

**CHANDLER POLICE DEPARTMENT
CHANDLER, INDIANA**

AN EQUAL OPPORTUNITY EMPLOYER*

The Town of Chandler Police department does not discriminate on the basis of race, color, sex, national origin, religion, age or disability in employment or the provision of services.

Please type or print (ink only) responses to all the questions contained on the entire application form. Any application not completed in its entirety will be disqualified.

Last Name: _____ First Name: _____

Middle Name: _____ Maiden Name: _____

Home Address: _____

City/State/Zip: _____

Home Phone Number: _____

Cell Phone Number: _____

Place of Birth: _____

Marital Status: Single Married Divorced Widowed

Spouse's Name: _____ Spouse's Maiden Name: _____

Permanent Person to Contact (in case you change your information):

Name: _____ Phone Number: _____

Relationship: _____

Your EMAIL Address: _____

Your personal web page address: (Facebook or other social media pages. etc): _____

Failure to answer the following questions completely and truthfully will be grounds for disqualification. Use additional paper if necessary.

Have you ever applied for employment with the Chandler Police Department prior to this application?

YES: NO: If Yes, give date(s) of application(s): _____

Have you ever applied for employment with any other law enforcement agencies?

YES: NO: If Yes, please explain: _____

Have you ever been arrested?

YES: NO: If Yes, please explain: _____

Have you ever committed a felony?

YES: NO: If Yes, please explain: _____

Have you ever been charged with and /or been convicted of a felony?

YES: NO: If Yes, please explain: _____

Have you ever been charged with and/or convicted of a domestic violence related offense, either misdemeanor or felony?

YES: NO: If Yes, please explain: _____

Have you ever been charged with and/or convicted of a misdemeanor offense?

YES: NO: If Yes, please explain: _____

Have you ever been the subject of a restraining order?

YES: NO: If Yes, please explain: _____

Failure to answer the following questions completely and truthfully will be grounds for disqualification. Use additional paper if necessary.

Are there currently any criminal charges pending against you?

YES: NO: If Yes, please explain: _____

Have you ever received a citation / ticket (i.e. parking, speeding, seatbelt, minor consumption, etc.)?

YES: NO: If Yes, please explain: _____

Have you ever been summoned to court?

YES: NO: If Yes, please explain: _____

Has your driver's license ever been restricted, suspended, revoked or placed on probation?

YES: NO: If Yes, please explain: _____

Have you ever been or are you currently involved in any civil actions? (i.e. divorce(s); eviction(s); small claims, etc.)

YES: NO: If Yes, please explain: _____

Have you ever applied for a permit to carry a handgun?

YES: NO: If Yes, list reason and current status: _____

Have you ever used Hallucinogenic Drugs? (i.e. LSD, Mushrooms, Mescaline, etc.)

YES: NO: If Yes, Please Explain: _____

EMPLOYMENT HISTORY AND WORK EXPERIENCE

List all employment history and work experience beginning with your current employer. If you were or are currently employed as a police officer, you must include all off-duty employment. Use additional paper if necessary. Failure to include all past employment may be grounds for disqualification.

Current

Employer: _____
(enter "None" if unemployed)

Employer's Address: _____

Phone Number: _____ Date Employment Began: _____

Job Title: _____ Supervisor's Name: _____

Salary: _____ per _____ Hours / Shift Worked: _____

Describe your duties, responsibilities, equipment operated, promotions, etc.: _____

Previous Employer: _____

Employer's Address: _____

Phone Number: _____ Dates Employed: _____ to _____

Job Title: _____ Supervisor's Name: _____

Salary: _____ per _____ Hours / Shift Worked: _____

Describe your duties, responsibilities, equipment operated, promotions, etc.: _____

Reason for leaving: _____

Did you leave voluntarily? YES: NO: If No, please explain: _____

Previous Employer: _____

Employer's Address: _____

Phone Number: _____ Dates Employed: _____ to _____

Job Title: _____ Supervisor's Name: _____

Salary: _____ per _____ Hours / Shift Worked: _____

Describe your duties, responsibilities, equipment operated, promotions, etc.: _____

Reason for leaving: _____

Did you leave voluntarily? YES: NO: If No, please explain: _____

Previous Employer: _____

Employer's Address: _____

Phone Number: _____ Dates Employed: _____ to _____

Job Title: _____ Supervisor's Name: _____

Salary: _____ per _____ Hours / Shift Worked: _____

Describe your duties, responsibilities, equipment operated, promotions, etc.: _____

Reason for leaving: _____

Did you leave voluntarily? YES: NO: If No, please explain: _____

If you need to list additional previous employment, please use a blank sheet of paper to do so.

EDUCATION AND TRAINING

This section is intended to give the employer information about the education and training you have completed, and to demonstrate your skills, knowledge and abilities to perform the job duties of the position.

High School attended: _____

Address: _____

Dates of attendance: _____ to _____

Did you graduate? _____ High School Equivalent? _____

List Activities, Awards, Sports, etc., you were involved with (You may exclude any which indicate race, color, religion, sex, age, national origin, or disability): _____

College or Trade School attended: _____

Address: _____

Dates of attendance: _____ to _____ Did you graduate? _____

Degree: _____ Major or Minor course of study: _____

List Activities, Awards, Sports, etc., you were involved with (You may exclude any which indicate race, color, religion, sex, age, national origin, or disability): _____

College or Trade School attended: _____

Address: _____

Dates of attendance: _____ to _____ Did you graduate? _____

Degree: _____ Major or Minor course of study: _____

List Activities, Awards, Sports, etc., you were involved with (You may exclude any which indicate race, color, religion, sex, age, national origin, or disability): _____

Graduate School attended: _____

Address: _____

Dates of attendance: _____ to _____ Did you graduate? _____

Degree: _____

PROFESSIONAL OR SPECIALIZED TRAINING

Please list below any seminars or special training you believe would be relevant to law enforcement: _____

Are you a graduate of a law enforcement academy?

YES: NO: If Yes, please explain in detail: _____

Do you possess any type of professional license or certificate? YES: NO:

Type: _____ State and Issuing Authority: _____

License #: _____ Date Issued: _____ Expiration Date: _____

If above license was not issued in Indiana, have you applied for an Indiana license? YES: NO:

Has your above license ever been suspended, revoked or terminated?

YES: NO: If Yes, please explain: _____

MILITARY HISTORY AND STATUS

Are you registered with the Draft?

YES: NO: If No, please explain: _____

Are you currently serving in the National Guard or Reserves? YES: NO:

Please indicate which program and dates of obligation: _____

Have you ever served in the military on active duty including initial active-duty training with the National Guard or Reserves?

YES: NO: IF YES, YOU MUST ATTACH A COPY OF YOUR DD-214.

Military Branch: _____ **Dates of service:** _____ **to** _____

Highest Rank attained: _____ **Rank at Separation:** _____

Type of Discharge: _____ **Re-Enlistment Code:** _____

Are you eligible to re-enlist?

YES: NO: If No, please explain: _____

Were you ever disciplined (court martial, article 15, captain's mast, etc.) while on active duty?

YES: NO: If Yes, please explain: _____

MISCELLANEOUS

Do you have any commitments (i.e. second job, school, etc.) which might interfere with or adversely affect your employment should we select you for a position?

YES: NO: If Yes, please explain: _____

Please use the following space to provide any further information on training, education, skills, abilities, hobbies, volunteer work, etc., that you possess or have experienced that may be helpful in the evaluation of your application. You may exclude any which indicate race, color, religion, sex, age, national origin or disability.

Please list your places of RESIDENCE for the past 10 years. Begin with your present address. NOTE: You MUST provide home and work telephone numbers. Use additional paper if necessary.

Address: _____

City / State/ Zip: _____

Rent / Own: _____ Resided at location since _____

Landlord's Name: _____

Home telephone no.: _____ Work telephone no.: _____

Previous: _____

City / State/ Zip: _____

Rent / Own: _____ Resided at location from _____ to _____

Landlord's Name: _____

Home telephone no.: _____ Work telephone no.: _____

Previous: _____

City / State/ Zip: _____

Rent / Own: _____ Resided at location from _____ to _____

Landlord's Name: _____

Home telephone no.: _____ Work telephone no.: _____

Previous: _____

City / State/ Zip: _____

Rent / Own: _____ Resided at location from _____ to _____

Landlord's Name: _____

Home telephone no.: _____ Work telephone no.: _____

Previous: _____

City / State/ Zip: _____

Rent / Own: _____ Resided at location from _____ to _____

Landlord's Name: _____

Home telephone no.: _____ Work telephone no.: _____

Please list four REFERENCES who are not related to you and who have PERSONALLY known AND HAVE HAD CONTACT WITH for at least five (5) years. You MUST provide home and work telephone numbers. We will request additional references if we cannot reach one or all of the references listed below.

Name: _____ Occupation: _____

Address: _____ Home telephone no.: _____

_____ Work telephone no.: _____

Years known: _____

Name: _____ Occupation: _____

Address: _____ Home telephone no.: _____

_____ Work telephone no.: _____

Years known: _____

Name: _____ Occupation: _____

Address: _____ Home telephone no.: _____

_____ Work telephone no.: _____

Years known: _____

Name: _____ Occupation: _____

Address: _____ Home telephone no.: _____

_____ Work telephone no.: _____

Years known: _____

APPLICANT CERTIFICATION

Please read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each paragraph by placing your initials in the space provided. Failure to initial all paragraphs will be grounds for disqualification. If you have any questions, please contact the employer.

I understand and accept that, if I am offered a position, it shall be conditional upon my passing any medical and psychological examinations, a polygraph examination, a background investigation, and any further testing that the employer or the Pension Board deems to be necessary to determine my ability to perform the essential functions of the position. I understand and accept that this will include urinalysis and hair sample drug screens.

Initials: _____

I understand and accept that, if I am offered a position, I will be required to sign an employment contract agreeing to continue my employment for a term of not less than two (2) years following the successful completion of my one-year probationary period.

Initials: _____

I understand that it will be necessary for me to approve and sign any waivers in order for the employer to obtain information from my current and former employers.

Initials: _____

I understand that the employer provides a seven-day per week and twenty-four hour per day service, and therefore, if employed I may be required to work evening shifts or night shifts, including weekends and holidays.

Initials: _____

I understand that if hired as a sworn officer on the Chandler, Indiana Police Department I must successfully complete required training and courses and be certified by the Indiana Law Enforcement Academy. I further understand that a probationary police officer serves solely at the pleasure of the Police Chief and may be released and discharged at any time during said 12 months of probationary appointment without right to trial or hearing before the Chandler Town Council.

Initials: _____

I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application will be disqualified from further consideration. I further understand and accept that, if I am employed by the employer I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: _____

I understand and accept that the Chandler Police Department reserve the right to add, delete, and/or modify any phase of the application process deemed necessary. This includes any and all testing, at any time in the application process, without prior notice to applicants. I further understand and accept that the testing listed in the booklet provided to me is for informational purposes only and said testing will not necessarily be conducted in the order listed and may or may not be included in the process.

Initials: _____

I understand and accept that the informational booklet and employment application do not constitute an employment agreement / contract with the employer. Initials: _____

I understand and accept that it is MY responsibility to immediately inform the employer of all changes in my address, telephone number, name, marital status, employment, driver's license, etc, including notification of any arrests and/or traffic citations. I understand and accept that if I cannot be reached when needed due to failure on my part to inform the employer of a status change, I will be disqualified, from further consideration, by the Police Chief and Town of Chandler.

Initials: _____

I have completely and thoroughly read and understand everything in the informational booklet and on this employment application. Initials: _____

APPLICANT CERTIFICATION

Please read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each paragraph by signing and dating in the space provided. Failure to sign and date this page will be grounds for disqualification. If you have any questions, please contact the employer.

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MY MISREPRESENTATIONS(S) OR FALSIFICATION(S) OF THE INFORMATION PROVIDED MAY LEAD TO THE WITHDRAWAL OF ANY EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT.

BY THE SUBMISSION OF THIS DOCUMENT, I HEREBY AGREE THAT I SHALL EXECUTE THE EMPLOYER'S CONDITIONAL, PRE-EMPLOYMENT MEDICAL AND PSYCHOLOGICAL EXAMINATIONS, POLYGRAPH EXAMINATION, BACKGROUND INVESTIGATION, URINALYSIS AND HAIR SAMPLE DRUG SCREENS CONSENT REQUIREMENTS. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG ABUSE OR ALCOHOL ABUSE.

APPLICANT SIGNATURE

DATE

Equal Opportunity Employment

To further its commitment to equal opportunity employment, the Chandler Police Department is requesting applicants to voluntarily provide the following information. The information will be detached from the application immediately upon receipt and will be used for research purposes only.

STATE LAW PROHIBITS THE USE OF THIS INFORMATION FOR OTHER THAN STATISTICAL PURPOSES.

Gender: Male Female Age: _____

Race/Ethnic Identity: White Black Hispanic
 Asian or Pacific Islander Native American
 OTHER (please specify): _____

In order to assist us in evaluating the effectiveness of our recruitment program, please indicate how you first learned the Chandler Police Department was accepting applications.

- Friend or Relative
- Newspaper or magazine (which one?) _____
- Radio
- Television
- Billboard
- Internet site (which one?) _____
- Job fair
- Recruitment flyer or poster
- Police Officer
- Organization or Group (which one?) _____
- Other _____

It is the goal of the Town of Chandler Police Department to obtain the most qualified persons to serve the citizens of Chandler as police officers. We must have each candidate's cooperation in the various stages of the selection process to achieve this goal.

We will make a *reasonable* effort to assist each applicant through the long process should a problem arise. However, be aware that certain test dates are "fixed" and **cannot** be changed nor supplemented. If you are seriously competing for a position on the Chandler Police Department, we must have complete cooperation from you. You must show up on the dates scheduled and **BE ON TIME**.

No-shows and late arrivals will not be excused.

***** READ CAREFULLY *****

THE FOLLOWING DOCUMENTS MUST BE TURNED IN BY THE CLOSING APPLICATION DATE:

Copy of Birth Certificate

Copy of valid Driver's License

Copy of Social Security card

Copy of High School Diploma

Or Copy of GED Certificate.

* Transcripts of High School grades

Copy of College Degree, if applicable

* Transcripts of College grades, if applicable

Copy of Military Discharge and Service Record (DD-214), if applicable

* Transcripts may be mailed to our office. Mail to: Chandler Police Department
401 E Lincoln Ave.
Chandler, In 47610

YOU MUST PROVIDE YOUR OWN COPIES OF THESE DOCUMENTS. DOCUMENTS SUBMITTED WITH THE APPLICATION BECOME THE PROPERTY OF THE CHANDLER POLICE DEPARTMENT AND WILL NOT BE RETURNED. APPLICATION AND DOCUMENTS LISTED ABOVE MUST BE RETURNED BY THE APPLICANT TO THE POLICE DEPARTMENT, AT 417 JEFFERSON AVE. CHANDLER INDIANA, NO LATER THAN THE LAST ADVERTISED DAY OF ACCEPTANCE. APPLICATIONS RETURNED AFTER THE LAST ADVERTISED DAY WILL NOT BE CONSIDERED.

APPLICATION PROCESS

The following is a synopsis of the Chandler Police Department application process and the various testing phases, which must be completed:

1. In order to apply, all applicants must meet the basic requirements of the Chandler Police Department as listed below:
 - A. Applicants must be over the age of **21** at the time of *application**.
*1. Must have reached 21st birthday on or before the closing date of the acceptance of applications.
 - B. Applicants must be United States Citizens.
 - C. Applicants must be high school graduates or possess a GED equivalent certificate*.
 - D. Applicants must possess a valid driver's license*.
*1. If you have a driver's license from a state other than Indiana, you must be able to get an Indiana driver's license.
 - E. Applicants must never have been convicted of a felony criminal violation.
 - F. Applicants must never have been convicted of domestic violence or a domestic violence related offense, either misdemeanor or felony.
 - G. Applicants must never have used Hallucinogenic Drugs (i.e. LSD, Mushrooms, Mescaline, etc.)
 - H. Applicants who have served in the military must have received an Honorable discharge. Anything less than an Honorable discharge will not be considered.
 - I. Applicants must be of good moral character.
 - J. An applicant who has engaged in *any* criminal activity may be rejected by the Chandler Police Department regardless of whether the applicant has ever been prosecuted, convicted, or acquitted.
 - K. Applicants must possess strength and agility necessary to perform routine law enforcement duties.
 - L. Applicants must submit to and pass a polygraph examination process post-job offer. If requested
 - M. Applicants must be able to pass a medical examination.

- N. Applicants must have 20/100 uncorrected vision in both eyes or be a long-term successful user of “soft” contact lenses - correctable to 20/30 and also be free from color blindness.
 - O. Applicants must be able to pass a hearing test as required in a physical examination.
 - P. Applicants must pass drug screens post-job offer.
 - Q. Applicants must submit to a battery of psychological examinations and interview with a clinical psychologist post-job offer. If requested
 - R. Applicants must submit to fingerprinting and have a photograph taken by the department
2. All applicants who meet the basic qualifications may submit an application that has been completed to the Police Department by the specified date.
 3. A complete background investigation will be conducted by the Chandler Police on each candidate. The investigation shall include local and NCIC criminal record checks, neighborhood, current and former employer checks, credit and FBI checks and any other inspections that may be needed. Candidates will be required to sign waivers releasing the Chandler Police Department and its employees from any liability, should negative information be uncovered during the background investigation.
 4. To be considered, applications must be completed in their entirety online or in person or by mail, with all required documentation submitted to Police Chief, or Asst. Chief by the closing date of the application process. Note: If any information required in the application is found to be falsified, misrepresented, or intentionally excluded, the applicant will be disqualified.

The Chandler Police Department would like to take this opportunity to thank you and wish every applicant the best of luck during the process. If you have any questions or need assistance, please contact our office at **812-925-6898 for Chief Irvin or Asst. Chief Tevault**

The Chandler Police Department is an Equal Opportunity Employer and Program Provider. The Chandler Police Department is dedicated to the selection of applicants from all segments of the general population without regard to race, religion, sex, ethnic group or disability.

ILEA Academy Standards
Physical assessment requirements
Must pass before academy entrance

1. **Vertical Jump.** This measures leg power and consists of measuring how high a person jumps.
2. **One Minute Sit-ups.** This measures abdominal, or trunk, muscular endurance. While lying on his/her back, you will be given one (1) minute to complete the required 29 sit-ups meeting the protocol standards.
3. **300 Meter Run.** This measures anaerobic power, or the ability to make an intense burst of effort for a short time period or distance. This component consists of sprinting 300 meters as fast as possible.
4. **Maximum Push-ups.** This measures the muscular endurance of the upper body. This component consists of doing as many push ups as possible until muscular failure.
5. **1.5 Mile Run.** This measures aerobic power or cardiovascular endurance (stamina over time). To complete this component you must run/walk, as fast as possible, a distance of 1.5 miles.

Minimum Requirements Test	Standard
Vertical Jump	16 Inches
One Minute Sit-ups	29
300 Meter Run	71 Seconds
Maximum Push-ups	25
1.5 Mile Run	16 Minutes 28 Seconds

Protocol for Vertical Jump

Purpose

This is a measure of jumping or explosive power.

Equipment

1. Vertical measuring apparatus fixed to a smooth wall.
2. Some way to mark extension when jumping (e.g., chalk dust, velcro).

Procedure

1. Participant stands with one side toward the wall, feet together, and reaches up as high as possible to mark his/her standard reach.
2. Participant jumps as high as possible and marks the highest point of the jump. Participant must jump from both feet in a stationary stance. Arms may be pumped and thrust upward.
3. Score is the total inches, to the nearest 1/2 inch, above the standard reach mark.
4. The best of three trials is the recorded score.

How to Prepare for Vertical Jump

You Must Train to Meet the Standards

Training must be specific to the target activity, and therefore each component has a different training routine.

Vertical Jump:

A good way to prepare for this component is to do plyometric training. The basic plyometric exercise routine consists of three exercises: double leg vertical jump, single leg vertical jump and the double leg hop. Perform each exercise with 1 set of 10 repetitions, 3 days a week. Do the repetitions ballistically without stopping. Rest 3 minutes between each set of each exercise.

Double Leg Vertical Jump:

Intensity Level: High

Starting Position: Stand with the feet shoulder-width apart.

Direction of Jump: Vertical

Arm Action: Double arm action

Starting Action: Perform a rapid counter movement and jump as high as possible

Ascent: Thrust arms upward vigorously and reach as high as possible

Descent: When the feet hit the ground, jump again immediately without a stutter step.

Double Leg Hop:

Intensity Level: Medium

Starting Position: Stand with the feet shoulder-width apart.

Direction of Jump: Horizontal, with a vertical component as well

Arm Action: Double arm action

Starting Action: Jump off of both legs and strive for maximum distance

Ascent: Think about “hanging” in the air

Descent: Land in the starting position and immediately repeat the movement

Single Leg Vertical Jump:

Intensity Level: High

Starting Position: Stand with one foot on the ground

Direction of Jump: Vertical

Arm Action: Double arm action

Starting Action: Perform a rapid counter movement and jump as high as possible

Ascent: The arms should be thrust upward vigorously and reach as high as possible

Descent: When the foot hits the ground, immediately jump without a stutter step

(Emphasis should be placed on maximum height and quick, explosive takeoffs. Repeat this exercise with the opposite leg after a brief rest of 15-30 seconds)

Protocol for One Minute Sit-ups

Purpose

This measures abdominal muscular endurance.

Procedure

The participant starts by lying on his/her back, knees bent, heels flat on the floor, with the fingers laced and held behind the head. Avoid pulling on the head with the hands. The buttocks must remain on the floor with no thrusting of the hips.

1. *A partner holds the feet down firmly.*
2. The participant then performs as many correct sit ups as possible in 1 minute.
3. In the up position, the subject should touch elbows to knees and then return until the shoulder blades touch the floor.
4. Score is total number of correct sit ups. Any resting must be done in the up position.
5. Breathing should be as normal as possible, making sure the participant does not hold his/her breath as in the Valsalva maneuver.

How to Prepare for One Minute Sit-ups

1. Determine the number of correct sit-ups you can do in one minute.
2. Multiply that number by .75 (75%). Round off the result to the lowest number. This will be the number of repetitions (sit ups) you will do per set.
3. Warm up with some light activity of your choice, such as a stationary bike, walking or jogging on the treadmill, light calisthenics, etc.
4. Perform the number of sit-ups (correct form) determined in the calculation done in #2 above.
5. Rest no longer than 60 seconds, and do another set of repetitions.
6. Repeat #4 and #5 until you have done 3 to 5 sets of repetitions. Even though the last sets may be difficult, maintain proper form. If you have to hesitate longer on the floor on the last sets to get in the full number, then do so but rest no longer than necessary. It is important that you get in all the repetitions.
7. Do this routine every other day. Increase the number of reps per set by 1 or 2 each week.

NOTE: If you are unable to do at least 5 reps per set, you will need to modify your routines in order to get in sufficient repetitions to address muscular endurance. You should follow a crunch or curl routine for your abdominals, and also get assistance in designing leg exercises (multi-hip machine or leg lifts) to address the hip flexors. Also, you could use an abdominal machine in a fitness facility using a light enough resistance to get in 15 reps per set for 3 set.

Protocol for 300 Meter Run

Purpose

This is a measure of anaerobic power.

Equipment

1. 400 meter running track, or any measured 300 meter flat surface with sufficient distance to slow to a stop.

Procedure

1. Warm up and stretching should precede testing.
2. Participant runs 300 meters at maximal level of effort. Time used to complete distance is recorded.
3. Participant should walk for 3 - 5 minutes immediately following test to cool down. This is an important safety practice.

How to Prepare for 300 Meter Run

To prepare for this component, it is a good idea to do interval training. The first step is to time yourself for an all-out effort at 110 yards. This is called your initial time, or IT. The second step is to divide your IT by .80 to get your training time. Then follow the schedule below

Weeks	Distance	Reps	Training Time	Rest Time	Frequency
1 & 2	110 yards	10	$IT \div .80$	2 min.	1/week
3 & 4	110 yards	10	$IT \div .80$ minus 2-3 seconds	2 min.	1/week
5 & 6	110 yards	10	$IT \div .80$ minus 5-6 seconds	2 min.	1/week
7 & 8	220 yards	8	$IT \div .80 \times 2$	2 min.	1/week
	220 yards	8	$IT \div .80 \times 2$ minus 4 seconds	2 min.	2/week

Protocol for Maximum Push-ups

Purpose

This measures muscular endurance of the upper body (anterior deltoid, pectoralis major, triceps).

Procedure

1. The hands are placed shoulder width apart, with fingers pointing forward. Some part of the hands must lie within a vertical line drawn from the outside edge of the shoulders to the floor. The administrator places one fist on the floor below the participant's chest (sternum).
2. Starting from the up position (arms fully extended with elbows locked, both hands and both feet only touching the floor), the participant must keep the back straight at all times and lower the body to the floor until the chest (sternum) touches the administrator's fist. The participant then returns to the up position with the elbows fully locked. This is one repetition.
3. Resting is permitted only in the up position. The back must remain straight during resting.
4. When the participant elects to stop or cannot continue, the total number of correct push-ups is recorded as the score. No time limit.

How to Prepare for Push-ups

1. Determine the maximum number of correct push-ups you can do in one minute.
2. Multiply that number by .75 (75%). Round off the result to the lowest number. This will be the number of repetitions (sit-ups) you will do per set.
3. Warm up with some light activity of your choice, such as a stationary bike, walking or jogging on the treadmill, light calisthenics, etc.
4. Perform the number of push-ups (correct form) determined in the calculation done in #2 above.
5. Rest no longer than 60 seconds, and do another set of repetitions.
6. Repeat #4 and #5 until you have done 3 to 5 sets of repetitions. Even though the last sets may be difficult, maintain proper form. If you have to hesitate longer on the floor on the last sets to get in the full number, then do so but rest no longer than necessary. It is important that you get in all the repetitions.
7. Do this routine every other day. Increase the number of reps per set by 1 or 2 each week.

NOTE: If you are unable to do at least 5 reps per set, then you will have to adjust the above calculations on modified push-ups (from the knees) in order to keep the number of reps high enough to address muscular endurance. You should also get assistance in designing a strength routine using selectorized machines including chest, arms and trunk exercises.

Protocol for 1.5 Mile Run

Purpose

The 1.5 mile run is a measure of aerobic power (cardiovascular endurance). The objective in the 1.5 mile run is to cover the distance as fast as possible.

Equipment

1. Stopwatch
2. Indoor or outdoor track or another suitable flat running area measured to 1.5 miles
3. Testing forms to record data

Procedure

1. Participants should not eat a heavy meal or smoke for at least 2 - 3 hours prior to the test. Participants should warm up and stretch thoroughly prior to running.
2. The participant runs 1.5 miles as fast as possible.
3. Participants should not physically touch one another during the run, unless it is to render first aid.
4. Finish times should be called out and recorded.
5. Upon completion of the run, participants should cool down by walking for about 5 minutes to prevent venous pooling (i.e., pooling of the blood in the lower extremities which reduces the return of blood to the heart and may cause cardiac arrhythmia).

How to Prepare for 1.5 Mile Run

To prepare for this test, you need to gradually increase your running endurance. The schedule below is a proven progressive routine. Begin at the level you can accommodate, and if you can advance the schedule on a weekly basis, then proceed to the next level. If you can do the distance in less time, then do so.

Week	Activity	Distance in Miles	Duration in Minutes	Times Per Week
1	Walk	1	17 - 20	5
2	Walk	1.5	25 - 29	5
3	Walk	2	32 - 35	5
4	Walk/Jog	2	28 - 30	5
5	Walk/Jog	2	27	5
6	Walk/Jog	2	26	5
7	Walk/Jog	2	25	5
8	Walk/Jog	2	24	5
9	Jog	2	23	4
10	Jog	2	22	4
11	Jog	2	21	4
12	Jog	2	20	4