



Public Safety Recruitment
1127 S. Mannheim Rd., #203
Westchester, IL 60154
www.publicsafetyrecruitment.com
info@publicsafetyrecruitment.com
800-343-HIRE

VILLAGE OF RICHTON PARK POLICE DEPARTMENT

Police Officer Minimum Requirements:

- \$25.00 non-refundable application fee
- U.S. Citizenship
- No Felony Convictions
- High School Diploma or GED
- Valid Driver's License
- 21 to under 35 years of age as of July 13, 2012, unless otherwise exempt by Statute
- Submission of Online Application and requested documentation (see CHECKLIST) by noon on July 13, 2012

Application Instructions:

- 1) Visit www.publicsafetyrecruitment.com to complete the Online Application for the position of **Police Officer**. Your online application must be confirmed no later than 12 noon on July 13, 2012. You will receive a confirmation number when you complete your online application. Save this number for your records.
- 2) Return the signed Release Forms and Other Required Documents (See CHECKLIST) to Public Safety Recruitment (1127 S. Mannheim Rd., #203 Westchester, IL 60154 Attn.: RPPD) no later than 12 noon on July 13, 2012. Applications received after the deadline will not be accepted. Faxed release forms will NOT be accepted. Sending release forms and other required documents via traceable carrier is suggested to ensure timely delivery. Documents may also be delivered by hand to Public Safety Recruitment during business hours (Mon.-Thurs. 9a-5p; Fri. 9a-3p; CLOSED HOLIDAYS AND WEEKENDS). Call 800.343.HIRE or email info@publicsafetyrecruitment.com with questions.

Orientation and Testing:

Attend **mandatory Orientation, Peace Officer Wellness Evaluation Report (POWER Test), and Written Exam Battery on Saturday, August 4, 2012** at Rich South High School, 5000 Sauk Trail, Richton Park, IL 60471. **Arrive by 8:30 a.m.** with a valid Driver's License or State ID to sign in. Please dress appropriately for the POWER Test (sweat pants, t-shirt, running shoes, etc.). The POWER Test will be administered on test day. More information about this test is available at the end of this packet. ***NOTE:** Please bring a lunch and drink with you on test day; there will be a short break. All candidates **MUST** stay on testing grounds.

All portions of the testing process are mandatory. Failure to attend and successfully complete any portion of the process will result in elimination from employment consideration.

CHECKLIST
RICHTON PARK POLICE DEPARTMENT

Online Application

Deadline: Noon on July 13, 2012

CONFIRMED at www.publicsafetyrecruitment.com.

WRITE YOUR CONFIRMATION NUMBER HERE: _____

(The confirmation page immediately follows the references section of the online application)

Release Forms (see pages 1-14)

Deadline: Noon on July 13, 2012

***No photocopies or fax copies will be accepted. You must submit the ORIGINAL DOCUMENTS WITH ORIGINAL SIGNATURES. Acceptable witness signatures include adult family members and friends.**

- Consumer Reports*
- Alcohol, Drug and Substance Abuse Screening*
- Behavior Profile*
- Credit History*
- Criminal History Information/ Fingerprint*
- Driving Record*
- Employment Past & Present*

- High School, College, University Diploma*
- Medical Records*
- Personal Information Release to Municipality*
- Written Examination*
- POWER Test*
- Physical Fitness Certificate*
(MD/DO signature required)

Other Required Documents

Deadline: Noon on July 13, 2012

- COPY High School Diploma or GED** (Copy of High School Transcripts with Graduation Date, Dated GED, or Signed Letter on High School letterhead is acceptable, COLLEGE DIPLOMA/TRANSCRIPTS NOT ACCEPTABLE)
- COPY valid Driver's License** (copy of front and back if you received a renewal sticker)
- COPY Birth Record** READ CAREFULLY: Must contain the applicant's full name and date of birth and must be verifiable. To be verifiable, it must be possible to contact the regulatory authority to confirm the authenticity of the document.
ONE OF THE FOLLOWING IS ACCEPTABLE AND REQUIRED TO FULFILL THE BIRTH RECORD REQUIREMENT:
 - Copy of **US Birth Certificate** Copy of original or certified by a Board of Health or Bureau of Vital statistics within the U.S. State Department or U.S. territories (i.e.: **State or County issued birth certificate**). **Hospital copy NOT accepted.**
 - OR**
 - Copy of **VALID US Passport**
 - OR**
 - Copy of **Naturalization Papers**

Applications will not be verified until after the deadline has passed. Candidates who submit applications lacking proper documentation as indicated above will not be admitted to orientation or testing and you will be eliminated from employment consideration. I/O Solutions Inc., d.b.a. Public Safety Recruitment, is not responsible for late, misdirected or incomplete application submissions. You must submit all required documents and have successfully CONFIRMED your online application by the deadline in order to be eligible to attend any portion of testing. You may drop your application documents off in person or by mail; however, all documents including your online application are due by the deadline as indicated.

CALL 800.343.HIRE WITH QUESTIONS

PLEASE SUBMIT RELEASE FORMS & OTHER REQUIRED DOCUMENTS TO:

PUBLIC SAFETY RECRUITMENT

ATTN: RPPD

1127 S. MANNHEIM ROAD, SUITE 203

WESTCHESTER, IL 60154

DO NOT SUBMIT REQUIRED DOCUMENTS TO THE VILLAGE OR TO THE POLICE DEPARTMENT.

PRINT:

LAST NAMEFIRST NAME..... SSN.....

IMPORTANT NOTICE TO APPLICANT: PLEASE READ THIS NOTICE AND CONSENT FORM CAREFULLY BEFORE SIGNING. YOU WILL BE PROVIDED WITH A COPY OF THIS FORM AT ANY TIME UPON REQUEST

NOTICE AND CONSENT CONCERNING CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

This form, which you should read carefully, has been provided to you because I/O Solutions, Inc. (d.b.a. "Public Safety Recruitment") (hereinafter referred to as "the Company") or the Department(s) to whom you request the Company to forward your application (hereinafter referred to as "the Department(s)") may request consumer reports or investigative consumer reports. Any requests for consumer reports or investigative consumer reports from the Company will be made on behalf of any or all of the Department(s). The consumer reports or investigative consumer reports may then be reviewed by any or all of the Department(s).

For the benefit of the Department(s), the Company may perform applicant background checks and employee investigations. These background checks and investigations may be performed by the Company, in whole or in part, at the Company's discretion. The Department(s) may also perform applicant background checks and employee investigations. These background checks and investigations may be performed by the Department(s), in whole or in part, at the discretion of the Department(s).

The Company's and Department(s)' background checks may also include the use of consumer reporting agencies to gather and report information in the form of consumer or investigative consumer reports regulated by federal law. Such reports, if obtained, will be prepared by consumer reporting agencies and may contain information concerning your credit standing or worthiness, character, general reputation, personal characteristics, or mode of living. Federal law defines a "consumer reporting agency" as any person (or entity) which for monetary fees, dues, or on a cooperative nonprofit basis, regularly engages in whole or in part in the practice of assembling or evaluating consumer credit information or other information on consumers for the purpose of furnishing reports to third parties. The Company is not a consumer reporting agency nor are the Department(s).

The types of reports that may be requested from consumer reporting agencies under this policy, include, but are not limited to, credit reports, criminal records checks, court records checks, driving records, and/or summaries of educational and employment records and histories. The information contained in these reports may be obtained by a consumer reporting agency from public record sources or through personal interviews with your co-workers, neighbors, friends, associates, current or former employers, or other personal acquaintances. Any information contained in such reports may be taken into consideration by the Department(s) in evaluating your suitability for employment, promotion, reassignment or retention as an employee. Any information contained in such reports may be used for other purposes required by law or ethical business practices.

If the Company or Department(s) request(s) an investigative consumer report to be performed by a consumer reporting agency, as defined by federal law, you will receive a notice indicating that the report has been requested no later than three days after the request is made to the agency. This additional notice, if issued, will provide you with further information pertaining to federal law governing investigative consumer reports. You will not receive such a notice if the investigation is performed by the Company or a person or entity other than a consumer reporting agency.

If any adverse decision is made with regard to your application for employment or subsequent employment by a Department(s), based entirely or in part on the information contained in a consumer report or investigative consumer report prepared by a consumer reporting agency, the Department(s) are required to notify you and give you a copy of the report, as well as a summary of your applicable rights. If you have ever filed for bankruptcy, the Department(s) may not base an employment decision solely on this information.

Your consent is required by law before the Company or the Department(s) may obtain a consumer report or investigative consumer report from a consumer reporting agency pertaining to your submission of an application for employment with a Department. Your signature below indicates that you have carefully read and understand that the Company and the Department(s) may request and review a consumer report or investigative consumer report regarding you, consistent with this policy, in connection with your application for employment and that you consent to the release of such consumer reports or investigative consumer reports to the Company and the Department(s) for employment purposes, including any future decisions concerning your employment, promotion, reassignment or retention. You also consent to release of this information to the Company and the Department(s) for other purposes required by law or ethical business practices. Your signature additionally reflects your understanding that such consent will remain in effect indefinitely until you revoke it (cancel it) in writing, as described below.

Refusal to consent to a consumer report or investigative consumer report as required by this notice may result in rejection of an application, or withdrawal of an offer of employment.

CONSENT STATEMENT

I have carefully read and understand this notice and consent form and, by my signature below, consent to the release of consumer or investigative consumer reports, as defined above, to the Village of Richton Park, Village of Richton Park Board of Fire and Police Commissioners or I/O Solutions, Inc. (hereinafter referred to as "the Company") (and thereby to the departments to whom I have requested the Company to forward my application (hereinafter referred to as "the Department(s)"). I further understand that this consent will remain in effect until revoked in a written document signed by me. In the event that I wish to refuse or revoke my consent at any time, I understand that I may do so by either signing the Refusal or Revocation of Consent Statement below and returning it to the Company, at 1127 S Mannheim Rd, Suite 203, Westchester, IL 60154, or sending a signed letter or statement to the Company at the same address, indicating that I revoke my consent to the Company's obtaining consumer reports or investigative reports about me for employment purposes. I further understand that any and all information contained in my job application or otherwise disclosed to the Village of Richton Park or to the Company by me may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the Company and confirm that all such information is true and correct.

Name of applicant (Printed)

Social Security Number

Applicant Signature

Date

REFUSAL OR REVOCATION OF CONSENT STATEMENT DO NOT SIGN UNLESS YOU HAVE DECIDED THAT YOU WILL NOT CONSENT, OR WILL NO LONGER CONSENT TO THE VILLAGE OF RICHTON PARK OR THE COMPANY OBTAINING CONSUMER REPORTS OR INVESTIGATIVE CONSUMER REPORTS REGARDING YOU FOR EMPLOYMENT OR OTHER PURPOSES.

I do not consent to the Village of Richton Park, Village of Richton Park Board of Fire and Police Commissioners or I/O Solutions, Inc. (hereinafter referred to as "the Company") obtaining consumer reports or investigative reports about me in connection with my employment or any other purposes. If I have previously granted my consent, I hereby revoke it and understand that such revocation will take effect immediately after the Company receives this written revocation and has actual knowledge of it sufficient to communicate the revocation to those employees or agents of the Company who typically request consumer reports for the Company.

Name of Applicant (printed)

Applicant Signature

Date

DO NOT SIGN ABOVE UNLESS YOU HAVE DECIDED THAT YOU WILL NOT CONSENT

ALCOHOL, DRUG AND SUBSTANCE ABUSE SCREENING

CONSENT

I hereby consent for the Village of Richton Park, Village of Richton Park Board of Fire and Police Commissioners or I/O Solutions, Inc., or either of its authorized representatives to collect blood, urine or saliva samples from me and to conduct other necessary medical tests to determine the presence in my body or use by me of alcohol, drugs or controlled substances.

I understand that the presence of certain medications in my blood and/or urine may affect test results. To aid in the analysis of the test results I would like to inform the Village of Richton Park, Village of Richton Park Board of Fire and Police Commissioners, I/O Solutions, Inc., and either of its authorized representatives that I have taken the following medications in the last seven (7) days:

RELEASE

I understand that release of my medical records by this written authorization will result in disclosure of these test results. I hereby consent to the release of the test results and other relevant medical information to authorized representatives of the Village of Richton Park, the Village of Richton Park Board of Fire and Police Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the drug, alcohol and substance abuse screening or due to the disclosure of the test results as authorized herein by me.

Agreed to:	_____	Date _____
	Applicant Name, printed	
	_____	Date _____
	Applicant Signature	
	_____	Date _____
	Witness Name, printed	
	_____	Date _____
	Witness Signature	

DO NOT SUBMIT WITHOUT OBTAINING A WITNESS SIGNATURE FROM AN ADULT FAMILY MEMBER OR FRIEND RESIDING IN THE U.S.

BEHAVIORAL PROFILE

DISCLOSURE

This is to inform you that in processing your application an investigation will be made whereby information is obtained from you which will be used for a Behavioral Profile. The tests, survey and interviews are designed to: measure your attitudes regarding drugs and alcohol, trustworthiness, and work; to predict your interpersonal skills, personality traits and motivations; and to predict your on the job mental abilities.

CONSENT FOR BEHAVIORAL PROFILE

I hereby grant my consent for the I/O Solutions, Inc., or its authorized representative to conduct the necessary interviews and administer the necessary examinations to determine my Behavioral Profile.

RELEASE

I understand that release of the results of my Behavioral Profile by this written authorization will result in disclosure of those test and survey results.

I hereby consent to the release of the test and survey results and other relevant information to authorized representatives of I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or Police/Fire departments (whichever is applicable) to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the Village of Richton Park, the Village of Richton Park Board of Fire and Police Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the Behavioral Profile or due to the disclosure of the test and survey results as authorized herein by me.

In the event that I have a disability which will affect my ability to take any examination, I will so inform the I/O Solutions, Inc. prior to the administration of the examinations so that a reasonable accommodation can be made. I/O Solutions, Inc. reserves the right to require medical documentation concerning the need for the accommodation.

Agreed to: _____
Applicant Name, printed

Date _____

Applicant Signature

Date _____

Witness Name, printed

Date _____

Witness Signature

Date _____

DO NOT SUBMIT WITHOUT OBTAINING A WITNESS SIGNATURE FROM AN ADULT FAMILY MEMBER OR FRIEND RESIDING IN THE U.S.

CREDIT HISTORY

DISCLOSURE

This is to inform you that in processing your application an investigation will be made whereby information is obtained from private credit reporting agencies as to your credit history. This investigative consumer report includes, if applicable, information as to your character, general reputation, personal characteristics, and mode of living. You have the right to make a written request within a reasonable period of time to receive detailed information about the nature and scope of this investigation.

CONSENT AND AUTHORIZATION TO INVESTIGATE CREDIT HISTORY

I hereby authorize and consent to a thorough investigation of my past and present credit history and disclosure of the results of that investigation to third parties. I understand that release of my past and present credit records by this written authorization will result in the disclosure of those records. I understand that this investigative consumer report can include, if applicable, information as to my character, general reputation, personal characteristics, and mode of living.

RELEASE

I hereby consent to the release of the results of the investigation of my credit history and other relevant information to authorized representatives of the Village of Richton Park, Village of Richton Park Board of Fire and Police Commissioners or I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or Police/Fire departments (whichever is applicable) to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the Village of Richton Park, Village of Richton Park Board of Fire and Police Commissioners and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the investigation of my past and present credit history and the disclosure of the results of that investigation as authorized by me.

I waive the right to written notice required of any former employer pursuant to the Personnel Records Review Act, 820 ILCS § 40/7(1). I also acknowledge that I have had the opportunity to discuss the importance of this waiver with legal counsel of my own choosing.

Agreed to:			
	Applicant Name, printed		Date
	Applicant Signature		Date
	Witness Name, printed		Date
	Witness Signature		Date

DO NOT SUBMIT WITHOUT OBTAINING A WITNESS SIGNATURE FROM AN ADULT FAMILY MEMBER OR FRIEND RESIDING IN THE U.S.

CRIMINAL HISTORY INFORMATION / FINGERPRINT

DISCLOSURE

This is to inform you that in processing your application an investigation will be made whereby information is obtained from Federal, State and local law enforcement agencies for any reportable criminal history information concerning you using your fingerprints. This information can include a record of any convictions, which are required by statute to be collected and maintained by government agencies.

RELEASE

I agree to be fingerprinted by the Village of Richton Park and acknowledge that these fingerprints will be used to investigate my criminal history and conviction record. I agree to and understand the release of the results of the investigation, to determine my criminal history information, will result in the disclosure of information concerning whatever criminal history exists regarding me to third parties.

I hereby acknowledge the results of the investigation to determine my criminal history will be released to authorized representatives of the Village of Richton Park, Village of Richton Park Board of Fire and Police Commissioners or I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or Police/Fire departments (whichever is applicable) to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the Village of Richton Park, the Village of Richton Park Board of Fire and Police Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the investigation into my criminal history and the disclosure of any of that information.

Agreed to: _____
Applicant Name, printed

Date _____

Applicant Signature

Date _____

Witness Name, printed

Date _____

Witness Signature

Date _____

DO NOT SUBMIT WITHOUT OBTAINING A WITNESS SIGNATURE FROM AN ADULT FAMILY MEMBER OR FRIEND RESIDING IN THE U.S.

DRIVING RECORD

DISCLOSURE

This is to inform you that in processing your application an investigation will be made whereby information is obtained from the Secretary of State regarding your driving record. This information can include a record of your current driver's license issuance information (exclusive of information on judicial driving permits); convictions and orders entered revoking, suspending, or canceling your driver's license or privilege.

RELEASE

I hereby acknowledge the results of the investigation of my driving record will be released to authorized representatives of the Village of Richton Park, Village of Richton Park Board of Fire and Police Commissioners or I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or Police/Fire departments (whichever is applicable) to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the Village of Richton Park, Village of Richton Park Board of Fire and Police Commissioners and I/O Solutions, Inc. its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the investigation into and the disclosure of my driving record.

Agreed to:			Date
	Applicant Name, printed		
			Date
	Applicant Signature		
			Date
	Witness Name, printed		
			Date
	Witness Signature		

DO NOT SUBMIT WITHOUT OBTAINING A WITNESS SIGNATURE FROM AN ADULT FAMILY MEMBER OR FRIEND RESIDING IN THE U.S.

EMPLOYMENT: PAST AND PRESENT

CONSENT

I hereby consent to a thorough investigation of my past and present employment activities and agree to cooperate in such investigation. I hereby authorize my past and present employers to release the requested information and to comment on my work record.

RELEASE

I understand that by this written authorization my past and present employment records will be disclosed to third parties. I hereby consent to the release of the results of the investigation into my past and present employment and other relevant information to authorized representatives of the Village of Richton Park, Village of Richton Park Board of Fire and Police Commissioners and I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or Police/Fire departments (whichever is applicable) to which I have made application for employment or to which I will make application for employment. By executing this form I release, discharge and hold harmless the Village of Richton Park, the Village of Richton Park Board of Fire and Police Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the investigation of my past and present employment and the disclosure of the results of that investigation as authorized herein by me.

Agreed to: _____
Applicant Name, printed

Date _____

Applicant Signature

Date _____

Witness Name, printed

Date _____

Witness Signature

Date _____

DO NOT SUBMIT WITHOUT OBTAINING A WITNESS SIGNATURE FROM AN ADULT FAMILY MEMBER OR FRIEND RESIDING IN THE U.S.

HIGH SCHOOL, COLLEGE, UNIVERSITY DIPLOMA

CONSENT

I hereby consent to an investigation to determine the authenticity of my high school or General Education Diploma, college, or University diploma. I hereby authorize my secondary school or its equivalent to release such information regarding the authenticity of my high school (or its equivalent), college, or university diploma to representatives of the Village of Richton Park, Village of Richton Park Board of Fire and Police Commissioners or I/O Solutions, Inc.

RELEASE

I understand that by this written authorization that information gathered regarding the authenticity of my diploma or its equivalent will be disclosed to third parties.

I hereby consent to the release of results of the investigation of the authenticity of my diploma or its equivalent to authorized representatives of the Village of Richton Park, Village of Richton Park Board of Fire and Police Commissioners or to I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or Police/Fire departments (whichever is applicable) to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the Village of Richton Park, the Village of Richton Park Board of Fire and Police Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the investigation of the authenticity of my high school (or its equivalent), college, or university diploma and the disclosure of the results of that investigation as authorized herein by me.

Agreed to: _____
Applicant Name, printed

Date _____

Applicant Signature

Date _____

Witness Name, printed

Date _____

Witness Signature

Date _____

DO NOT SUBMIT WITHOUT OBTAINING A WITNESS SIGNATURE FROM AN ADULT FAMILY MEMBER OR FRIEND RESIDING IN THE U.S.

MEDICAL RECORDS

CONSENT

I hereby consent for I/O Solutions, Inc., or its authorized representative to obtain my medical records from my primary physician for the period of time that my name appears on the Village of Richton Park's Final Eligibility List.

RELEASE

I understand that release of my medical records by this written authorization will result in disclosure of my medical records.

I hereby consent to the release of my medical records to authorized representatives of the Village of Richton Park, Village of Richton Park Board of Fire and Police Commissioners or to I/O Solutions, Inc. for appropriate review and/or dissemination to those municipalities and/or Police/Fire departments to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the Village of Richton Park, the Village of Richton Park Board of Fire and Police Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the disclosure of my medical records as authorized herein by me.

Agreed to:	_____	Date_____
	Applicant Name, printed	
	_____	Date_____
	Applicant Signature	
	_____	Date_____
	Witness Name, printed	
	_____	Date_____
	Witness Signature	

DO NOT SUBMIT WITHOUT OBTAINING A WITNESS SIGNATURE FROM AN ADULT FAMILY MEMBER OR FRIEND RESIDING IN THE U.S.

PERSONAL INFORMATION RELEASE TO MUNICIPALITY

DISCLOSURE

This is to inform you that in processing your application an investigation will be made whereby information is obtained concerning you. This information can include a record of all personal information, required by statute to be collected and maintained by government agencies.

RELEASE

I understand that release of the results of the historical investigation profile will result in the disclosure of information regarding me to third parties.

I hereby acknowledge the results of the investigation will be released to authorized representatives of the Village of Richton Park, Village of Richton Park Board of Fire and Police Commissioners or to I/O Solutions, Inc., for appropriate review and dissemination to this municipality and/or Police/Fire departments (whichever is applicable) to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the Village of Richton Park, the Village of Richton Park Board of Fire and Police Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the investigation and the disclosure of any of that information.

Agreed to: _____
Applicant Name, printed

Date _____

Applicant Signature

Date _____

Witness Name, printed

Date _____

Witness Signature

Date _____

DO NOT SUBMIT WITHOUT OBTAINING A WITNESS SIGNATURE FROM AN ADULT FAMILY MEMBER OR FRIEND RESIDING IN THE U.S.

WRITTEN EXAMINATION

RELEASE

By this written authorization I understand that release of the results of my Written Examination will result in disclosure of those test results to third parties.

I hereby consent to the release of the results of my Written Examination for dissemination to the Village of Richton Park, Village of Richton Park Board of Fire and Police Commissioners and to those municipalities and/or Police/Fire departments (whichever is applicable) to which I have made application for employment or to which I will make application for employment.

By executing this form I release, discharge and hold harmless the Village of Richton Park, the Village of Richton Park Board of Fire and Police Commissioners, and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of the Police Officer Examination or due to the disclosure of the test and survey results as authorized herein by me.

In the event that I have a disability which will affect my ability to take any examination, I will so inform the I/O Solutions, Inc. prior to the administration of the examinations so that a reasonable accommodation can be made. I/O Solutions, Inc. reserves the right to require medical documentation concerning the need for the accommodation.

Agreed to: _____ Date _____
Applicant Name, printed

_____ Date _____
Applicant Signature

_____ Date _____
Witness Name, printed

_____ Date _____
Witness Signature

DO NOT SUBMIT WITHOUT OBTAINING A WITNESS SIGNATURE FROM AN ADULT FAMILY MEMBER OR FRIEND RESIDING IN THE U.S.

PEACE OFFICER WELLNESS EVALUATION REPORT (POWER TEST)

RELEASE

I understand that as part of the examination process I must submit to a POWER Test. I acknowledge that the POWER Test is strenuous and there are risks of injury or death associated with participation in the POWER Test and I voluntarily assume these risks.

I certify that I am now in good health and know of no limitations that I have which would prevent me from performing the POWER Test or which if communicated to the officers, servants, agents, and employees of I/O Solutions, Inc. would cause them to refuse to permit me to take the POWER Test.

I understand that by this written authorization I am consenting to the release of the results of my POWER Test and that release will result in disclosure of those test results to third parties.

I hereby consent to the release of my POWER Test results and other relevant information to authorized representatives of the Village of Richton Park, Village of Richton Park Board of Fire and Police Commissioners, Rich South High School and to I/O Solutions, Inc. for appropriate review and dissemination to those municipalities and/or Police/Fire departments (whichever is applicable) to which I have made application for employment or to which I will make application for employment. By executing this form I release, discharge and hold harmless the Village of Richton Park, the Village of Richton Park Board of Fire and Police Commissioners, Rich South High School and I/O Solutions, Inc., its directors, officers, staff, employees, agents, representatives, and assignees from any and all claims, demands, actions, fees and causes of action, suits at law, proceedings in equity, and liability that may arise by reason of my participation in the POWER Tests (including but expressly not limited to: any and all injuries, losses, damage to my person or my death, which shall have been caused by, or contributed to by or resulted from my physical and/or medical condition) and/or by reason of the disclosure of the results of those tests as authorized herein by me. I further agree that I will not assign any right to which I may have to a cause of action against any of the foregoing persons or entities, to any person or legal entity.

In the event that I have a disability which will affect my ability to take any examination, I will so inform I/O Solutions, Inc. prior to the administration of the examinations so that a reasonable accommodation can be made. I/O Solutions, Inc. reserves the right to require medical documentation concerning the need for the accommodation. This release is binding on myself, my heirs, assigns, executors and administrators.

Agreed to: _____
Applicant Name, printed

Date _____

Applicant Signature

Date _____

Witness Name, printed

Date _____

Witness Signature

Date _____

DO NOT SUBMIT WITHOUT OBTAINING A WITNESS SIGNATURE FROM AN ADULT FAMILY MEMBER OR FRIEND RESIDING IN THE U.S.

PHYSICAL FITNESS CERTIFICATE

THIS CERTIFICATE SIGNED BY A PA, RN, LPN, etc. WILL NOT BE ACCEPTED AND WILL RENDER YOU INELIGIBLE TO TEST.

I, the undersigned doctor, certify that I am a medical physician, licensed to practice in the state of _____, and that I have examined

("Applicant") and have found that s/he is physically capable of participating in the Peace Officer Wellness Evaluation Report (POWER Test) consisting of various strenuous exercises.

ATTACH DOCTOR'S BUSINESS CARD HERE

STAMP ACCEPTABLE IF CARD NOT AVAILABLE

DOCTOR'S CERTIFICATION

Signed this _____ day of _____, 2012.

APPLICANT'S VERIFICATION

Signed this _____ day of _____, 2012.

DOCTOR'S SIGNATURE (M.D. OR D.O.)
INK signature required; PA, LPN, RN, etc. **not** accepted

Applicant Signature INK signature required

Doctor's Name, printed SPECIFY M.D. or D.O.

Applicant Name, printed

Street Address, printed

Street Address, printed

City, State Zip Code, printed

City, State Zip Code, printed

Telephone Number

Telephone Number

This certificate must be completed and returned with your application by noon on July 13, 2012. No applicant will be permitted to take the POWER Test or to continue with the written testing process unless this signed certificate is on file with the Village of Richton Park Board of Fire and Police Commissioners and dated by a physician within no more than one year prior to the POWER Test.

**ONLY ORIGINAL CERTIFICATES WITH ORIGINAL SIGNATURES WILL BE ACCEPTED;
NO FAXES OR COPIES.**

**Illinois Law Enforcement
Training and Standards Board**



Preface

The Illinois Law Enforcement Training and Standards Board, in recognizing the importance of physical fitness status for academy performance (and eventual job performance), has established the **Peace Officer Wellness Evaluation Report (POWER)** test for entering any of the Illinois certified police academies.

The POWER test will be provided to all candidates prior to entering the academy to see if each individual meets the standards. These fitness entrance requirements help to ensure that each recruit can undergo both the physical and academic demands of an academy without undue risk of injury and with a level of fatigue tolerance to meet all academy requirements. If the applicant does not meet all the standards, the recruit will not be allowed to enter the academy.

In an effort to brief police administrators and police applicants, this pamphlet will provide information on the rationale, purpose, testing and procedures, standards of performance and fitness activities to prepare for the POWER test. It is intended to answer the basic questions pertaining to all aspects of the fitness testing process. Any questions you may have about these standards should be directed to the Board's Office at (217) 782-4540.

Kevin T. McClain
Executive Director

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What Is Physical Fitness?

Physical fitness is a health status pertaining to the individual of ficer having the physiological readiness to perform maximum physical ef fort when required.

Physical fitness consists of three areas:

- Aerobic capacity or cardiovascular endurance pertaining to the heart and vascular system's capacity to transport oxygen. It is also a key area for heart disease in that low aerobic capacity is a risk factor.
- Strength pertains to the ability of muscles to generate force. Upper body strength and abdominal strength are important areas in that the low strength levels have a bearing on upper torso and lower back disorders.
- Flexibility pertains to the range of motion of the joints and muscles. Lack of lower back flexibility is a major risk area for lower back disorders.

Why Is Fitness Important as a Job-Related Element for Law Enforcement Officers?

- It has been well documented that law enforcement personnel (as an occupational class) have serious health risk problems in terms of cardiovascular disease, lower back disorders, and obesity . Law enforcement agencies have the responsibility of minimizing known risk. Physical fitness is a health domain which can *minimize the "known" health risks* for law enforcement officers.

Physical fitness has been demonstrated to be a bona fide occupational qualification (BFOQ). Job analysis that account for physical fitness have demonstrated that fitness areas are underlying factors determining the physiological *readiness* to perform a variety of *critical* physical tasks. These three fitness areas have also been shown to be predicative of job perfor - mance ratings, sick time, and number of commendations of police officers. Data also shows that the fitness level is predicative of *rainability* and academy performance.

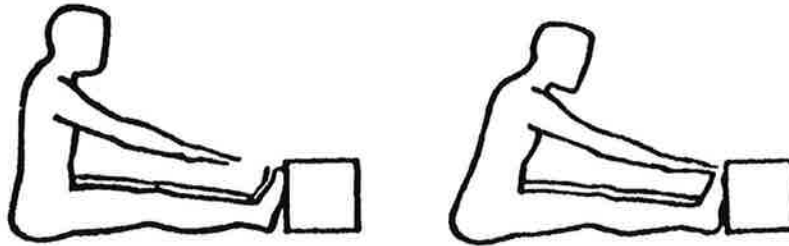
- Physical fitness can be an important area for minimizing *liability*. The unfit officer is less able to respond fully to strenuous physical activity. Consequently, the *risk of not performing physical duties* is increased.

How Will Physical Fitness Be Measured?

The POWER test consists of four basic tests. Each test is a scientifically valid test. It is recommended that five minutes of static stretching, using techniques approved by the Board, be completed prior to each test. A five minute rest is recommended between each test with a fifteen minute rest before the 1.5 mile run. The tests will be given in the following sequence with a rest period between each test.

1. Sit and Reach Test

This is a measure of the flexibility of the lower back and upper leg area. It is an important area for performing police tasks involving range of motion and is also important in minimizing lower back problems. The test involves stretching out to touch the toes or beyond with extended arms from the sitting position. *The score is in the inches reached on a yard stick.*



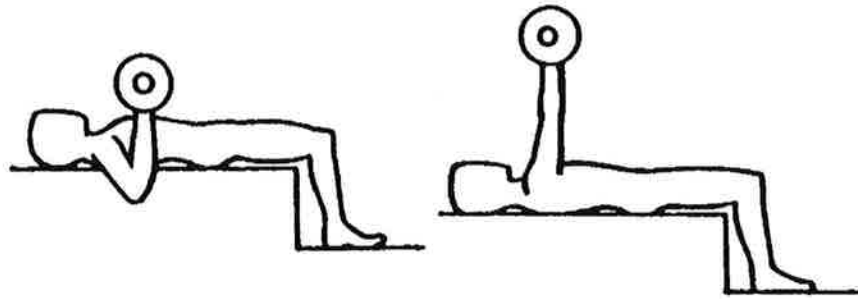
2. 1 Minute Sit-Up Test

This is a measure of the muscular endurance of the abdominal muscles. It is an important area for performing police tasks that may involve the use of force and is also an important area for maintaining good posture and minimizing lower back problems. *The score is in the number of bent leg sit-ups performed in one minute.*



3. 1 Repetition Maximum Bench Press

This is a maximum weight pushed from the bench press position and measures the amount of force the upper body can generate. It is an important area for performing police tasks requiring upper body strength. *The score is a ratio of weight pushed divided by body weight.*



4. 1.5 Mile Run

This is a timed run to measure the heart and vascular systems' capability to transport oxygen. It is an important area for performing police tasks involving stamina and endurance and to minimize the risk of cardiovascular problems. *The score is in minutes and seconds.*



What Are the Standards?

- The actual performance requirement for each test is based upon norms for a national population sample.
- The applicant must pass every test.
- The required performance to pass each test is based upon age (decade) and sex. While the absolute performance is different for the eight categories, the relative level of effort is identical for each age and sex group. All recruits are being required to meet the same percentile range in terms of their respective age/sex group. The performance requirement is that level of physical performance that approximates the 40th percentile for each age and sex group.

POWER CHART

TEST	MALE				FEMALE			
	20-29	30-39	40-49	50-59	20-29	30-39	40-49	50-59
Sit and Reach	16.0	15.0	13.8	12.8	18.8	17.8	16.8	16.3
1 Minute Sit-Up	37	34	28	23	31	24	19	13
Maximum Bench Press Ratio	.98	.87	.79	.70	.58	.52	.49	.43
1.5 Mile Run	13.46	14.31	15.24	16.21	16.21	16.52	17.53	18.44

How Does One Prepare for the Power Test?

1. Preparing for the Sit and Reach Test

Performing sitting type of stretching exercises daily will increase this area. There are two recommended exercises.

Sit and Reach. Do 5 repetitions of this exercise. Sit on the ground with legs straight. Slowly extend forward at the waist and extend the fingertips toward the toes (keeping legs straight). Hold for 10 seconds.



Towel Stretch. Sit on the ground with the legs straight. Wrap a towel around the feet holding each end with each hand. Lean forward and pull gently on the towel extending the torso toward the toes.



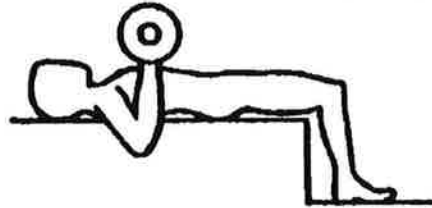
2. Preparing for the Sit-Up Test

The progressive routine is to do as many bent leg sit-ups (hands behind the head) as possible in 1 minute. At least three times a week, do three sets (three groups of the number of repetitions one did in 1 minute).

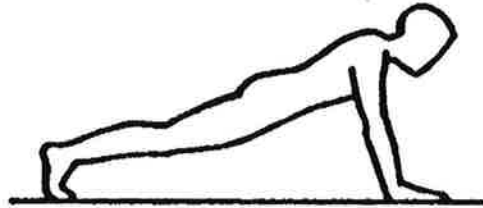


3. Preparing for the 1 Repetition Maximum Bench Press

If one has access to weights, determine the maximum weight one can bench press one time. Take 50% of that poundage. This will be the training weight. One should be able to do 8-10 repetitions of that weight. Do three sets of 8-10 repetitions adding 2 ½ to 5 pounds every week.



If one does not have weight equipment, then the push-up exercise can be utilized. Determine how many push-ups one can do in 1 minute. At least three times a week, do three sets of the amount one can do in 1 minute.



4. Preparing for the 1.5 Mile Run

Below is a gradual schedule that would enable one to perform a maximum effort for the 1.5 mile run. If one can advance the schedule on a weekly basis, then proceed to the next level. If one can do the distance in less time, then that should be encouraged.



Week	Activity	Distance	Time	Frequency
1	Walk	1 Mile	20'-17'	5/Week
2	Walk	1.5 Miles	29'-25'	5/Week
3	Walk	2 Miles	35'-32'	5/Week
4	Walk	2 Miles	30'-28'	5/Week
5	Walk/Jog	2 Miles	27'	5/Week
6	Walk/Jog	2 Miles	26'	5/Week
7	Walk/Jog	2 Miles	25'	5/Week
8	Walk/Jog	2 Miles	24'	4/Week
9	Jog	2 Miles	23'	4/Week
10	Jog	2 Miles	22'	4/Week
11	Jog	2 Miles	21'	4/Week
12	Jog	2 Miles	20'	4/Week