



Thomas Miller  
Chief of Police

# TOWNSHIP OF CHATHAM

## POLICE DEPARTMENT

401 Southern Boulevard Chatham, New Jersey 07928  
Tel (973) 377-0100 Fax (973) 377-6093



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www.ctpd.net

Candidate,

Thank you for your interest in becoming an Officer with the Chatham Township Police Department. The next step in the process will be for you to complete a physical fitness test. The test will take place in mid-April. You will be notified of the exact date, time, and location in the near future.

Attached are two forms, which are the **Hold Harmless Agreement** and the **Medical Certification Form**. Please review each document carefully. You will be required to submit the Hold Harmless, signed by you, and the Physical Fitness Report, signed by a doctor, on the morning of your test.

Items required for the testing process:

- Identification.
- Signed Hold Harmless Agreement.
- Signed Physical Fitness Report.
- Appropriate clothing and footwear.
- Transportation to a secondary site for outdoor testing.
- Water bottle.
- Small towel (optional).

Clothing should be appropriate for physical fitness activity, including running shoes. Tests will be conducted both indoors and outdoors, so please dress appropriately.

Good luck,

Lieutenant Brad Hayworth

**MORRIS COUNTY PUBLIC SAFETY TRAINING ACADEMY**

**HOLD HARMLESS AGREEMENT**

The physical testing you are about to undergo will involve five major segments of physical fitness and exercise.

PHYSICAL ABILITY TEST

CUT-OFF SCORE

- |                  |                         |
|------------------|-------------------------|
| 1. Vertical Jump | 15 inches               |
| 2. Sit-up        | Max Reps. in 60 seconds |
| 3. 300 meter run | 70.1 seconds            |
| 4. Push-up       | Max Reps. 60 seconds    |
| 5. 1.5 mile run  | 15:55                   |

All five events are job related, non-discriminatory, and designed to show how a candidate would perform in situations related to law enforcement training. A candidate who fails to successfully pass the testing would not be effective in a situation which requires agility skills, strength, coordination, and good physical condition.

There have been few, if any, complications for those participating in the testing program. If a candidate is not tolerating the stress, the activity will be stopped. Risk of injury is possible in all physical activity, but minimal and rare. Any injuries which do occur MUST be reported to the instructor immediately.

I (Print Name)\_\_\_\_\_, in signing this form, state that I understand the description of the program and its possible implications. Further, I agree for myself, my heirs, dependants or personal representatives not to assert any claim or suit for money damages against the County of Morris, the Morris County Public Safety Training Academy, Chatham Township, it's officers, agents and employees, for pain or suffering, medical expenses, loss of wages, injuries, permanent disabilities or pecuniary losses by reason of any injuries or losses I or my heirs or dependants may sustain during or as a result of my participation in activities conducted by the Morris County Public Safety Training Academy.

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date



PHILIP D. MURPHY  
Governor  
  
TAHESHA L. WAY  
Lt. Governor

State of New Jersey  
OFFICE OF THE ATTORNEY GENERAL  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
OFFICE OF PUBLIC INTEGRITY AND ACCOUNTABILITY  
POLICE TRAINING COMMISSION  
25 MARKET STREET  
PO BOX 085  
TRENTON, NJ 08625-0085

MATTHEW J. PLATKEN  
Attorney General  
  
DREW SKINNER  
Executive Director

MEDICAL CERTIFICATION FORM  
(Please Print)

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

Last 4 SS Number: \_\_\_\_\_

Candidates's Employing Agency: \_\_\_\_\_

Agency Address: \_\_\_\_\_

PTC-Approved School  
Candidate Will Attend: \_\_\_\_\_

Name of Course: \_\_\_\_\_ Course Dates: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Based upon the medical examination and review of the Health History Statement, the above-named individual is determined to be:

(Check one)

Medically fit to participate in Defensive Tactics (unarmed defense), Chemical Agent exposure, Firearms Training, Baton Training, Physical Restraint Training, and in the Police Training Commission's Physical Conditioning Training Program without limitations.

Not medically fit to participate in Defensive Tactics (unarmed defense), Chemical Agent exposure, Firearms Training, Baton Training, Physical Restraint Training, and in the Police Training Commission's Physical Conditioning Training Program.

\_\_\_\_\_  
Physician's Signature and License No.

\_\_\_\_\_  
Date