



Township of East Hanover

POLICE DEPARTMENT

TWO DE FOREST AVENUE, EAST HANOVER, NEW JERSEY 07936



Christopher F. Cannizzo
Chief of Police

(973) 887-0432
FAX (973) 887-7096

East Hanover Police Department Physical Agility Test

Saturday April 6, 2019 8:30 AM check in

Location: Hanover Park High School 63 Mt. Pleasant Ave. East Hanover, NJ
07936

Dear Applicant:

If you successfully complete the written exam for the position of police officer, the next phase of the process is the physical agility test.

A rigorous physical agility test will be administered at the place and time indicated above. Failure to participate in this phase of the selection process will result in automatic disqualification. Check in will start at 8:30 AM and the test will start promptly at 9:00 AM. Applicants must bring with them the following:

1. A signed Waiver/Medical Certification Form signed by a licensed physician dated within 10 days preceding the physical agility test.
2. 2 Forms of Identification: A photo driver's license is preferred.
3. Sneakers and gym clothing including shorts, t-shirt, and sweats.

Events that you will be tested on:

300 Meter Run
1 Minute Push-ups (Maximum Repetitions)
1 Minute Sit-ups (Maximum Repetitions)
Pull-ups (Maximum Repetitions)
1.5 Mile run

WAIVER/MEDICAL CERTIFICATION

To The Applicant:

The second phase of the selection process, the physical agility test, will consist of the following:

- | | | | |
|-----|----------|-----|----------------|
| (1) | pull-ups | (4) | 300 meter run |
| (2) | push-ups | (5) | 1 1/2 mile run |
| (3) | sit-ups | | |

I, _____, realize the physical demand of the
(Applicant)
above-described physical agility test and hereby release the Township of East Hanover, the Hanover Park Board of Education, their employees, representatives, and agents from any and all liability and responsibility for injury that may result during the testing. I have no known physical defects or injury, or know no reason why I should not participate in the physical agility test.

(Signature of Applicant)

(Date)

I, _____, certify that I have examined the
(Examining Physician)
above-named applicant and find no medical reason why he/she should not participate in the above-described physical agility test.

(Signature of Examining Physician)

(Date)

M.D. License No. _____