yes ()No _____

Mother's Maiden Name _____

PREVIOUS ADDRESSES

Please list addresses where you have lived for the past 10 years. Account for all of the period beginning with your present address. List dates you lived there and with whom, if anyone. Do not include Armed Forces addresses or P.O. Boxes.

From:	To:	Address:	With Whom & Relationship
mth/yr	mth/yr		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

initials

SPRINGFIELD TOWNSHIP POLICE DEPARTMENT
APPLICANT QUESTIONNAIRE
PLEASE PRINT

FAMILY STATUS (CONTINUED)

Mother's name: _____ home phone _____ cell _____

Address: _____

Father's name: _____ home phone _____ cell _____

Address: _____

Brother/sister name: _____ home phone _____ cell _____

Address: _____

Brother/sister name: _____ home phone _____ cell _____

Address: _____

Brother/sister name: _____ home phone _____ cell _____

Address: _____

initials

SPRINGFIELD TOWNSHIP POLICE DEPARTMENT
APPLICANT QUESTIONNAIRE
PLEASE PRINT

DRIVING RECORD

Driver's License No. _____ State: _____ Exp. Date: _____

Have you held a driver's license in any other state in the last 10 years?

YES _____ NO _____ if yes, which state(s)? _____

In the past 10 years, has your driver's license been suspended or revoked?

YES _____ NO _____ if yes, when? _____ for how long? _____

Have you ever been convicted of driving under the influence of (DUI, DWI, OMVI)?

YES _____ NO _____ if yes,

Explain: _____

Below, list all traffic violations, other than parking, for which you have been **convicted** (fined/jailed) in the last five years.

Date of violation _____ type of violation _____

Name and location of court _____

Date of conviction _____ disposition & fine _____

Date of violation _____ type of violation _____

Name and location of court _____

Date of conviction _____ disposition & fine _____

Date of violation _____ type of violation _____

Name and location of court _____

Date of conviction _____ disposition & fine _____

Date of violation _____ type of violation _____

Name and location of court _____

Date of conviction _____ disposition & fine _____

initials

SPRINGFIELD TOWNSHIP POLICE DEPARTMENT
APPLICANT QUESTIONNAIRE
PLEASE PRINT

DRIVING RECORD (CONTINUED)

If any of the violations resulted in an accident, provide a brief description.

1. _____

2. _____

3. _____

Are you required to carry High Risk Insurance (SR22), to comply with the State of Ohio?

Yes No If yes, give details: _____

Have you ever been the driver or passenger in a vehicle when someone was killed or injured?

Yes No If yes, explain: _____

Have you ever been involved in a motor vehicle accident that was not reported?

Yes No If yes, explain: _____

Do you currently have automobile insurance? Yes No Full coverage Liability

Name of Carrier _____

How many points are currently assessed to your driver's license? _____

How many parking tickets have you received in the past year? _____

initials

SPRINGFIELD TOWNSHIP POLICE DEPARTMENT
APPLICANT QUESTIONNAIRE

PLEASE PRINT

FINANCIAL RECORD

The following questions regard your finances. All "YES" answers MUST be explained on the back of this page. Circle either YES or NO.

Have you, your spouse, or ex-spouse ever had wages attached or garnished? YES NO

Have you, your spouse, or ex-spouse ever been a party to a small claim or court action? YES NO

Do you, your spouse, or ex-spouse have any immediate civil action pending against you? YES NO

Have you, your spouse, or ex-spouse ever had a judgment rendered against you? YES NO

Have you, your spouse, or ex-spouse ever filed bankruptcy or been declared bankrupt? YES NO

Have you ever been refused an automobile or homeowner's insurance policy? YES NO

Have you ever had an insurance policy cancelled? YES NO

Have you ever been refused credit? YES NO

Have you ever had any property repossessed? YES NO

Are there any creditors currently looking for you?
If yes, specify_____

Are you a co-signer on any loans at this time?
If yes, specify_____

Have you ever been in court reference any debt? YES NO

Have you ever written a bad check? (NSF, Closed Account, Stolen Instrument)
If yes, explain:_____ YES NO

initials

SPRINGFIELD TOWNSHIP POLICE DEPARTMENT
APPLICANT QUESTIONNAIRE

PLEASE PRINT

FINANCIAL RECORD (CONTINUED)

Have you ever been bonded? YES NO

Have you ever had a bond refused? YES NO

Present indebtedness involving your, your spouse, or ex-spouse(s).

1. Debtor: _____ for what? _____
address: _____ phone number _____
date incurred: _____ original amount: _____
amount due: _____ monthly payment: _____
2. Debtor: _____ for what? _____
address: _____ phone number _____
date incurred: _____ original amount: _____
amount due: _____ monthly payment: _____
3. Debtor: _____ for what? _____
address: _____ phone number _____
date incurred: _____ original amount: _____
amount due: _____ monthly payment: _____
4. Debtor: _____ for what? _____
address: _____ phone number _____
date incurred: _____ original amount: _____
amount due: _____ monthly payment: _____
5. Debtor: _____ for what? _____
address: _____ phone number _____
date incurred: _____ original amount: _____
amount due: _____ monthly payment: _____

initials

SPRINGFIELD TOWNSHIP POLICE DEPARTMENT
APPLICANT QUESTIONNAIRE

****PLEASE PRINT****

MILITARY RECORD

1. Have you ever served in any branch of the military for this or any other country?
 Yes No Branch _____
2. Military Serial Number _____ Highest Rank _____
3. Reserve Status: Ready Stand By None
4. Military active duty dates: From _____ to _____
5. Type of discharge received: Honorable Dishonorable General
 Bad Conduct Honorable Conditions Undesirable
 Other: Medical, Reduction in Force, Hardship, Entry Level Separation
6. Are you eligible to re-enlist? Yes No
7. Were you released from service as "unsuitable"? Yes No
8. Were you ever Court Martialed, tried on charges, subject of a Summary Court, Deck Court, Captain's Mast, Company Punishment or any other disciplinary action while a member of the Armed Forces? Yes No. If yes, explain: _____

9. Are you or have you ever been a member of the United States Military Reserves or National Guard? Yes No. Unit & Location: _____
10. List any and all disciplinary action taken against you in the Reserves or National Guard. Explain: _____

initials

SPRINGFIELD TOWNSHIP POLICE DEPARTMENT
APPLICANT QUESTIONNAIRE

****PLEASE PRINT****

EDUCATION

Highest Degree earned (circle one): High School Associate Bachelor Master's

High School attended: _____

Did you graduate? YES NO Year of graduation _____

If no, did you complete a G.E.D.? YES NO If yes, when? _____

Colleges/Universities/Trade Schools

1. _____
School Name Location Yrs. Attended Degree

2. _____
School Name Location Yrs. Attended Degree

3. _____
School Name Location Yrs. Attended Degree

EMPLOYMENT RECORD

May we contact your present employer without jeopardizing your employment?
YES NO

If no, may we contact your employer at a later date to verify your employment?
YES NO

1. PRESENT Employer: _____ dates employed: _____
Address: _____ phone: _____
Position/Title: _____ work hrs.: _____
Name of Immediate Supervisor: _____

initials

SPRINGFIELD TOWNSHIP POLICE DEPARTMENT
APPLICANT QUESTIONNAIRE

PLEASE PRINT

EMPLOYMENT RECORD (CONTINUED)

2. Previous Employer: _____ dates employed: _____
Reason for Leaving: _____
Address: _____ phone: _____
Position/Title: _____ work hrs.: _____
Name of Immediate Supervisor: _____

3. Previous Employer: _____ dates employed: _____
Reason for Leaving: _____
Address: _____ phone: _____
Position/Title: _____ work hrs.: _____
Name of Immediate Supervisor: _____

4. Previous Employer: _____ dates employed: _____
Reason for Leaving: _____
Address: _____ phone: _____
Position/Title: _____ work hrs.: _____
Name of Immediate Supervisor: _____

5. Previous Employer: _____ dates employed: _____
Reason for Leaving: _____
Address: _____ phone: _____
Position/Title: _____ work hrs.: _____
Name of Immediate Supervisor: _____

6. Previous Employer: _____ dates employed: _____
Reason for Leaving: _____
Address: _____ phone: _____
Position/Title: _____ work hrs.: _____
Name of Immediate Supervisor: _____

initials

SPRINGFIELD TOWNSHIP POLICE DEPARTMENT
APPLICANT QUESTIONNAIRE

****PLEASE PRINT****

EMPLOYMENT RECORD (CONTINUED)

Have you ever submitted an employment application with any other government agency?
YES NO

If yes,,where, when, and where at are you in the process?

If previously employed by any other police department(s) or law enforcement agency(s), why did you leave? _____

In the last 12 months, how many times did you come to work more that 15 minutes late without authorizaton? _____

In the last 12 months, how may days of work did you miss, not including paid time off? _____

When was the last time a supervisor had to talk to you about your tardiness, absenteeism or job performance? _____

In the last 3 years, did you receive any written warnings or disciplinary action(s) from any of your employers? YES NO

If yes, list employer name and explain:

Have you ever been fired, terminated, or forced to resign from any job for any reason?
YES NO

If yes, explain giving name and address of that employer with date and reason:

initials

SPRINGFIELD TOWNSHIP POLICE DEPARTMENT
APPLICANT QUESTIONNAIRE
PLEASE PRINT

EMPLOYMENT RECORD (CONTINUED)

What is the most serious trouble you had at any place of employment?

Do you object to working afternoons or night shift? () Yes () No

Do you object to working frequent weekends or holidays? () Yes () No

Can you, in your view, both physically and mentally perform the duties of a law enforcement officer without any accommodations? () Yes () No

List any Civil Service examinations you have taken:

<u>Date</u>	<u>Agency</u>	<u>City and State</u>	<u>Disposition</u>
-------------	---------------	-----------------------	--------------------

Are you currently on an eligibility list? () Yes () No

If you were on an eligibility list and were not hired, state reasons why:

Were you ever rejected for any Civil Service position? () Yes () No. If yes, explain:

Have you ever quit a job due to personal conflicts with management () Yes () No

If yes, explain: _____

Have you ever been accused of sexual harassment? () Yes () No

Have you ever filed a sexual harassment claim () Yes () No

Have you ever applied for Workman's Compensation?

SPRINGFIELD TOWNSHIP POLICE DEPARTMENT
APPLICANT QUESTIONNAIRE

****PLEASE PRINT****

CRIMINAL

Are you currently under indictment for a criminal offense? () Yes () No

If yes, explain: _____

Have you ever been placed on or served in a criminal diversion program that led to the dismissal of charges? () Yes () No If yes, explain: _____

Have you ever been placed on Probation or Parole? () Yes () No

If yes, explain: _____

Have you or a member of your family or anyone else you have lived with, ever been the victim of a crime? () Yes () No. If yes, list:

Date	Name & Relationship	Type of Crime	Police Agency	Details
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Has any member of your immediate family (spouse, children, parents, brother, sister) ever been convicted of a felony? () Yes () No. If yes, list:

Date	Name & Relationship	Type of Crime	Police Agency	Details
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever been convicted of a Misdemeanor or Felony? () Yes () No If yes, explain:

Have you ever committed a Felony or Misdemeanor? () Yes () No If yes, explain:

Have you ever been convicted of a Misdemeanor which had been reduced from an original Felony? () Yes () No If yes, explain: _____

initials

SPRINGFIELD TOWNSHIP POLICE DEPARTMENT
APPLICANT QUESTIONNAIRE
PLEASE PRINT

CRIMINAL (CONTINUED)

Have you ever been reported as a missing person or runaway () Yes () No If yes, list:

Date	Location	Police Agency	Details

Have you ever entered or gained control over another person's property without their knowledge or permission? () Yes () No If yes, explain: _____

Have you ever shoplifted? () Yes () No. If yes, list incidents below:

Age	Location	Item(s) Taken

Have you ever stolen in circumstances other than shoplifting? () Yes () No If yes, explain: _____

Have you ever bought or sold anything knowing it to have been stolen? () Yes () No If yes, explain: _____

Have you ever given away or sold merchandise without paperwork or ringing it up through a cash register? () Yes () No If yes, explain: _____

Have you ever given unauthorized discounts at a place of employment? () Yes () No If yes, explain: _____

Have you ever stolen from an employer or co-worker? () Yes () No If yes, explain: _____

initials

SPRINGFIELD TOWNSHIP POLICE DEPARTMENT
APPLICANT QUESTIONNAIRE

****PLEASE PRINT****

CRIMINAL (CONTINUED)

Have you ever been questioned about missing money or merchandise? () Yes () No

If yes, explain: _____

Have you ever been specifically accused of stealing? () Yes () No If yes, explain: _____

What is the most valuable item of merchandise you have taken from a place of employment?

Have you ever borrowed money from an employer without his knowledge and then failed to pay it back? () Yes () No Amount? _____

What is the most serious thing you have done, which would be considered illegal for which you were not caught? _____

Have you ever carried a concealed weapon? () Yes () No () If yes, last time? _____
_____ Type of Weapon _____

Have you ever falsified an insurance claim for personal gain? () Yes () No If yes, Explain: _____

CIVIL HISTORY

Have you ever been sued by anyone in Common Pleas, Municipal or Small Claims Court?
() Yes () No If yes explain

Date	Court	Other Party Involved	Who Lost Case	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Initials

SPRINGFIELD TOWNSHIP POLICE DEPARTMENT
APPLICANT QUESTIONNAIRE
PLEASE PRINT

CIVIL HISTORY (CONTINUED)

Do you have any civil actions pending against you? () Yes () No If yes, explain: _____

Have you ever failed to file or pay required Municipal, State or Federal Income Tax or any other taxes? () Yes () No If yes, explain: _____

Have you ever had your wages garnished? () Yes () No If yes, explain: _____

Is there a lien against any personal property or real estate that you own? () Yes () No
If yes, explain: _____

DRUG HISTORY

What is the largest amount of money you've spent on drugs at any one time?

Amount? _____ Drug purchased? _____ When? _____

Have you ever misused any prescription drug? () Yes () No If yes, when was the last time and what drug? _____

Have you ever used Marijuana? () Yes () No If yes, When 1st time-age? _____

When was last time-age? _____ Total number of times used? _____

Have you ever used any other drugs? (LSD, Cocaine, Crack, Heroin, Meth, Mushrooms, Oxycontin, Ecstasy, Bath Salts, Performance Enhancing Drugs or any Synthetic drug deemed to be illegal when misused under State of Federal Law).

Drug Used	1 st Time/Age	Last Time/Age	Total Uses
-----------	--------------------------	---------------	------------

initials

SPRINGFIELD TOWNSHIP POLICE DEPARTMENT
APPLICANT QUESTIONNAIRE
PLEASE PRINT

DRUG HISTORY (CONTINUED)

Do you know and/or associate with any drug users? () Yes () No Who and relationship?

Do you have any drugs in your possession at this time? () Yes () No If yes, explain: _____

When is the last time you operated a motor vehicle while using drugs? _____

Have you ever sold any type of narcotic or street drug? () Yes () No If yes, What did you sell? _____

When did you sell? _____

How many times have you sold? _____ How much profit did you make? _____

ALCOHOL HISTORY

What do you like to drink in the way of alcohol? _____

In an average 7 day week, how much do you drink? _____

When was the last time you drank on the job? _____

When was the last time you worked under the influence of alcohol? _____

How many days of work have you missed due to alcohol use? _____

Have you ever been stopped by the police due to alcohol use? If so, explain _____

How many times over the past two years, have you driven under the influence of alcohol?

initial

SPRINGFIELD TOWNSHIP POLICE DEPARTMENT
APPLICANT QUESTIONNAIRE

****PLEASE PRINT****

REFERENCES

List persons that you have known for at least one year. Do not list relatives or former employers.

1. Name: _____ home phone _____ cell _____
Address: _____ how long known? _____

2. Name: _____ home phone _____ cell _____
Address: _____ how long known? _____

3. Name: _____ home phone _____ cell _____
Address: _____ how long known? _____

4. Name: _____ home phone _____ cell _____
Address: _____ how long known? _____

GENERAL INFORMATION

Have you ever been asked to take a polygraph test or voice analyzer test? () Yes () No?

If yes, give reason: _____

Have you ever taken a polygraph test or voice stress test? () Yes () No If yes, give reason:

Where and when was it given? _____

Have you ever contemplated or attempted suicide? () Yes () No If yes, explain: _____

Have you ever seriously considered killing another person? () Yes () No

initials

SPRINGFIELD TOWNSHIP POLICE DEPARTMENT
APPLICANT QUESTIONNAIRE
PLEASE PRINT

GENERAL INFORMATION (CONTINUED)

Have you ever caused the death of another person? () Yes () No If yes, explain:

Have you ever seriously injured another person? () Yes () No If yes, explain:

Have the police ever come to your home for any reason? () Yes () No If yes, explain:

When was the last time you were in a fight? _____ Reason for fight? _____
_____ Any weapons involved? _____ Any injuries? _____

Have you ever sued anyone? () Yes () No If yes, give details _____

Have you ever been fingerprinted? () Yes () No When? _____
Where? _____ Why? _____

As a juvenile, what was the most serious thing you did, for which you were not caught?

As an adult, what was the most serious thing you did, for which you were not caught?

Who raised you? _____

Who have you lived with in the past 12 months? _____

What is the worst thing that ever happened to you? _____

Do you have any personal prejudices against any ethnic group, any religion, minority group,
handicapped persons or any institution? _____

How often do you lose your temper? _____

Have you ever been associated with or a member of any gang? () Yes () No If yes, give
details: _____

Initials

SPRINGFIELD TOWNSHIP POLICE DEPARTMENT
APPLICANT QUESTIONNAIRE
PLEASE PRINT

GENERAL INFORMATION (CONTINUED)

Other than a driver's license, do you possess any permit or license issued by a unit of the government? () Yes () No If yes, explain: _____

Have you ever participated in some form of gambling during your lifetime? (track, casino, lottery, sports bets)? () Yes () No If yes, what form of gambling do you enjoy doing?

When was the last time you did any gambling? _____

How often do you gamble? _____

What was the most amount of money you ever won gambling? _____

What was the most amount of money you ever lost gambling? _____

Have you ever missed work due to gambling? () Yes () No If yes, for whom were you employed and how much work did you miss? _____

Have you ever taken bets on a regular basis? () Yes () No If yes, explain: _____

Have you ever been in trouble with the law due to gambling () Yes () No If yes, explain: _____

Have you ever forced a male/female to have sex with you? () Yes () No If yes, explain: _____

Have you ever made been involved in any sexual communication on the Internet? () Yes () No If yes, explain: _____

Initials

SPRINGFIELD TOWNSHIP POLICE DEPARTMENT
APPLICANT QUESTIONNAIRE
PLEASE PRINT

GENERAL INFORMATION (CONTINUED)

Have you ever called a 900 sex telephone number? () Yes () No If yes, when was the last time? _____ How many times? _____

Have you ever purposely exposed yourself to anyone? (Mooning, streaking, flashing)
() Yes () No If yes, explain: _____

Have you ever had any sexual thoughts about children? () Yes () No If yes, explain:

Have you ever viewed Child Pornography on the internet, in magazines or on video recordings? () Yes () No If yes, explain: _____

Have you ever sexually molested a child? () Yes () No. If yes, explain: _____

ACTIVITIES, HOBBIES, SKILLS, FOREIGN LANGUAGES

List all organizations, societies, clubs, unions, and fraternities of which you are now or have been a member: _____

Describe any specialized training, experience, qualifications, or skills (e.g. foreign languages, typing w.p.m., etc.), which you feel will enhance your suitability for the position applied: _____

Initials

SPRINGFIELD TOWNSHIP POLICE DEPARTMENT
APPLICANT QUESTIONNAIRE
PLEASE PRINT

SOCIAL MEDIA

Do you have a Facebook Page? YES NO If yes, Name on Page: _____

Do you have a Twitter Page? YES NO If yes, Name on Page: _____

Do you have an Instagram Page? YES NO If yes, Name on Page: _____

COMMENTS

Use this space to state any additional information or explanations which you think may assist us in this investigation: _____

CERTIFICATION

By signing below, I certify that all of my answers in this questionnaire are true and correct. I agree to the verification of all of my statements and answers in this questionnaire before any hiring decision is made. I authorize investigation of my past employment history, as well as any investigation into my criminal history, credit, and character.

I understand that part of the hiring process may include additional questionnaires, interviews, a background check, physical examination, psychological, and a drug screening test.

I understand and agree that any false, misleading, or incomplete information given in my questionnaire, interview(s), or other pre-employment questionnaires and procedures, regardless of when discovered by the Springfield Township Police Department, will be sufficient basis for my disqualification for employment, or if employed, the termination of my employment with the Springfield township Police Department. I agree that the Springfield Township Police Department shall not be liable in any respect, if I am not hired or my employment is terminated as a result of providing such false, misleading, or incomplete information.

I hereby acknowledge that I have read and understand all of the information above, and agree to the terms therein.

Signature

Date

Springfield Township Police Dept.
Physical Fitness Testing

Name _____ Date _____

D.O.B. _____ Weight _____

Score _____ Result _____
(Male 20-29 years of age)

1.5 Mile Run
(12 min. 18 sec) _____ Pass-Fail

Sit-ups
40 _____ Pass-Fail

Push-ups
33 _____ Pass-Fail

(Male 30-39 years of age)

1.5 Mile Run
(12 min. 51 sec.) _____ Pass-Fail

Sit-ups
36 _____ Pass-Fail

Push-ups
27 _____ Pass-Fail

(Male 40-49 years of age)

1.5 Mile Run
(13 min. 53 sec.) _____ Pass-Fail

Sit-ups
31 _____ Pass-Fail

Push-ups
20 _____ Pass-Fail

(Male 50-59 years of age)

1.5 Mile Run
(14 min. 55 sec.) _____ Pass-Fail

Sit-ups
26 _____ Pass-Fail

Push-ups
15 _____ Pass-Fail

*Requirement may be waived if passed successfully @ academy within past 3 months. Must provide proof.

Springfield Township Police Dept.
Physical Fitness Testing

Name _____ Date _____

D.O.B. _____ Weight _____

	Score	Result
	(Female 20-29 years of age)	
1.5 Mile Run (14 min. 55 sec.)	_____	Pass-Fail

Sit-ups 35	_____	Pass-Fail
---------------	-------	-----------

Push-ups 18	_____	Pass-Fail
----------------	-------	-----------

(Female 30-39 years of age)

1.5 Mile Run (15 min. 26 sec.)	_____	Pass-Fail
-----------------------------------	-------	-----------

Sit-ups 27	_____	Pass-Fail
---------------	-------	-----------

Push-ups 13	_____	Pass-Fail
----------------	-------	-----------

(Female 40-49 years of age)

1.5 Mile Run (16 min. 27 sec.)	_____	Pass-Fail
-----------------------------------	-------	-----------

Sit-ups 22	_____	Pass-Fail
---------------	-------	-----------

Push-ups 11	_____	Pass-Fail
----------------	-------	-----------

(Female 50-59 years of age)

1.5 Mile Run (17 min. 24 sec.)	_____	Pass-Fail
-----------------------------------	-------	-----------

Sit-ups 17	_____	Pass-Fail
---------------	-------	-----------

Push-ups 5	_____	Pass-Fail
---------------	-------	-----------

*Requirement may be waived if passed successfully @ academy within past 3 months. Must provide proof.

