Englewood

Human Resources Department

P.O. Box 228 • Englewood, N.J. 07631 • (201) 871-6660 • Fax (201) 541-5424

2027 Police Officer Applicant's Acknowledgment & Consent Form

This form must be completed and uploaded to PoliceApp by January 13, 2027

REGISTRATION APPLICATION:

_____ I have thoroughly reviewed the job and eligibility requirements for the position of entry level police officer.

_____ I understand that the ranking of candidates on the police officer hiring list will be in accordance with City of Englewood Ordinance Chapter 68. There are four separate tiers according to residency at the time of the written examination

_____ I understand that in order to be considered a bona fide Englewood resident, I must provide proof of Englewood residency for at least 12 months prior to the date of my application (in accordance to City of Englewood Ordinance Chapter 68). Failure to provide such documentation will result in the applicant being deemed a non-resident.

_____ I understand that if I claim to be a bona fide Englewood resident, but after further examination by the City I am determined to be a non-resident according to City Ordinance Chapter 68, I am required to make payment via PoliceApp for the exam and application. As a Non-Resident I am required make payment via PoliceApp for the exam and application for the full cost of the process.

_____ I understand that for my application to be considered complete, I may be required to provide additional residency documents (if applicable). I agree to fully cooperate and comply with requests from the City for any necessary documentation. Any failure to provide or cooperate with requests may lead to my application being denied.

ACCOMMODATION REQUESTS

_____ I understand that I am entitled to reasonable accommodations in taking the written exam, provided I make the City of Englewood aware of any reasonable accommodation I may need by Wednesday, January 13, 2027, at 1200 hours. All accommodation requests are at the discretion of the City Manager or his designee. The City Manager will make the final decision whether the accommodation request is reasonable and if it will be granted.

_____ I understand I am required to inform Human Resources of any request for reasonable accommodation by the above date. I must submit this request by completing the "Special Accommodations Request Form" at least one day before the test date. This form can be obtained by contacting the Human Resources Department at hr@cityofenglwood.org. I understand this form must be completed and signed by my certified physician. It will be kept confidential and the information in the form will be shared with the testing company and Police Department, as needed, to fulfill my accommodation request.

_____ I understand that my failure to submit a "Special Accommodation Request Form" by the above date may result in insufficient time to provide a reasonable accommodation by the City of Englewood, the Police Department, and the New Jersey Association of Chiefs of Police.

WRITTEN EXAMINATION:

_____ I understand that the New Jersey Association of Chiefs of Police will administer, proctor and score the entry level written exam. I understand that I must obtain a score of 80% or higher to pass this written exam.

_____ I understand that after taking the written exam, I am not permitted to review the test or my results, which is standard policy for the testing company. I understand that I will be provided with my written test score via PoliceApp.

PHYSICAL AGILITY TEST:

_____ I understand that I must submit the "Physician's Referral Form Health and Performance Evaluation and Assessment for Law Enforcement" waiver form provided by Franklin Lakes Sport & Spine before I can participate in the physical agility test. I further understand that this form must be completed and signed by a physician certifying that I am physically capable of completing the Physical Agility Test. I understand this form will be provided to me via PoliceApp contingent upon successfully passing the written exam. This completed form must uploaded to PoliceApp by a date to be determined.

Actual signatures and initials are required on this form. X's do not count as initials.

_____ I understand that in order to pass the physical agility test I must complete the course in accordance with the following standards of the New Jersey Police Academy standard, as promulgated by the Police Training Commission. I understand that in order to pass the physical agility test, I must meet or exceed the minimum standards of ALL portions of the test.

The physical agility test and minimum standards are as follows:

- A 300 meter run in 70.1 seconds or less
- 24 push-ups in 1 minute or less
- A vertical jump of 15 inches or more
- 28 sit-ups in 1 minute or less
- A 1.5 mile run in 15 minutes and 55 seconds or less
  *All standards must be met in order to pass the test.

PRE-REQUISITES FOR EMPLOYMENT:

_____ I understand that if I receive a conditional offer of employment from the City, my employment is not guaranteed. My employment is contingent upon the successful completion of a comprehensive background check, medical examination, psychological evaluation, drug screening, the successful completion of the Police Academy (if not already PTC certified), and one-year probationary period.

FAILURE TO BE CONSIDERED AN APPLICANT IN THE PROCESS:

_____ I understand that if I fail to submit my driver's license, application payment, or this signed Applicant's Acknowledgement & Consent Form by Wednesday January 13, 2027, I will not be considered as an applicant for Police officer.

_____ I understand that if I fail to meet or complete the requirements outlined in any part of the application and hiring process, I will not be considered for the position of Police officer.

_____ I understand that if I misrepresent, alter, omit, or falsify any information during any phase of the applicant/hiring process, I will not be considered for the position of Police officer.

_____ I understand that if I fail to follow-up or respond to correspondence in a timely fashion, this may result in my not being considered for the position of Police officer.

_____ I understand that any psychological, medical, or physical condition that may become aggravated, pose a hazard to myself or to others, or prevent efficient performance of my police officer duties, may result in my not being considered for the position of Police officer.

_____ I understand that there may be other reasons that I am no longer considered for the position of Police officer that are not listed above.

I have read and consent to the terms and conditions outlined above. I have had the opportunity to ask questions about the information in this form and am satisfied with the responses to any of my questions that have been provided by Human Resources. I agree to continue with this hiring process for the position of Englewood Police officer.

I understand that by signing this Acknowledgment and Consent Form, I am not guaranteed appointment or employment with the City of Englewood.

_____ _____

Applicant Full Name (Print) Applicant Signature

Dated: _____, _____

_____ _____

Witness Full Name (Print) Witness Signature

Dated: _____, _____

Actual signatures and initials are required on this form. X's do not count as initials.