

**NEW LONDON POLICE DEPARTMENT**  
**APPLICANT PACKET**

New London Police Department  
Training Office  
5 Gov. Winthrop Blvd.  
New London, CT 06320  
860-447-5285



**APPLICANT INSTRUCTIONS AND IMPORTANT**  
**DATES**

All applicants must carefully review and comply with the following instructions. Failure to submit required documentation or meet deadlines may result in disqualification from the process.

The testing dates for this process have not yet been finalized. You will be contacted within the next several weeks in regards to exact dates for the testing. Contact Sgt. Pelchat at [jpelchat@newlondonct.gov](mailto:jpelchat@newlondonct.gov) with any questions.

**Completed Packets Due:** TBD

**Written Examination:** TBD

**Physical Agility Test:** TBD

**Interviews:** TBD

Completed packets must be returned to:

Sgt. Pelchat  
Training Office  
5 Gov. Winthrop Blvd.  
New London, CT 06320

**REQUIRED DOCUMENTS**

The following items must be submitted with your completed application packet:

1. Signed Medical Approval Form (attached)
2. Copy of a Valid Driver's License
3. Signed and Notarized Release from Liability Waiver
4. Physical Agility Informed Consent Form
5. State of CT Polygraph Release Form

**DRIVER'S LICENSE REQUIREMENT**

A VALID DRIVER'S LICENSE IS MANDATORY.

Applicants will not be admitted to any portion of the testing process without presenting a valid driver's license. Applicants are expected to arrive on time and prepared for each scheduled phase of the process.

**POLICE CANDIDATE’S RELEASE FROM LIABILITY  
FOR PROVIDING BACKGROUND INFORMATION**

Candidate’s Name: \_\_\_\_\_

Candidate’s Address: \_\_\_\_\_

Street Address

\_\_\_\_\_  
City, State Zip Code

I, the undersigned, have applied for employment with the New London Police Department. I have been advised and I am fully aware that a thorough and complete investigation of my background will be conducted to determine my suitability for the position in question. I hereby authorize all persons to whom this document is provided, in either original or duplicate form, to release any and all information about me in either documentary or verbal form, including any opinions or impressions concerning me, to representatives of the New London Police Department.

I am aware that this information may be of a highly personal nature and may otherwise be protected from disclosure by my constitutional, statutory, or common law rights and privileges or by contractual agreements. I hereby expressly waive any and all privileges which may be attached to such communication or disclosure, and release all persons, firms, governmental units or corporations from all claims of any natures as a result of such communications or disclosure.

Information to be disclosed may include, but is not limited to, medical records, mental health records, financial records, criminal history records, information obtained by other agencies during any investigatory procedures including polygraphs, educational records, organizational memberships, past and present employment and attendance records including performance evaluations and disciplinary histories, or history, suitability or moral character.

I understand that these records will remain on file with agents of the City of New London during such time as I am eligible for appointment with the Police Department.

\_\_\_\_\_  
Candidate’s Signature

\_\_\_\_\_  
Date

SWORN TO AND SUBSCRIBED BEFORE ME, A NOTARY PUBLIC FOR THE STATE OF

\_\_\_\_\_ ON THE \_\_\_\_\_ DAY OF

\_\_\_\_\_, 20\_\_\_\_\_.

SIGNATURE OF NOTARY: \_\_\_\_\_

**MEDICAL APPROVAL FORM**

**PHYSICIAN'S CERTIFICATION OF ABILITY  
TO PERFORM PHYSICAL AGILITY TEST**

This is to certify that I have reviewed the attached four elements of the Connecticut Police Officer Physical Agility Test and the descriptions attached.

**After reviewing said documents, it is my professional opinion that the candidate named below:**

Candidate's Name: \_\_\_\_\_

**CAN SAFELY PERFORM THE PHYSICAL AGILITY TEST AND PARTICIPATE IN THIS PROGRAM.**

\_\_\_\_\_  
Physician's signature

\_\_\_\_\_  
Date

**Physician's Name (Imprinted with Office Stamp)**

**Note to Physician: Do not write notations of any type on Medical Approval Form # 9 or State Medical Approval Form # 9A. Doing so will disqualify candidate. If notations need to be made, please attach a separate piece of paper.**

**“Physician’s Signature” must be that of a *physician*, signatures of nurses or other members of the physician’s staff will *not* be accepted. Failure to have a physician’s signature will disqualify candidate.**

## PHYSICAL AGILITY TEST DESCRIPTION

### I. SPECIFICATIONS AND STANDARDS FOR FITNESS TESTING

The POSTC Fitness Test is a scientifically valid test, consisting of four separate test components, conducted during a one to two hour window of time.

**Test 1.** The One-Minute Sit-Up Test. This is a measure of the muscular endurance of the abdominal muscles and core area. Sit ups are done with bent legs and hands alongside the ears. The score is the number of correctly performed sit-ups in one minute.

**Test 2.** The 300-Meter Run. This is a measure of the anaerobic power and sprinting ability. The test is conducted on a suitable running surface/track. The score is measured in the number of seconds necessary to complete the 300-meter distance.

**Test 3.** The One-Minute Push-up Test. This is a measure of absolute strength of the muscles of the upper body. Pushups start in the up position (flat back and arms fully extended). The candidate lowers their body to approximately four inches from the ground without touching/bending their knees.

Without touching knees, the candidate then fully extends arms into the up position. The score is the number of correctly performed pushups in one minute.

**Test 4. The 1.5-Mile Run.** This is a measure of the cardiovascular capability of the runner. The test is conducted on a suitable oval running track. The score is the minutes and seconds necessary to complete the 1.5-mile distance.

#### Minimum Scores for Employment as a Police Officer using the 40th percentile of the Fitness Standards.

	ONE MINUTE	SECONDS	ONE MINUTE	
MALE	SIT-UPS	300-MTR SPRINT	PUSH-UPS	RUN
20-29	38	59	29	12:38
30-39	35	59	24	13:04
40-49	29	72	18	13:49
50-59	24	83	13	15:03
60-69	19	N/A	10	16:46
<b>FEMALE</b>				
20-29	32	71	15	14:50
30-39	25	79	11	15:38
40-49	20	94	9	16:21
50-59	14	N/A	7	18:07
60-69	6	N/A	N/A	20:06

## PHYSICAL AGILITY TESTING INFORMED CONSENT FORM

The undersigned hereby gives informed consent to engage in a series of procedures relative to completing a written medical/health history and taking a variety of physical exercise tests. The purpose of the testing is to determine physical fitness, cardiovascular function and health status. All exercise testing will be supervised and monitored by trained personnel.

I further realize that there exists the possibility that certain detrimental physiological changes may occur during this exercise testing. These changes could include heat-related illness, abnormal heartbeats, 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.

I have read this form and understand that there are inherent risks associated with any physical activity and recognize it is my responsibility to provide accurate and complete health/medical history information. Furthermore, I understand it is my responsibility to monitor my individual physical performance during any activity.

In the event of a medical problem, I further recognize that any medical care that may be required is my personal financial responsibility.

\_\_\_\_\_  
Candidate's signature

\_\_\_\_\_



**STATE OF CONNECTICUT**  
**DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION**  
**DIVISION OF STATE POLICE**  
**POLYGRAPH UNIT**



**Medical Release by Physician**

Date: \_\_\_\_\_

Dear Dr. \_\_\_\_\_

Mr./Ms \_\_\_\_\_ is scheduled to undergo a polygraph examination administered by the Connecticut State Police. It is our understanding that he/she has been or is a patient of yours and has been or is currently being treated for:

\_\_\_\_\_.

Due to the inherent stress associated with the examination, we require that you sign below, indicating that it is your professional opinion that the above-named person may participate in a polygraph examination and that it will not impair their health or medical treatment.

Individuals without this authorization will not be tested. If you have any questions regarding the examination of the authorization, please contact the Connecticut State Police Polygraph Unit at the number listed below.

Respectfully,

\_\_\_\_\_

Polygraph Unit Supervisor

I hereby authorize \_\_\_\_\_ to participate in the polygraph examination to be administered by the Connecticut State Police.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_