

***THE PURPOSE OF THIS POLICY IS TO DESCRIBE THE HIRING PROCESS FOR THE POSITION OF “SWORN POLICE OFFICER” AT THE BETHANY BEACH POLICE DEPARTMENT. THE BETHANY BEACH POLICE DEPARTMENT IS AN EQUAL OPPORTUNITY EMPLOYER.***

**EQUAL EMPLOYMENT OPPORTUNITY:** THE PROVISION OF EQUITABLE OPPORTUNITIES FOR EMPLOYMENT AND CONDITIONS OF EMPLOYMENT TO ALL EMPLOYEES REGARDLESS OF RACE, CREED, COLOR, AGE, SEX, RELIGION, NATIONAL ORIGIN, OR PHYSICAL IMPAIRMENT. WHERE A RECRUITMENT PLAN FOCUSES ON ADDITIONAL RECRUITMENT STEPS TO BE TAKEN TO INCREASE THE LIKELIHOOD OF HIRING A MEMBER OF AN UNDERREPRESENTED GROUP, EEO FOCUSES ON ENSURING THAT APPLICANTS ARE TREATED FAIRLY IN THE SELECTION PROCESS (AND IN OTHER PERSONNEL ACTIVITIES) BY GIVING THEM THE SAME OPPORTUNITIES FOR EMPLOYMENT. THE ROLE OF EQUAL OPPORTUNITY IS TO CREATE A “LEVEL PLAYING FIELD” FOR ALL APPLICANTS AND EMPLOYEES.

**Bethany Beach Police Department  
Personal History Statement**

Please Read: Answer each question on this form. Information must **HANDWRITTEN AND PRINTED IN BLACK INK (DO NOT TYPE)**. If additional information must be submitted in response to a s specific question, please submit this information on additional sheets of 8 ½ “ x 11” paper (**NO SCRAP SHEETS**) and attach them to this form. Precede each answer with the number and letter of the referenced section. **DO NOT MISSTATE OR OMIT ANY FACTS**, as all information is verified. **ACCURACY IS ESSENTIAL. ANY FALSE STATEMENTS OR INFORMATION KNOWINGLY OMITTED IN THIS QUESTIONNAIRE IS JUST CAUSE FOR DENYING OR TERMINATING YOUR APPLICATION.** There are to be no UNKNOWN or UNANSWERED questions when this form is completed and turned in. If a question or the information requested does not apply, indicate this by using the symbol N/A (not applicable). Should this questionnaire be **UNSATISFACTORILY FILLED OUT**, you will be rejected from further consideration.

When the Personal History Statement is turned in, the following support documents **MUST ALSO BE TURNED IN:**

1. A copy of your Birth Certificate.
2. A copy of your Drivers License.
3. Your original Military DD214 Member 2 (including character of discharge Section),and any other discharge document(s), if applicable, for us to witness and a copy for us to retain.
4. Active Reserves who currently attend Military Drills must submit a Military Letter of Good Standing. This letter can be obtained from a staff member upon receipt of your application packet. The applicant must also submit all original DD214 discharge documents as soon as they become available to the applicant.
5. Applicants who have previously served in the Active Reserves **MUST** submit a copy of their discharge papers, showing character of discharge from the Reserve Unit.
6. All full time police applicants must submit transcripts from **ALL** colleges attended.
7. All seasonal police omit #6.

**FAILURE TO TURN IN THESE DOCUMENTS WILL RESULT IN YOUR APPLICATION BEING REJECTED BY THE BETHANY BEACH POLICE DEPARTMENT.**

**I hereby certify that I have read and understand all of he above stated information.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*\*Please Print\*\* If this application packet is NOT LEGIBLE, IT WILL NOT BE ACCEPTED**

**1. PERSONAL HISTORY**

Date \_\_\_\_\_ Position Applied For \_\_\_\_\_

A. \_\_\_\_\_  
Full Name (Last) (First) (Middle) Sex/Race Date of Birth

B. \_\_\_\_\_  
Current Street Address Apt. # City State Zip Code

C. \_\_\_\_\_  
Home Phone Work Phone Cell Phone Pager Number Work Hours Days Off

D. \_\_\_\_\_  
Name and phone number of a neighbor or relative with whom you are in regular contact, where a message can be left for you.

E. Are you a United States Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_   
Social Security Number Birthplace City State County

F. List any maiden name or any other names that you have ever used, including all married names or Nicknames, etc. \_\_\_\_\_

G. Marital Status \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed

H. Driver's License \_\_\_\_\_  
State Number Type or Classification

\_\_\_\_\_   
Expiration Date Conditions (Corrective Lens, etc.)

**2. FAMILY HISTORY**

A. \_\_\_\_\_  
Full Name of Present Spouse Maiden Name Age Date of Birth

B. \_\_\_\_\_  
Present Employment of Spouse Address (City/State) Phone Number

C. \_\_\_\_\_  
Full Name of Former Spouse(s) Maiden Name Age Date of Birth

\_\_\_\_\_   
Address (City/State) of Former Spouse(s)

D. List ALL Children and Step-Children:

	Full Name	Address	Phone Number	Age	Date of Birth
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

E. List separately, Mother, Father, Step-Mother, and Step-Father:

1.

Full Name of Father	Age	Date of Birth
Home Address (City/State/Zip)		Phone Number

2.

Full Name of Mother	Age	Date of Birth
Home Address (City/State/Zip)		Phone Number

3.

Full Name of Step-Mother	Age	Date of Birth
Home Address (City/State/Zip)		Phone Number

4.

Full Name of Step-Father	Age	Date of Birth
Home Address (City/State/Zip)		Phone Number

5. List all persons who reside at your present residence:

Full Name	Age	Date of Birth
Full Name	Age	Date of Birth
Full Name	Age	Date of Birth
Full Name	Age	Date of Birth

**3. RESIDENCE**

A. Chronologically list all of your residences since your 18<sup>th</sup> birthday, regardless of the time you resided there, **beginning with your present address and working backward**. If in military service, list dates, branch and duty stations, include off base residences. List addresses while attending school if away from home. Note when living with parents with an asterisk (\*).

From Mo./Year	To Mo./Year	Complete Address	City/State	Zip

**4. EDUCATION**

School Name	Location (City/State)	Attended From-To	Year of Graduation	Credit Hour/Degree
<b>High School</b>				
<b>G.E.D.</b>				
<b>College/University</b>				
<b>Graduate School</b>				
<b>Trade/Business/Other Schools</b>				

**5. EMPLOYMENT**

On the following pages you will find employment reference sheets. It is very important that employment information be accurate.

Please list your **ENTIRE** employment history.  
Include **ALL PART-TIME, TEMPORARY, and SEASONAL EMPLOYMENT** regardless of Time employed.

**IF UNEMPLOYED FOR ANY LENGTH OF TIME, LIST DATES OF UNEMPLOYMENT**

**BEGIN WITH YOUR CURRENT EMPLOYMENT, OR MOST RECENT JOB, AND WORK BACKWARDS.**

Employment history must cover from **HIGH SCHOOL GRADUATION TO PRESENT.**

**LIST ALL AREA CODES AND ZIP CODES**

**MAKE SURE THAT ALL ADDRESSES AND PHONE NUMBERS ARE COMPLETE AND ACCURATE.**

If additional employment reference sheets are needed, please make photocopies prior to filling out any forms.

**6. EMPLOYMENT TERMINATION**

A. Have you ever been dismissed, fired, or asked to resign from any employment or position you Have held, knowing that you would be fired if you did not resign?

\_\_\_\_\_ YES \_\_\_\_\_ NO If yes, explain below:

**TERMINATIONS:**

1 Company Name \_\_\_\_\_

Street address \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Position \_\_\_\_\_ Supervisor \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Termination #1

**EXPLAIN IN DETAIL CIRCUMSTANCES OF TERMINATION:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\* ANY ADDITIONAL TERMINATIONS PLEASE USE A SEPARATE SHEET AND ATTACH.**

## Employment Reference Sheet

### MAY WE CONTACT YOUR CURRENT EMPLOYER?

\_\_\_\_\_ YES \_\_\_\_\_ NO

- If the response is "NO" you will be required to provide proof of employment and dates of employment.
- You may also be required to provide proof and dates of any previous employment, including any periods of self-employment and unemployment.

Name of Employer or Business: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Full time \_\_\_ Part Time \_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Work Duties: \_\_\_\_\_

Reason for Leaving (explain in detail): \_\_\_\_\_

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Name of Employer or Business: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Full Time \_\_\_ Part Time \_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Work Duties: \_\_\_\_\_

Reason for Leaving (explain in detail): \_\_\_\_\_

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Name of Employer or Business: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Full Time \_\_\_ Part Time \_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Supervisor: \_\_\_\_\_

Positions: \_\_\_\_\_ Work Duties: \_\_\_\_\_

Reason for Leaving (explain in detail): \_\_\_\_\_

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Employment Reference Sheet

Name of Employer or Business: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Work Duties: \_\_\_\_\_

Reason for Leaving (explain in detail) \_\_\_\_\_

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Name of Employer or Business: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Date of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Work Duties: \_\_\_\_\_

Reason for Leaving (explain in detail): \_\_\_\_\_

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Name of Employer or Business: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ Supervisor: \_\_\_\_\_

Position: \_\_\_\_\_ Work Duties: \_\_\_\_\_

Reason for Leaving (explain in detail): \_\_\_\_\_

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**IF ADDITIONAL EMPLOYMENT SHEETS ARE NEEDED, PLEASE  
MAKE PHOTOCOPIES PRIOR TO FILLING OUT ANY FORMS.**



**7. VEHICLE INFORMATION**

A. List all vehicles that you own and/or drive for personal use. (Include vehicle belonging to parents Or others with whom you reside.)

Year	Make	Model	Color	Auto Tag Number	State	Own/Buying

**8. DRUG HISTORY**

A. Are you currently using any kinds of drugs or controlled substances not prescribed by a Physician?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain: \_\_\_\_\_

B. Drug/Narcotic Information (Explain any "YES" answer in "Comments" section)

- | YES   | NO    |   |
|-------|-------|---|
| _____ | _____ | 1. Have you ever tried, used, puffed, experimented, taken orally or injected any drug or narcotic?                                  |
| _____ | _____ | 2. Have you ever tried or used marijuana? _____ If yes, how many times have you tried _____, puffed _____, or used marijuana _____? |
| _____ | _____ | 3. Have you ever tried or used hashish?   |
| _____ | _____ | 4. Have you ever tried or used heroin?  |
| _____ | _____ | 5. Have you ever tried or used cocaine?   |
| _____ | _____ | 6. Have you ever tried or used LSD or any other hallucinogen?   |
| _____ | _____ | 7. Have you ever tried or used speed, amphetamine, ecstasy, or methphetamines?  |
| _____ | _____ | 8. Have you ever tried or used downers, barbiturates, or mandrax?   |
| _____ | _____ | 9. Have you ever used any prescription drugs not intended for you?  |
| _____ | _____ | 10. Have you ever used anabolic steroids?   |
| _____ | _____ | 11. Have you ever tried or used any other illegal drug or narcotic?   |
| _____ | _____ | 12. Have you ever sold marijuana?   |
| _____ | _____ | 13. Have you ever sold any illegal drugs or narcotics?  |
| _____ | _____ | 14. Have you ever been present when others were using marijuana?  |
| _____ | _____ | 15. Have you ever been present when others were using illegal drugs or narcotics?   |
| _____ | _____ | 16. Have you ever altered a prescription given to you by a doctor?  |
| _____ | _____ | 17. Have you ever taken a substance not knowing what it was?  |
| _____ | _____ | 18. Have you ever inhaled paint, gases, glues, or other abusable chemicals?   |
| _____ | _____ | 19. Have you ever obtained a drug from an altered prescription?   |

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. MILITARY RECORD**

- A. Have you ever been on active duty in the Armed Forces of the United States?  
 \_\_\_\_\_ YES \_\_\_\_\_ NO **If yes:**
- B. Branch of Military Service \_\_\_\_\_
- C. Type of Discharge \_\_\_\_\_ **If other than HONORABLE, explain:**  
 \_\_\_\_\_
- D. Dates of Active Duty (Month, Day, and Year) FROM \_\_\_\_\_ TO \_\_\_\_\_
- E. Have you ever been, or are you currently, a member of a **Reserve Unit** \_\_\_\_\_ YES \_\_\_\_\_ NO
- If yes, Branch \_\_\_\_\_ Ready \_\_\_\_\_ Standby/RR \_\_\_\_\_  
 Date of Discharge: \_\_\_\_\_ Type of Discharge \_\_\_\_\_
- F. Are you currently active in the military? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 If yes, what is your anticipated release date \_\_\_\_\_
- G. If you were in the military, were you ever court-martialed? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 If yes, explain: \_\_\_\_\_
- Did you ever have ANY type of disciplinary action taken against you while in the military (this includes Article 15, Captain's Mast, etc.)? \_\_\_\_\_ YES \_\_\_\_\_ NO
- If YES explain: \_\_\_\_\_

**10. COURT RECORD**

- A. Have you ever been arrested as an **adult or a juvenile** (arrest is defined as being taken into custody and transported to a jail/detention facility) or charged with a crime as an adult or a juvenile (charged with a crime means issued a misdemeanor citation, a juvenile summons, an adult summons, arrested on a warrant, or indicted by a grand jury)? \_\_\_\_\_ YES \_\_\_\_\_ NO
- B.** List **ALL** times you have been arrested or had criminal charges placed against you, including a detailed explanation of the circumstances (use additional sheets if needed). You must list **ALL** arrests or charges even if they were dropped or did not result in a conviction and even if the public records of the arrest or charges were expunged and erased and even if you have been told that you do not have to admit to arrests or charges which have been expunged or erased. An independent investigation of your criminal history will be conducted and, **if arrests or charges are found which you did not report, your application can be rejected due to untruthfulness.**

Date	City/State	Charges	Circumstances	Disposition

- C. Have you ever, as an **adult or a juvenile**, been convicted of or entered a guilty plea or a plea of nolo contendere to any criminal charge? This question includes ALL criminal offenses including felonies, misdemeanors, misdemeanor citations, traffic citations, city ordinance summons, and juvenile summons \_\_\_\_\_ YES \_\_\_\_\_ NO

- D. List below ALL adult and juvenile convictions, guilty pleas and pleas of nolo contendere With a disposition for each.

You must list ALL convictions and pleas even if the conviction or plea was later expunged or erased and even if you were told that you did not have to admit to the conviction or plea since it had been expunged or erased. Failure to list a conviction or plea, which is later uncovered during the background investigation, can result in your application being rejected for untruthfulness.

**ARRESTS:**

Date	City/State	Charges	Circumstances	Disposition

- D. Has your Driver's License ever been suspended, canceled or revoked?    Y    N  
If yes, please explain: \_\_\_\_\_

Have you ever had a Driver's License in any other state?    Y    N  
If yes, which state(s), list license number if known: \_\_\_\_\_

**TRAFFIC TICKETS:**

Date	City /State	Charges	Circumstances	Disposition

**11. MISCELLANEOUS**

- A. Based on your religion, are there any special considerations you might request as to the handling of a firearm or days off?    Y    N
- B. List all relatives employed by the Town of Bethany Beach, including the Bethany Beach Police Department. \_\_\_\_\_
- C. Are you currently, or have you ever been, an employee of the Town of Bethany Beach or Bethany Beach Police Department?    y    N. If yes, list what agency, dates of employment, position and designate whether or not you were a permanent employee, temporary, reserve or volunteer. \_\_\_\_\_

- D. Have you previously submitted an application for employment or tested for the **Bethany Beach Police Department or any other law enforcement agency. If Yes, list below:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- E. Do you currently possess a Special Officer's (Security Guard) Commission?  
\_\_\_Y\_\_\_N  
If yes, list agency issuing commission: \_\_\_\_\_
- E. Do you currently possess a valid gun permit? \_\_\_Y\_\_\_N
- G. Have you ever submitted to a polygraph test? \_\_\_Y\_\_\_N  
If yes, explain: \_\_\_\_\_
- H. Are you presently involved or have knowledge that you might become involved in any criminal or civil lawsuits? \_\_\_Y\_\_\_N. If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**12. REFERENCES:**

A. List three (3) references who are responsible adults or reputable standing in their community, Who you **HAVE KNOWN WELL FOR AT LEAST THREE YEARS, AND WHO KNOW YOU**. References **CANNOT** be relatives, former employers, or present employers. You **MUST** include their full names, **COMPLETE** home address and business address (include city, state, zip code), and correct home or business telephone number (including area code) were **they may be contacted Monday through Friday during normal business hours:**

1.

Full Name (Last, First, Middle)			Years Known
Current Street Address Apt. #	City	State	Zip Code
Employment Address	City	State	Zip Code
Home Phone	Work Phone	Cell Phone	Pager Number

2.

Full Name (Last, First, Middle)			Years Known
Current Street Address Apt #	City	State	Zip Code
Employment Address	City	State	Zip Code
Home Phone	Work Phone	Cell Phone	Pager

3.

Full Name (Last, First, Middle)			Years Known
Current Street Address Apt. #	City	State	Zip Code
Employment Address	City	State	Zip Code
Home Phone	Work Phone	Cell Phone	Pager

**13. APPLICATION PROCESS**

A. If you are applying for the position of Police Officer, and fail to meet the minimum requirements, of age and/or college experience, do you want to be considered for another position within the Police Department?

\_\_\_\_\_Y\_\_\_\_\_N\_\_\_\_\_N/A

**I hereby certify that ALL statements made by me on this application are TRUE and COMPLETE to the best of my knowledge. I further certify that this application contains no willful misrepresentation or falsifications. I am aware that should any investigation at anytime reveal or disclose any such misrepresentations or falsifications, my application maybe rejected and my name may be removed from the employment list and I may be disqualified from applying in the future for positions with the Bethany Beach Police Department or my employment with the Town of Bethany Beach may be terminated. If any information changes on your application, you MUST keep this office updated. This includes jobs, addresses, phone numbers, any contact with law enforcement officers and any other important information.**

**DO NOT WRITE BELOW THIS DOUBLE LINE**

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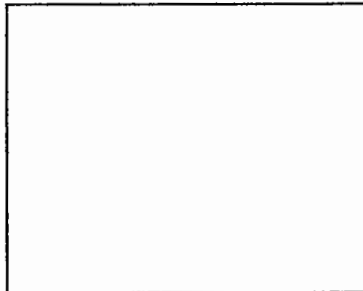
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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

***FOR EMPLOYMENT TEAM USE ONLY***

**RIGHT THUMB PRINT**



**BETHANY BEACH POLICE DEPARTMENT EMPLOYMENT TEAM  
AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION**

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I, \_\_\_\_\_ do hereby authorize of and full disclosure of all records concerning myself to any duly authorized agent of the Bethany Beach Police Department, whether the said records are public, private, or confidential in nature.

The intent of this authorization is to **give my consent for full and complete disclosure** of the records of educational institutions; medical and psychiatric treatment and/or consultation, including hospital, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records; complaints or grievances filed by or against me; the records and recollections of attorneys at law or of other counsel, whether representing me or another person in any case, whether criminal or civil, in which I presently have, or have had an interest. This waiver also gives authority to release law enforcement or criminal records or information from a law enforcement agency.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization, will be considered in determining my suitability for employment of the Bethany Beach Police Department. I also certify that any person(s) who may provide such information concerning me shall not be held accountable for providing said information, and **I do hereby release said person(s) from any and all liability** which may be incurred as a result of providing such information.

A copy of this release form will me valid as an original thereof, even though the said photocopy does not contain an original writing of my signature.

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Signature (include maiden name)

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Address	City	State	Zip
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Phone Number	Date of Birth	Social Security Number
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**\*\*This form MUST BE NOTARIZED by a notary before your application will be accepted. THIS FORM MUST BE SIGNED IN FRONT OF THE NOTARY.**

Sworn to and Subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

State of \_\_\_\_\_ County of \_\_\_\_\_

\_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

NOTARY

**Bethany Beach Police Dept.**

**Full Time Recruitment**

P.O. Box 109

Bethany Beach, DE. 19930

302-539-1000

Dear Applicant:

Thank you for your interest in applying for the position of Bethany Beach Police Full Time Officer. This packet contains the information and forms needed for physical fitness portion of the Bethany Beach Police Seasonal Officer Selection Process:

Included are:

- Physical Fitness Assessment Information
- Physician Authorization Form

The **Physician Authorization Form** is required to be completed and signed by a physician in order to participate in the Physical Fitness Test.

If you have any questions, please contact the Bethany Beach Police Dept at 302-539-1000 or e-mail Sgt. Brandon Elliott at [brandon.elliott@cj.state.de.us](mailto:brandon.elliott@cj.state.de.us).



# Physical Fitness Assessment

To participate in the physical fitness test, the attached **PHYSICIAN AUTHORIZATION FORM** must be completed and signed by your physician, and dated within one year. *Only those applicants who have been released by a certified medical physician to participate without risk to them will be permitted to Perform the test.* The purpose of the physical fitness assessment is to evaluate an individual's physical fitness. Each applicant's performance will be evaluated according to national fitness standards.

Applicants will be evaluated on the following:

## **AEROBIC CAPACITY: 1.5 Mile Run**

Applicant is timed for 1.5 mile run on a running track or flat, measured surface. Applicants who display physical difficulties through the duration of the timed run will be removed from the exercise.

## **STRENGTH: Push-ups** (As many push-ups as possible in one minute)

Males -- Hands placed shoulder width apart, elbows fully extended and back straight at all times. The applicant must reach full extension to complete one repetition. Pausing in the up position is permitted.

Females -- Will use the modified version with knees on the ground and feet in the air. Again, back must be kept in a straight line; arms fully extended and hands placed shoulder-width apart, slightly ahead of the shoulders. Applicant must come to full extension to complete one repetition. Pausing in the up position is permitted.

## **ENDURANCE: Sit-ups** (As many sit-ups as possible in one minute)

The applicant will begin by lying on his/her back with heels flat on the floor. He/she will bend knees and rise to a sit-up position with his/her arms crossed on his/her chest. A partner may secure the applicant's feet. A sit-up will be executed by raising the upper body until it is perpendicular to the floor, and lowering the upper back down until the small of the applicant's back touches the floor. The applicant will do many sit-ups as he/she can in one minute.

The Physician Authorization Form must be completed by a doctor and dated within one year of the date you take the physical assessment test. No one will be allowed to take the physical test without a completed Physician Authorization Form.

## **Bethany Beach Police Dept. PHYSICIAN AUTHORIZATION FORM**

Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

The BBPD Physical Fitness Test consists of:

1.5 Mile Run

Sit-Ups

Push-Ups

**I have reviewed medical information, and conducted a physical examination, of the aforementioned applicant, and I am rendering the following professional opinion:**

**I find the above applicant to be in proper physical condition to engage in all of the physical exercises of the Bethany Beach Police Dept. Physical Fitness Assessment**

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

Physician' Signature: \_\_\_\_\_

Physician's Name (Print): \_\_\_\_\_

Physician's Medical Degree: \_\_\_\_\_

Physician's Specialty: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Bethany Beach Police Dept. Officer  
Physical Fitness Test  
Minimum Requirements**

**Males**

**Ages: 20-29**

Sit-ups: 33  
Push-ups: 22  
1.5 Mile Run: 13:53

**Females**

**Ages: 20-29**

Sit-ups: 33  
Modified Push-ups: 17  
1.5 Mile Run: 16:11

**Males**

**Ages: 30-39**

Sit-ups: 30  
Push-ups: 17  
1.5 Mile Run: 14:23

**Females**

**Ages: 30-39**

Sit-ups: 20  
Modified Push-ups: 11  
1.5 Mile Run: 16:48

\*Sit-ups and push ups are within one minute.

Revised 04/08

**NAME OF EXAMINEE:** \_\_\_\_\_

LAST

FIRST

MIDDLE

DESIRABLE WEIGHT RANGES							
MALES				FEMALES			
Height	Small Frame	Medium Frame	Large Frame	Height	Small Frame	Medium Frame	Large Frame
5'4"	117-138	123-149	131-163	5'0"	96-114	101-124	109-138
5'5"	120-142	126-153	134-167	5'1"	99-118	104-128	112-141
5'6"	124-146	130-157	138-173	5'2"	102-121	107-131	115-144
5'7"	128-151	134-163	143-178	5'3"	105-124	110-135	118-149
5'8"	132-155	138-167	147-183	5'4"	108-128	113-139	121-152
5'9"	136-161	142-172	151-187	5'5"	111-132	117-144	125-156
5'10"	140-165	146-177	155-193	5'6"	114-135	120-149	129-161
5'11"	144-169	150-183	160-198	5'7"	118-140	124-153	133-165
6'	148-174	154-188	164-204	5'8"	122-144	128-157	137-169
6'1"	152-179	158-194	169-209	5'9"	126-149	132-162	141-174
6'2"	156-184	163-199	174-215	5'10"	130-154	136-166	145-179
6'3"	160-188	168-205	178-220	5'11"	134-158	140-171	149-185
6'4"	169-198	178-216	188-231	6'	138-163	144-175	153-190
6'5"	174-204	182-222	192-238				

1. Does examinee have any defects restricting or prohibiting his/her participation in defensive tactics and dangerous assignments, which might entail the practical use of firearms?  
 No \_\_\_\_\_ Yes \_\_\_\_\_ If "yes", please specify defects  
 \_\_\_\_\_

2. Does examinee have any defects prohibiting safe operations of motor vehicles?  
 No \_\_\_\_\_ Yes \_\_\_\_\_ If "Yes", please specify defects  
 \_\_\_\_\_

3. Examinee's frame is \_\_\_ small \_\_\_ medium \_\_\_ large \_\_\_ other. If "other", please explain  
 \_\_\_\_\_

4. Considering the above weight table, the examinee's frame, and other individual physical characteristics, I consider his/her weight \_\_\_\_\_satisfactory \_\_\_\_\_excessive \_\_\_\_\_deficient.

5. Under proper medical supervision, examinee should lose \_\_\_\_\_pounds, gain \_\_\_\_\_pounds, other \_\_\_\_\_

6. Remarks:  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature Of Examining Physician: \_\_\_\_\_

# MEDICAL HISTORY

Bethany Beach Police Dept.  
 Seasonal Patrol Officer  
 (To be completed by applicant)

NATURE OF EMPLOYMENT	DATE
DEPT.	FAMILY PHYSICIAN
LAST NAME	FIRST
MIDDLE	MARTIAL STATUS M S W D SEP.
STREET ADDRESS	CITY
STATE	SEX
	DATE OF BIRTH
	<u>AGE</u>
	M F

HAVE ANY OF YOUR RELATIVES HAD, OR DO THEY NOW HAVE:

Tuberculosis	Diabetes	Cancer	Epilepsy
Nervous Breakdown (Insanity)	Heart Trouble	High Blood Pressure	

HAVE YOU EVER HAD ANY OF THE FOLLOWING:

	YES	NO		YES	NO		YES	NO
Back Trouble			Rheumatism			Heart Murmur		
Asthma or Bronchitis			Ear Trouble			Tuberculosis		
Skin Trouble			Gonorrhea or Syphilis			Kidney Trouble		
Epilepsy or Fits			Stomach or Peptic Ulcer			Nervous Breakdown		
Varicose Veins			Cancer or Tumor			High or Low Blood Pressure		
Diabetes			Rheumatic Fever			Hernia (Rupture)		
Pneumonia, Pleurisy			Hay Fever			Allergy		

HAVE YOU HAD ANY OF THE FOLLOWING DURING THE PAST YEAR:

	Yes	No		Yes	No		Yes	No		Yes	No
Cough			Poor Appetite			Frequent Urination			Headaches		
Chest Pain			Heartburn			Pain on Urination			Dizziness		
Bloody Sputum			Nausea			Burning on Urination			Poor Vision		
Shortness of Breath			Vomiting			Urination-bedtime			Muscular Weakness		
Palpitation			Diarrhea			Excessive Thirst			Loss of Balance		
Swelling of Ankles			Constipation			Backache			Fainting Spells		
Weight Loss			Black Stools			Bloody Urine			Convulsions		
Weakness			Blood-Stools						Poor Hearing		

### FEMALES

Date of last menstrual period:	Duration?	Regular?
Do you have any menstrual trouble?	Do you ever go to bed because of pain?	
Do you have any children?	Ages	Are you pregnant NOW?
Have you ever had any serious injury? Describe.		
Have you ever received compensation for an injury or occupational condition?		
Have you ever had any serious illness? Describe.		
What operations have you had?		
Have you ever collected sickness benefits?	How many times?	
How much time did you lose in the past two years?	From School?	From Work?
Have you ever been under care in any hospital or clinic?	Where?	
Have you ever been treated for a mental illness?		

I, the undersigned, do hereby certify that the answers to the above questions are true.

Signed \_\_\_\_\_

\_\_\_\_\_  
M.D.

# PHYSICAL EXAMINATION

(To be completed by a physician)

**NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

Last First Middle  
Dressed Recum  
Height \_\_\_\_\_ in. \_\_\_\_\_ Weight \_\_\_\_\_ lbs \_\_\_\_\_ Pulse \_\_\_\_\_ B.P. \_\_\_\_\_  
Undressed Sitting

Abn.	Norm.			Describe below any abnormality, entering item number before each comment.
		1. Eyes:external		
		2. Ears		
		3. Nose		
		4. Teeth & Gums		
		5. Tonsils		
		6. Thyroid		
		7. Lymph Nodes		
		8. Thorax & Lungs		
		9. Breasts		
		10. Cardiovascular		
		Heart		
		Pulses in feet		
		11. Abdomen		
		12. Hernia		
		13. Genitalia (males only)		
		14. Extremities		
		Range of Motion		
		Deformity		
		15. Vertebral column		
		Range of Motion		
		Deformity		
		16. Neurological		
		17. Skin		
		18. Rectal		
		19. General Impression		
EKG		Chest X-ray		Obs. Ratio Pred.
N/A		N/A		Fev. VC N/A
Urine	PH	Alb.	Sug.	Blood
				Hct. Hgn. SMA
Vision	Far With glasses	R20/ R20/	L20/ L20/	Near With Glasses
				R20/ R20/ L20/ L20/ Tetanus Toxoid Immunization
Summary of abnormal findings;				Classification (please circle) A No significant impairment C Special Work B Correctable impairment D Rejected
				Recommendations:

Have  
I \_\_\_\_\_ discussed this applicant's health problems with him or her.  
Have Not

\_\_\_\_\_ M.D.