

ROXBURY TOWNSHIP POLICE DEPARTMENT

APPLICANT TEST FORM



NAME: (LAST, FIRST, MI.) _____
ADDRESS: _____
HOME PHONE: _____ CELL: _____
EMAIL: _____
DATE OF BIRTH: _____ SSN: _____
SIGNATURE: _____

**APPLICANT
ATTACH
PHOTO
HERE**

(DO NOT WRITE BELOW THIS LINE)

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PT TEST SCORES

<u>EVENT</u>	<u>REQUIREMENT FOR 100%</u>
PUSH-UPS: _____	65 IN 1 MINUTE (50 FOR FEMALE)
SIT-UPS: _____	50 IN 1 MINUTE (45 FOR FEMALE)
AGILITY RUN: _____	15 SECONDS
VERTICAL JUMP: _____	25 INCHES
PULL-UPS: _____	16 (8 FOR FEMALE)
1.5 MILE RUN: _____	9 MINUTES 30 SECONDS