

Dear Police Officer Applicant,

## Carefully read and follow these instructions

Please return the completed packet to Sgt. Pelchat at the New London Police Department Training Office, 5 Gov. Winthrop Blvd. New London, CT 06320 by **Friday January 27th, 2023 by 3:00 pm**. A signed **medical waiver form** and a signed **polygraph waiver form**, which are attached, must be returned with the application. The medical forms **MUST** have an original (wet) Physician signature and stamp. Also, attach a copy of your driver's license and your social security card or birth certificate to this packet.

### Important dates for this process:

Completed Packets Due: **January 27<sup>th</sup> 2023 by 3pm (if you need more time please contact me)**

New London PD written test: **February 2<sup>nd</sup> 2023 at 7pm (if you do not have LEC or CPCA score)**

Physical Agility: **February 4<sup>th</sup> 2023 or February 5<sup>th</sup> 2023 (exact date and time will be forth coming)**

Interviews: **February 7<sup>th</sup> 2023 and February 8<sup>th</sup> 2023 (if needed)**

1. If you require any ADA accommodations, you must notify the Personnel Department in writing at the time of application.
2. **A VALID DRIVER'S LICENSE IS MANDATORY.**  
**You will not be admitted to into any test without a valid driver's license.**
3. The Police Candidate's Release from Liability for Providing Background Information Form (Page #3) must be notarized and returned with this packet by the deadline.
4. The Registration Form (Page #4) must be returned with this packet by the deadline.
5. The Affirmative Action survey (Page #5) is optional. Should you choose to complete this form, it must be returned with this packet by the deadline.
6. The Physical Agility Standards form (Page #10) explains the requirements of the Physical Agility Examinations.
7. The Medical Approval Form (Pages #6-9) **must be signed and stamped by a physician (MD/DO)**. Failure to have a physician's signature and stamp will disqualify you from the entire testing process. **Signatures by a P.A., A.P.R.N., R.N., L.P.N., or other member of a physician's staff will NOT be accepted.**
8. The Physical Agility Test Description (Page #11) must be brought to your physician with Pages #7-#11, so that your physician understands the magnitude of each physical agility test and the physician must initial them at the bottom. Please review this form yourself, to help you prepare for the agility examination.

9. The Physical Agility Check-In (Page #13) **must be completed and returned with this packet by the deadline.** Please complete **only the top portion** of this form.
10. The Physical Agility Testing Informed Consent Form (Page #12) **must be completed and returned with this packet by the deadline.** Your signature indicates that you understand that the City of New London is free from responsibility during the testing procedures.
11. The Polygraph Medical release form (Page #17) must be signed by a physician. In many cases applicants must have this form signed in order to proceed with a polygraph examination. Without the form the applicant is often sent home without have the polygraph administered. This would be an elimination from the process. Having this form signed at the same time as the physical medical release from saves time and potential elimination from the process. **Please return this signed form by the deadline.**
12. A written test will be held at the New London Police Department on **Thursday February 2nd 2023 starting at 7:00 pm** and a physical agility test will be held on **Saturday February 4th 2023 or Sunday February 5th 2023.** The exact time and location of the physical agility are TBD. (You do not need to take the NLPD written test if you have a passing LEC or CPCA score). **CHIP cards obtained prior to January 5th 2023, will not be accepted.**
13. **Please write neat and legible when filling out all of the paperwork and please print one sided only.**
14. Please contact Sgt. Pelchat if you have any questions regarding this process. [jpelchat@newlondonct.org](mailto:jpelchat@newlondonct.org) or 860-447-5285

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CITY OF NEW LONDON COMPETITIVE EXAMINATION  
For the Position of Police Officer  
\$66,813 – 84,117. / Annual

**LAST DATE FOR FILING APPLICATION:**

Applications must be **submitted on Policeapp or received in the Personnel Department**, or postmarked, on or before **Friday January 27<sup>th</sup> 2023 at 3:00 p.m.**

**ELIGIBILITY:** The Police Officer Standard and Training Council regulation stipulates a candidate must be 21 years old to attend the Academy. Candidates must also possess a valid driver's license and a high school diploma or equivalent. Candidates may apply who have a passing LEC and/or CPCA written score. If the candidate does not have a passing LEC and/or CPCA written score, they may take the written test with New London PD at no cost on **Thursday February 2nd 2023 at 7:00 pm** at the New London Police Department.

**APPLICATION:** Please visit [www.PoliceApp.com](http://www.PoliceApp.com) or obtain an application from the City of NL Personnel Department between the hours of 8:30 am and 4:00 pm. The applications must be completely filled out and received by **Friday January 27<sup>th</sup> 2023 at 3:00 p.m.**

**EXAMINATION:** The New London written examination will be administered on **Thursday February 2nd 2023 at 7:00 pm** at the New London Police Department. If the candidate has a passing LEC or CPCA score, they do NOT need to take the NLPD written test. This written test is only for candidates who do not currently have a passing written score. The physical agility examination will be held on **Saturday February 4<sup>th</sup> 2023 or Sunday February 5<sup>th</sup> 2023.** The exact time and location of the physical agility are TBD. (You do not need to take the NLPD written test if you have a passing LEC or CPCA score). CHIP cards obtained prior to **January 5th 2023, will not be accepted.**

**THE APPLICATION AND EXAMINATION PROCESS WILL INCLUDE THE FOLLOWING:**

**1. Application:** City of New London Employment Application/Policeapp application.

**2. Written Exam:** Applicants who fail to meet the minimum standard set as passing for the Written Exam will not be considered a qualified candidate and cannot proceed with any further testing. **DATE:** The written exam is scheduled for **Thursday February 2<sup>nd</sup> 2023 at 7:00 pm** at the New London Police Department.

**3. Agility Test:** Applicants who fail to meet the minimum standard set as passing for the Agility Test will not be considered a qualified candidate and cannot proceed with any further testing. **DATE:** The physical agility is scheduled for **Saturday February 4th 2023 or Sunday February 5th 2023**. The time and location are TBD. You must have a photo ID and proof of the testing to be accepted into the testing location(s).

**C.H.I.P. (Complete Health & Injury Prevention) certification cards obtained prior to January 5<sup>th</sup> 2023 will not be accepted.**

The Police Academy will administer their own additional Agility Test prior to acceptance. You must pass the Academy's Agility Test in order to be accepted.

**4. Technical/Oral Exam:** A panel consisting of three professionals and a moderator will conduct the exam. The oral examination is scheduled for **Tuesday February 7th 2023 and if needed, Wednesday February 8th 2023 starting at 8:30 am**. Applicants who do not meet the minimum standard will not be considered a qualified candidate and cannot proceed with any further testing. **NOTE:** Following successful completion of the oral examination, the candidate will complete additional tasks on the same date.

**5. Background Investigation:** Packets will be distributed to all who pass the agility examination and must be returned at the time of your oral exam.

**6. Polygraph:** To be administered to designated candidates selected by the Police Department, after receipt of all candidates' scores.

**7. Psychological Examination:** Pass/Fail – Will be administered to designated candidates selected by the Police Department.

**8. Eligibility List:** After formal testing has been completed; a ranked Eligibility List will be created.

As positions become available, the Personnel Department will contact individuals on the Eligibility List. The Eligibility List shall remain in effect for the duration of the life of the list, which shall be established for a minimum of six-months and may be extended for another six-month period.

**9. Physical Examination:** Pass/Fail – To be administered by the City physician to the selected candidates.

**Please note that failure of any portion of the examination means failure of the entire examination.**

**How to Apply:** Please visit [www.PoliceApp.com](http://www.PoliceApp.com) or obtain an application from the City of NL Personnel Department between the hours of 8:30 am and 4:00 pm M-F. The applications must be completely filled out and received by **Friday January 27<sup>th</sup> 2023 at 3:00 p.m.**

The application must be submitted **before Friday January 27<sup>th</sup> 2023 at 3:00 p.m.**

**Please note that failure of any portion of the examination means failure of the entire examination.**

**\*\* If you have previously participated in a Police Officer Recruitment process with us and did not pass the background, psychological or polygraph (ever), you are not eligible to participate in another recruitment 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: \_\_\_\_\_

**REGISTRATION FORM**

I plan to attend the New London Police hiring process on Sunday January 8<sup>th</sup> 2023.

Check the applicable box:

- Written and Physical Agility Test (2/2/23 and 2/4/23 or 2/5/23)
- Physical Agility Test Only (LEC and CPCA Applicants only) (2/4/23 or 2/5/23)

NAME (Please Print)

SOCIAL SECURITY #

Last	First	MI	
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Street Address

City	State	Zip Code
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( )

Date of Birth (required)

Home Telephone

( )

Signature

Work Telephone

Are you presently a certified Police Officer?

Yes  No

If yes, in what state?

Please enclose copies of certifying documentation with your application.

\_\_\_\_\_

**AFFIRMATIVE ACTION SURVEY (Optional)**

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, material or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please complete the form below. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a confidential file separate from the Application for Employment.

**(Please Print)**

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

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number & Street City State Zip Code

Telephone ( ) \_\_\_\_\_

Date of Birth \_\_\_\_\_  
Month Day Year

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Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a handicap is voluntary.

Check one: \_\_\_\_\_ Male \_\_\_\_\_ Female

Race/Ethnic Group – check one of the following:

\_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic

\_\_\_\_\_ Alaskan Native \_\_\_\_\_ American Indian or Alaskan Native

\_\_\_\_\_ Asian or Pacific Islander

Check if any of the following are applicable:

\_\_\_\_\_ Vietnam Era Veteran \_\_\_\_\_ Disabled Veteran \_\_\_\_\_ Person w/Disability

**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 Eastern 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.**

## **I. DEFENSIVE TACTICS TRAINING PROGRAM**

The Academy's Defensive Tactics program includes high impact "take down" techniques such as the "leg sweep," etc. All high impact techniques are trained at one-half speed, three quarter speed and "full speed." In addition, various handcuffing procedures are practiced. These techniques involve the manipulation of the wrists, shoulders, elbows, ankles, knees and hip joints.

Other activities in the Defensive Tactics Program include:

- \_\_\_\_\_ Punching, blocking and kicking on a stuffed dummy (bag-man) while a second recruit holds the bag-man. (This is done at full speed/strength.)
- \_\_\_\_\_ Participate in wrestling/grappling exercise where the heart rate is elevated to 180- 200 beats per minute.
- \_\_\_\_\_ Apply twelve pressure points to other recruits.
- \_\_\_\_\_ Execute a leg-trap control hold, which involves manipulation of and twisting/torquing of the ankle joint. Recruits will also have this applied to them. Participate in ground-defense counter measures, which involve neck compression and arm-lock control holds in which recruits take each other from standing to a prone position.
- \_\_\_\_\_ Perform, blocking and striking techniques with a police baton against a bag-man and against each other while dressed in protective padded gear.
- \_\_\_\_\_ Extricate a resistive operator out of a motor vehicle using their baton as a torquing lever control tool. (Recruits must play both parts.)
- \_\_\_\_\_ Same as above only removing the operator by use of a bar-arm and inside body takedown.
- \_\_\_\_\_ After removing or being removed as above, handcuffs will be applied to the "controlled" subject by the rear handcuff method.
- \_\_\_\_\_ Use empty-hand, baton and firearm countermeasures on a simulated knife attacker and complete the technique with a handcuffing procedure.
- \_\_\_\_\_ Execute a handgun retention technique, which requires them to quickly pivot 360 degrees.
- \_\_\_\_\_ Recruits will be compelled to apply and to extricate themselves from a strangle/choke hold.
- \_\_\_\_\_ Engage in foot pursuit with weapon in hand for approximately 25 yards at full speed, place the suspect in a prone position and apply a handcuffing technique. (Recruits also play the part of the suspect.)

Within the Physical Wellness Program, necessary warm-up and cool-down exercises are conducted.

## **II. CHEMICAL AGENTS TRAINING**

The physical aspect of the chemical agents training consists of two exercises. In the first exercise recruits are full face sprayed with their agency's Oleoresin Capsicum (Pepper spray) - (O.C.) that may be composed of Oleoresin Capsicum pepper, Isopropyl alcohol, and Isobutane/propane as a propellant. During this spray event, the recruits are directed to have their eyes and mouth shut.

PHYSICIAN'S INITIALS: \_\_\_\_\_



Subjects sprayed with this mixture can experience uncontrollable coughing, involuntary closing of the eyelids, loss of body motor control, intense burning sensation of the skin and respiratory distress.

In the second exercise, recruits are required to walk through a cloud of either Chloroacetophenone "CN" or Ortho-chloro-benzylidene-malononitrile "CS" tear gas. These gases can produce irritation, burning, and pain in the eyes, nose, throat, and respiratory tract. Effects in the air passages and lungs cause coughing, sneezing, a feeling of suffocation and respiratory distress.

During this training, emergency medical personnel are present. Decontamination procedures consist of washing the recruit's face and skin with water and milk, as well as the application of a baking soda paste.

### **III. FIREARMS TRAINING PROGRAM**

The firearms program consists of five (5) eight (8) hour days during which time recruits are required to be outside and on their feet for up to 6-7 hours per day regardless of the weather conditions. Recruits must also wear a fully equipped gun (duty) belt that weighs between 12 and 20 pounds. They will carry steel target frames that weight between 27 to 39 pounds for a distance of approximately sixty yards. They must fire between 700 to 1,000 rounds of ammunition from both standing and kneeling positions.

During the "Stress Firing Course," recruits are required to run at % speed to full speed approximately 1,000 feet down a hill and immediately engage multiple targets from positions of cover and/or concealment. This is done in a crouched or kneeling position. The recruit then immediately re-holsters and runs to a second position and again engages multiple targets.

Recruits are also required to fire 20 rounds from a shotgun both standing and kneeling from the shoulder and the hip.

### **IV. PHYSICAL WELLNESS PROGRAM**

Physical Education Specialists administer the Physical Wellness Program. The quantity and quality of activity adheres to the guidelines established by the American College of Sports Medicine and the Cooper Institute for Aerobics Research. All recruits engage in three to five hours of physical activity per week. Activities include aerobics, weight training, running, stretching and flexibility. Each activity session encompasses the necessary warm-up and cool-down phases.

PHYSICIAN'S INITIALS: \_\_\_\_\_

## V. DRIVER TRAINING PROGRAM

The physical portion of the Driver Training Program requires recruits to be in a vehicle for 12 hours engaged in various driving activities. As either a passenger or driver, the recruit will experience:

- \_\_\_ Sudden jerking from side to side while traveling at 40 mph. (Evasive/Collision Avoidance)
- \_\_\_ Skidding/"Fishtailing" on a wet surface at approximately 35 mph. If any driver error occurs in this type of skid, a severe secondary skid will occur with equal to or greater intensity, throwing the vehicle violently in the opposite direction. (Skid Control Activity)
- \_\_\_ Sudden forward movement when the brakes are slammed on at speeds anywhere between 1- 60 mph. (All activities)
- \_\_\_ Higher speeds (50-60 mph) where the vehicle may be forced to steer suddenly, brake suddenly. (Simulated Pursuit activity)
- \_\_\_ Driver must perform a timed driving stress course that will elevate the heart rate. (Emergency Response Stress Course)
- \_\_\_ Recruits may incur a foot chase or have to wrestle with a suspect. (Simulated Pursuits)
- \_\_\_ Recruits will drive in reverse gear through a winding course, which requires extensive back and forth twisting of the upper torso and neck.

## VI. WATER SAFETY TRAINING

Recruits are expected to remain in a swimming pool for up to three hours during which time they will perform the following activities:

- \_\_\_ Tread water for one-minute using legs only.
- \_\_\_ Dive to a 12 foot depth and recover an 11-pound dummy and a 25-pound dummy.
- \_\_\_ Throw a two to three pound life-ring approximately 25 feet and tow a fellow recruit 25 feet through the water.
- \_\_\_ Assist and pull a fellow recruit out of the water.
- \_\_\_ While swimming with one arm, tow a fellow recruit 30 feet through the water at least three times.
- \_\_\_ Escape from an aggressive victim by wrestling the victim underwater and swim to safety.
- \_\_\_ Swim 50 yards twice at sprint speed.
- \_\_\_ Perform four (4) separate spinal-injury management techniques requiring holding/lifting a fellow recruit to the water's surface using arms only.

PHYSICIAN'S INITIALS: \_\_\_\_\_

## PHYSICAL AGILITY TEST DESCRIPTION

### I. SPECIFICATIONS AND STANDARDS FOR FITNESS TESTING (COOPER TEST)

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.

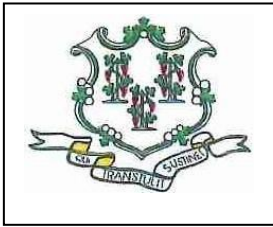
Without touching knees, the candidate then fully extends arms into the up position. The score is the number of correctly performed pushups in one minute.

**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 Cooper 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

02/2018



# STATE OF CONNECTICUT

Police Officer Standards and Training Council  
Connecticut Police Academy

## PHYSICAL PERFORMANCE EXAMINATION – 40%

**NAME:** \_\_\_\_\_ **DEPARTMENT/AGENCY:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **GENDER:** Male \_\_\_\_\_ Female \_\_\_\_\_ **Age** \_\_\_\_\_ **Photo ID #:** \_\_\_\_\_

Start Time		EVENT	40% TARGET	TRIAL SCORE	INITIALS	P/F	End Time
	1	Sit-ups					
	2	300 Meter Sprint					
	3	Push-ups					
	4	1 ½ Mile Run					

**ACCEPTANCE OF SCORES:** *I certify that to the best of my knowledge the above scores are correct.*

**FITNESS SPECIALIST NAME:** \_\_\_\_\_ **DEPARTMENT:** \_\_\_\_\_  
*(please print)*

\_\_\_\_\_  
FITNESS SPECIALIST SIGNATURE

\_\_\_\_\_  
FITNESS SPECIALIST CERTIFICATION DATE

**Male Candidate**

AGE	1 MINUTE OF SIT-UPS	300 METER SPRINT	1 MINUTE OF PUSH-UPS	1.5 MILE RUN 40%
20-29	38	59 SECONDS	29	12:38
30-39	35	59 SECONDS	24	13:04
40-49	29	72 SECONDS (1:12)	18	13:49
50-59	24	83 SECONDS (1:23)	13	15:03
60-69	19	N/A	10	16:46

**Female Candidate**

AGE	1 MINUTE OF SIT-UPS	300 METER SPRINT	1 MINUTE OF PUSH-UPS	1.5 MILE RUN 40%
20-29	32	71 SECONDS (1:11)	15	14:50
30-39	25	79 SECONDS (1:19)	11	15:38
40-49	20	94 SECONDS (1:34)	9	16:21
50-59	14	N/A	7	18:07

*285Preston Avenue, Meriden, Connecticut 06450-4891  
An Equal Opportunity Employer*

## 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

\_\_\_\_\_  
Date

**PHYSICAL AGILITY CHECK IN SHEET**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

(        )  
HOME TELEPHONE NUMBER

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
SIGNATURE OF APPLICANT



**FOR INTERNAL USE ONLY**

**TYPE OF PHOTO ID:** \_\_\_\_\_

**VERIFIED BY:** \_\_\_\_\_

FLSA:  
Grade:  
Location:  
Approved by Personnel Board: 07/2018  
Concurred Union  
Hours:

IV 1005

**Title:** **POLICE OFFICER**

**GENERAL STATEMENT OF DUTIES:** Performs general duty police and crime prevention work in the protection of life and property through the enforcement of laws and ordinances; does related work as required.

**DISTINGUISHING FEATURES OF THE CLASS:** This is general duty police work consisting of routine patrol work in an assigned area, preliminary investigation and miscellaneous duties incidental thereto performed in accordance with departmental rules and regulations. The work necessitates the use of independent and mature judgment in making investigations and inspections and in deciding what course of action to take in emergency situations. A superior officer regularly checks the work and gives specific instructions and assistance when special problems arise, although a Police Officer is required to exercise initiative and discretion when faced with emergency conditions. Work is performed in accordance with established policies and procedures and is reviewed periodically for effectiveness by the superior officer, who also makes specific work assignments and renders assistance when special problems arise. The work involves an element of personal danger.

**EXAMPLES OF WORK:** (Illustrative only)

Enforces the laws and ordinances of the City and all other pertinent laws;  
Patrols an assigned area during a specific period on foot or in motorized police equipment;  
Checks doors and windows and examines premises of unoccupied buildings or residences to detect any suspicious conditions;  
Investigates suspicious conditions and complaints and makes arrests of persons who violate laws and ordinances;  
Completes and submits applications for arrest, search and bench warrants;  
Serves certified warrants as required;  
Accompanies prisoners to headquarters, jail or court and appears in court as arresting officer;  
Delivers sentenced prisoners to institutions;  
Directs traffic, exercises discretionary power in taking police action in either arrests or issuing infraction tickets or summons to those who violate traffic regulations or City ordinances;  
Checks automobile parking in restricted areas and gives violation tickets when necessary;  
Works at desk and answers telephone, dispatches patrol cars, operates radio transmitter, maintains records, prepares reports, sends and receives messages or teletype and performs other clerical and administrative duties as required or directed;  
Fingerprints and books prisoners and sees that medical care is provided if needed;  
Looks up police records of prisoners;  
Periodically checks cell blocks;  
Attends fires or accidents in assigned area as directed giving all possible assistance and preparing necessary reports;  
Maintains order in crowds and attends parades, funerals or other public gatherings;  
Watches for stolen cars and wanted or missing persons;  
Makes investigations and enforces City and State laws pertaining to juvenile offenders;

**EXAMPLES OF WORK:** (Continued)

Answers criminal complaints and takes necessary corrective action;  
Gives general information to the public in regards to laws and ordinances;  
Operations patrol vehicles and mobile equipment, as required;  
Takes and develops photographs of major accidents and scenes of crime, as required;  
Assists fellow officers, shares experiences, etc.;  
Assumes the duties and responsibilities of Police Desk Sergeant in his absence as directed;  
Enforces parking meter ordinance while on foot patrol or assigned as Parking Meter Inspector.

**REQUIRED KNOWLEDGE, SKILLS AND ABILITIES:** Good knowledge of approved principles, techniques and practices of police work; good knowledge of laws and ordinances governing local police work; good knowledge of first-aid methods; good social and general intelligence; ability to deal effectively with mal-adjusted persons; ability to understand and carry out complex oral and written instructions; good judgment; ability to drive an automobile and scooter; skill in the use of firearms; good powers of observation and memory; ability to be courteous and firm with the public; good judgment; dependability; excellent moral character; physical strength and ability; excellent physical condition.

**ACCEPTABLE EXPERIENCE AND TRAINING:** Completion of a State approved high school program, or accredited college or university, or any combination of training and experience which provides the required knowledge, skills, and abilities required of police officers; ability to complete state prescribed training as directed by the Municipal Police Training Council.

Approved by the Personnel Board 7/2018





**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: \_\_\_\_\_