

280 Victory Highway West Greenwich Rhode Island, 02817

70wn of West Greenwich INCORPORATED 1741

Richard Ramsay, CHIEF OF POLICE

Information for the physical and written exams for the West Greenwich Police Department.

Date and Time-March 25th 2023 start at 08:00-Anyone not in line by 08:01 will not be allowed to proceed.

Location-Exeter West Greenwich High School, 930 Nooseneck Hill Rd. West Greenwich R.I. 02817

Dress code -Applicants will arrive wearing athletic clothing and sneakers. A white T shirt, dark shorts or pants, and sneakers. Anyone not in proper attire will not be allowed to proceed. Those applicants who pass the P.T. Test will then take the written test in the library at the Exeter West Greenwich High School. Applicants will be given time to change clothing to business casual attire directly after the P. T. test. Anyone not in proper business casual attire will not be allowed to proceed. **Jeans and T shirt will not be allowed**.

Other items- All applicants must possess a valid driver's license and completed Fitness Test Medical Certificate. Applicants will be allowed to have bottled water, no cell phones allowed during the P.T. Process or the written process. The West Greenwich Police Department will accept valid Fit 2 Serve Physical Fitness and/or Written Test Certificate, but the applicant must provide copies of these certificates with their application if they wish to be exempt from that portion of our testing.

LATERAL CANIDATES (those who have active Rhode Island Municipal Police Academy Certificates or can become active with a letter of good standing from last place of employment, background check, and psychological test) WILL HAVE TO TAKE THE P.T. TEST BUT WILL NOT HAVE TO TAKE THE WRITTEN TEST.



RHODE ISLAND MUNICIPAL POLICE TRAINING ACADEMY PHYSICAL FITNESS 40TH PERCENTILE ENTRY STANDARDS



1 Minute Push-Ups

| | Age<20 | 20-29 | 30-39 | 40-49 | 50-59 | 69-09 |
|--------|--------|-------|-------|-------|-------|-------|
| Male | 29.0 | 29.0 | 24.0 | 18.0 | 13.0 | 10.0 |
| Female | 15.0 | 15.0 | 11.0 | 9.0 | p/u | p/u |

1.5 Mile Run

| | Age<20 | 20-29 | 30-39 | 40-49 | 20-59 | 9-09 |
|--------|--------|-------|-------|-------|-------|-------|
| Male | 12:38 | 12:38 | 13:04 | 13:49 | 15:03 | 16:46 |
| Female | 14:50 | 14:50 | 15:38 | 16:21 | 18:07 | 20:06 |

1 Minute Sit-ups

| | Age<20 | 20-29 | 30-39 | 40-49 | 50-59 | 39-09 |
|-------|--------|-------|-------|-------|-------|-------|
| Male | 41.0 | 38.0 | 35.0 | 29.0 | 24.0 | 19.0 |
| emale | 32.0 | 32.0 | 25.0 | 20.0 | 14.0 | 0.9 |

300 Meter Run

| | Age<20 | 20-29 | 30-39 | 40-49 | 20-59 | 69-09 |
|--------|--------|-------|-------|-------|-------|-------|
| Male | 59.0 | 59.0 | 58.9 | 72.0 | 83.2 | p/u |
| Female | 71.0 | 71.0 | 79.0 | 94.0 | p/u | p/u |

West Greenwich Police Department Tel (401) 397-7191 Fax (401) 392-3811



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FITNESS TEST MEDICAL CERTIFICATE

Dear Physician: The following named individual has submitted an application to become a Police Officer with the West Greenwich Police Department. Candidate Name: _____ Date of Birth: _____ Town/City: _____State:____ Address: The West Greenwich Police Department and the Rhode Island Department of Public Safety/Municipal Police Training Academy (RIDPS/MPTA) requires each candidate to bring a completed Physical Fitness Test Certificate to the Physical Fitness Test before he/she will be allowed to participate in the test. A statement must be obtained from a licensed physician that the candidate is of sufficient physical conditioning to undergo a Physical Fitness test. The Fitness Test Medical Certificate must be completed within six (6) months of the Physical Fitness testing date. Attached to this form is a listing of the minimum physical fitness standards a candidate must attain. We ask that your evaluation be based upon these criteria. Thank you for your assistance. PHYSICIAN'S STATEMENT I have examined the above-named individual on______. After reviewing each of the four (4) events, I find him/her to be of sufficient physical conditioning to allow the candidate to participate in the West Greenwich Police Department and RIDPS/MPTA Physical Fitness Test. Comments (if any): Physician's Signature (Please type or print :) Physician's Name:

Telephone Number: