Plains Township Civil Service Commission

Municipal Building + 126 North Main Street + Plains, Pennsylvania 18705

JOHN A. KELLY CHAIR GERALD J. YOZWIAK VICE-CHAIR LISA GIOVANNINI SECRETARY



To: Plains Township Civil Service Police Applicant Re: Testing Cycle 2025

The Plains Township Civil Service Commission will be holding the Police Officer Agility Test in May 10, 2025 at 9AM. The test will be held at the Plains Township Municipal Park, 200 Clarks Lane, Plains PA 18705 regardless of the weather.

In the event severe weather conditions render the grounds unusable, the make-up date will be determined at 9:00A.M. You will still be required to report on the first test date, as the decision to conduct the testing or postpone it will be made that morning.

The requirements for the agility test were identified in that section of the application which required a doctor's signature certifying that you are medically able to participate in this testing. Please make sure that you are wearing comfortable clothing and shoes for running.

You must bring a photo ID with you to be eligible to take the test.

We thank you for your interest in the Plains Township Police Department

Respectfully,

Police Chief

Municipal Building + 126 North Main Street + Plains, Pennsylvania 18705

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	RELEASE AND SAVE HARMLESS	
I,	(Print)	_(Applicant)
of,(Address)		

being desirous of participating in the Physical Agility Test for the Plains Township Police Department on Saturday, in July, and in consideration for the Township allowing me this privilege, I hereby assume all risks incidental to the above-mentioned test of any type or nature either foreseen or unforeseen.

FURTHER, I release the Township of Plains from all liability of any type, nature or manner, in connection with any incident occurring while I am participating in the Physical Agility Test.

I have read all the terms of this release and hereby agree to be legally bound thereby.

Applicant Signature

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POLICE OFFICER PHYSICAL AGILITY TEST

The Physical Agility Test is mandatory and will be given one time only. The Police Department test coordinator will give the tests in any order determined by the coordinator. The Physical Agility Test consists of the following:

Attire: The subject will wear standard physical training apparel (i.e. shorts, t-shirt and sneakers).

Obstacle Course: From a starting position in the driver's seat of a patrol vehicle with the seat belt fastened and your hands on the wheel, you must complete a course containing the following sections:

You will receive a total time from the command "go" until; you complete the final radio transmission at the end of the course. Applicants that fail in the first attempt will be allowed a second attempt after all applicants complete the course.

- 1. From the starting position in the patrol vehicle, remove the seat belt and exit the vehicle.
- 2. You must then run 50 yards to the vehicle parked in front of you.
- 3. When you reach the vehicle, you must push the vehicle 10 yards. You will be told by the test monitor when you have traveled 10 yards. You may then stop pushing.
- 4. Next, you will run 40 yards to a wall "obstacle" that is ahead of you. When you reach the wall climb over the wall, and run towards a dummy and drag it to cover.
- 5. Finally, run back to the wall and climb over it, run to the back of the police vehicle and complete a radio transmission, which is provided.

<u>**Quarter Mile Run</u></u>: The test simulates a long-distance foot pursuit. Applicants will be required to run one quarter (l/4) mile which will include turns.</u>**

All sections of the test are timed. In order to successfully pass the test you must complete all items in the time to be determined by the administrator.

All physical agility tests are pass/fail. Applicants have a maximum of three attempts to pass each portion of the test.

PHYSICIAN'S CERTIFICATION

I have read the physical agility test requirements and understand that the applicant will undergo vigorous physical exercise while taking this physical agility test. In my opinion, the applicant

Print Name

is ABLE_____ is NOT ABLE_____to take this physical agility test.

Physician's Printed Name

Physician's Signature

Date Signed

Physician's Address and Telephone Number