

City of Pembroke Pines

10100 Pines Boulevard Pembroke Pines, FL 33026

Phone: (954) 435-6587 Fax: (954) 435-6523

Job Line: (954) 437-1108 Webpage: www.ppines.com

The City of Pembroke Pines Police Department is now accepting applications for

State of Florida certified and non-certified/out of state police officers.

Please be advised no applications will be accepted without this documentation.

Results of the following tests administered by the Broward County Criminal Justice Institute – Phone Number (954) 201-6931:

NON-CERTIFIED/OUT OF STATE POLICE OFFICERS

1.	TABE Test (12.9 in Language/Grammar, Reading & Spelling & 11.0 in	Math
	Must be valid for 2 years) or College Degree	
2.	Passing physical agility test (valid for 6 months)	
3.	Passing swim test (valid for life)	
4.	Passing the Basic Abilities Test (B.A.T. – Minimum Score 80%)	
5.	Copy of Birth Certificate or other proof of Birth and U.S. Citizenship	
6.	Copy of High School Diploma or G.E.D.	
7.	Original Driver's License	
8.	Original DD-214 form	
STAT	E OF FLORIDA CERTIFIED POLICE OFFICERS:	
STAT		
1.	Passing physical agility test (valid for 6 months)	
1. 2.	Passing physical agility test (valid for 6 months) Passing swim test (valid for life)	
1. 2. 3.	Passing physical agility test (valid for 6 months) Passing swim test (valid for life) Copy of Birth Certificate or other proof of Birth and U.S. Citizenship	
1. 2. 3. 4.	Passing physical agility test (valid for 6 months) Passing swim test (valid for life) Copy of Birth Certificate or other proof of Birth and U.S. Citizenship Copy of High School Diploma or G.E.D.	
1. 2. 3. 4.	Passing physical agility test (valid for 6 months) Passing swim test (valid for life) Copy of Birth Certificate or other proof of Birth and U.S. Citizenship	
1. 2. 3. 4. 5.	Passing physical agility test (valid for 6 months) Passing swim test (valid for life) Copy of Birth Certificate or other proof of Birth and U.S. Citizenship Copy of High School Diploma or G.E.D.	



City of Pembroke Pines

" An Equal Opportunity Employer

Human Resources Department 10100 Pines Boulevard Pembroke Pines, FL 33026

(954) 435-6587 Fax: (954) 435-6523 Webpage: www.ppines.com

APPLICATION FOR EMPLOYMENT

PO	SITION APPLYING FOR:		JOB ANNOU	NCEMENT NU	MBER			
INS	STRUCTIONS: Please print or type all information	n. The app	lication must be f	illed out accuratel	y and cor	npletely. If	you requi	re
assi	stance due to a disability, please notify our staff. A	answer all	questions. Do not	leave an item blan	nk. If an i	item does n	ot apply,	write N/A
(no	t applicable). If you need additional space to answer	r a questio	n fully, you may u	se full sheets of p	aper that	are the sam	e size as t	his page.
On	each additional page, be sure to include your name	and the po	sition title. You m	nay also attach cop	ies of do	cuments or	certificate	es which
sup	port your application. All materials submitted become	ome the pr	operty of the City	and will not be re	turned.	Nothing car	n be added	l to your
app	lication after the announcement period has closed.	All statem	ents made on the	application are sub	oject to ve	erification.	Exaggera	ited, false,
or 1	misleading statements may be cause for rejection IS APPLICATION MUST BE SIGNED ON THE LAS	n of the a	pplication and/o	r termination of e				
1.	PRESENT LEGAL NAME							
	Last Name	First Nan	ne					M.I.
2.	2. WHEN AVAILABLE 3. If you require assistance due to disability please notify our staff.					our staff.		
4.	APPLYING FOR (Check all responses that	at apply)						
_	Full-time Part-time		6. DRIVERS LICENSE					
5.	HOME TELEPHONE NUMBER Area Code Number		Do you have a			□lYes		
	Area Code Number		Do you have a	vanu ncense?		LI TES)
	OTHER TELEPHONE NUMBER		License Type:	□Operator			□ Cla	nss
İ	Area Code Number					_	_	
	()		Endorsement Code					
	EMAIL ADDRESS							
_	DDEGENER ADDRESS		License #		State		Exp. Da	te
7.	PRESENT ADDRESS Street Address					A		
	City		State			Apt. # Zip Code		
	How long have you lived at present address?	Years	State	Months		Zip Code		
	land in the same of the same and the same an	10015			_			
8.	PREVIOUS ADDRESS							
	Street Address					Apt. #		
	City		State			Zip Code		
	How long did you live at this address?	Years		Months				

THIS APPLICATION MUST BE SIGNED ON THE LAST PAGE OR IT WILL BE VOIDED.

	FION AND thest grade of		L TRAININ 1		4 5	6 7	7 8 9 1	10 11 12	
_	ool Diploma	_	Yes	_	4)	No /	If Yes, date re		
Name and	l Location (of last HIG	H SCHOOL	, ATTENDE		Jame		City	State
List Colle	eges and Un	iversities a	ttended:			anne			State
	d Location	1,02	Dates Atte	nded	Cred	it Hours	Grade	Major/Minor Degree	Degree
			from	to	_	ceived	Point	Field of Study	Received
			Mo. Yr.	Mo.Yr.	Sem.	Qtr.	Average	or Program	
			†		<u> </u>		<u> </u>		
			†						<u> </u>
		(Business				es Schoo	ols, etc.) Below		
Name and	Location		Dates Atte	nded	Total		Courses or	Certifications Given	
			from	to	Month		Subject Taker	Pertinent Information	n
			Mo. Yr.	Mo.Yr.	Compl	leted			
					\perp		<u> </u>		
					<u> </u>	Ш		he position for which yo	
RECENT position and work back. BE SPECIFIC - all or part of your r If additional space is needed, please use a continuation sheet. You may it contains all the information requested. Periods of unemployment she contact previous employers to verify your descriptions of past duties. May we contact your present employer regarding your record of example (Job 1) Present or Most Recent Job From To Total Time Mo. Yr. Mo. Yr. Yrs. Hours per week				should be l f employi	ployment?				
Last Salar				per			Keason for Lo	aving rosmon	
Specific D	•			per					
Specific 1	Julies.								
Number o	f employee	s supervise	ed (if applica	ible)					
(Job 2) Pr	revious Job						Employer		
From	1	То	Ţ	Total Tim	ne		Address		
Mo.	Yr.	Mo.	Yr.	Yrs.	10		Telephone Nu	ımber	
1123	1		1				Your Job Title		
Hours per	week							Name and Title	
			p				-	eaving Position:	
			P					<u></u>	
Specific D									
·-I									
Number o	f employee	s supervise	ed (if applica	ible)		2			

THIS APPLICATION MUST BE SIGNED ON THE LAST PAGE OR IT WILL BE VOIDED.

	(Job 3) Previous Job					Employer		
	From		To		Total Time	Address		
	Mo.	Yr.	Mo.	Yr.	Yrs.	Telephone Number		
						Your Job Title		
	Hours per v	week				Supervisor's Name and Title		
	Starting Sa	lary \$		pe	er	Reason for Leaving Position:		
	Last Salary	\$		pe	r			
	Specific Du	ıties:						
	Number of	employee	s supervise	d(if applicable	2)			
	(Joh 4) Droy	riona Ioh				Employon		
	(Job 4) Pre- From	vious Job	То	1	Total Time	Employer Address		
		Yr.	-	Yr.	Yrs.			
	Mo.	Yr.	Mo.	Yr.	Yrs.	Telephone Number		
	T.T.	1				Your Job Title		
	_					Supervisor's Name and Title		
					·	Reason for Leaving Position:		
	Last Salary	<u> </u>		per	•			
	Specific Du	ities:						
	N. 1 C			1/20 11 11				
	Number of	empioyee	s supervise	d (if applicabl	e)			
11.	LIST ANY R	ELEVANT	VOLUNTEE	R WORK AND	ALL PERIODS OF UNEMPL	OYMENT DURING THE PAST 10 YRS		
Fro		То			of Activities or Volunteer			
Mo	Yr.	Mo.	Yr.	•				
12.	List member	ership(s) ii	n profession	nal, job-related	d organizations:			
		1 \ /		, y	<u>U</u>			
13.	List any act	tive profes	ssional, tech	nical, occupa	tional licenses or certifica	ates and registrations you now hold:		
		p	,	,				
14.	List awards	s. commen	dations, or	other recognit	tion received for outstand	ing achievement in school, military service.		
	14. List awards, commendations, or other recognition received for outstanding achievement in school, military service, your work, or civic duties:							
	jour work,	u						
\vdash					3			
					5			

15.	Have you ever used a legal nam	e other than t	he one indic	ated on Page 1	☐ Yes	s [☐ No			
	If yes, please give name used:									
16.	VETERAN PREFERENCE:									
	veterans presently receiving dis	•			-	-				-
	eligible for preference. Veterans from these POINTS WILL BE			•						
	APPLICATION. Acceptable do									
	months of the date of applicatio				•	-	•			
	sole copies of documents.	ii. iviateriais s	supplied with	r the application	n occome th	с ргорс	erty or the erty.	Don	ot suoi	int original,
	Did you serve in the Armed Ser	vices?	☐ Yes	□ No	Is your disc	charge	honorable?		Yes	□ No
	Are you claiming Veteran's Point		Yes	☐ No	•	-	rom the military	·?	Yes	☐ No
	Are you or have you ever been	employed by	the State of	Florida or one	of its Counti	es, Cit	ies, etc?		Yes	☐ No
17.	Have you ever worked for the C	•			Yes Yes	[□ No			ī
	If yes, please give date(s) of em									
10	Employing Division(s)						7:4-9			
18.	Are you related to a City emplo		-		employed b	y the C	Jity?			
	Yes No	If yes, pleas								
	Name									
	Relationship to you									
	Employing Division(s)									
19.	Since your 18th birthday, have you	been CONVIC	CTED of ANY	violation of the la	aw, other than	n minor	traffic offenses, o	r plea	ided NC)LO
	CONTENDERE to criminal charges	s, even if adjud	lication was w	vithheld?						
	Name of offense									
	Name of and location of court									
	Deposition of case									
	NOTE: A conviction	does not auto	omatically m	nean you canno	t be employe	ed by tl	he City. The nat	ture o	f the o	ffense,
	how long ago it occu	urred, relation	ship to this	job, etc. are giv	en considera	ation.				
20.	How did you learn about the position	on for which yo	u are applying	g? Check the res	ponse that ap	oplies.				
	Newspaper Ad	Visit to Div	ision of Hur	nan Resources	Ę	Re	ecruiting Program-C	Career	Day (ple	ease specify)
	City Employee	College Co	unselor			□ Pr	ofessional Journ	nal		
	High School	Florida Stat	e Employme	ent Agency		_	her Source (pleas			
Ι	_		1 3	2 3		_	V.	•	,,	
21.	REFERENCES: List three (3) person	onal references	s who are not	relatives or form	ner employers					
	Name and Occupation	Address					elephone No.	3	Years K	 Known
	<u> </u>						1			
				4						
I				4						

Is there any other relevant information you wish to provide?	
IMPORTANT: Employment is subject to verification of an applicant's background and co	onviction record. Persons selected for employment
must (1) present a valid social security card, (2) take loyalty Oath, as per Florida Statut	e, Section 876.05 and (3) subsequent to an offer of
employment, pass a medical examination including testing for current use of drugs and/	or controlled substances. If traces of drugs
controlled substances are present in a candidate's blood or urine and have NOT been of	obtained and taken as directed by a valid prescription,
the candidate WILL NOT be given further consideration under the present announcement	ent for this classification. Additionally, the City is
required by federal law to verify having seen documents, which the applicant must prov	ide as part of employment processing, that show
the applicant's identity and right to work in the United States.	
APPLICATION MUST BE SIGNED	
APPLICANT: PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING BE	LOW. UNSIGNED APPLICATIONS WILL BE VOIDED.
I hereby certify that each response on this application and all other information I have fu	rnished in applying for employment with the City is
true and correct. I understand that any incorrect, incomplete, false statement or information	tion I have furnished may subject me to
disqualification or to discharge at any time. Subsequent to an offer of employment, I give	e my voluntary consent to be medically examined
and provide a sample of my blood or urine which may be tested for recent use of drugs	and/or controlled substances. I further understand
that upon commencement of employment, and thereafter, with the City of Pembroke Pir	nes, I may again be required to submit to a drug and
alcohol test. I understand that refusal to take a requested test or failure to meet the mini	mum standards set for the test, may result in
discipline, up to and including termination.	
Further, I release The City, its officers, agents, and employees from any liability whatson	ver in connection with such a medical exmination or
the use of the test results therefrom.	
I have read in full and understand the above statements and conditions of employment.	
Applicant's Signature	Date:
Print Name	Date:
5	

CITY OF PEMBROKE PINES

EMPLOYMENT INQUIRY RELEASE

I understand that as a condition of employment that statements I have made either verbally or in writing in the course of my seeking employment with the City of Pembroke Pines will be verified through various sources including but not limited to a Criminal History Records search, Drivers License History, Former and current employers, personal references and consumer credit report. I hereby authorize the City of Pembroke Pines to obtain any information in files pertaining to my employment records including, but not limited to, achievement, attendance, personal history and disciplinary records and credit records. I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use only of the City of Pembroke Pines. Consent is further granted for the City of Pembroke Pines to furnish such information as is described above, to third parties in the course of fulfilling its official responsibilities.

I hereby release you, as the custodian of such records, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, sort, or description, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below.

Full Name:		
Current Address:		
Telephone #:		
Other Prior Names/Aliases		
Drivers License #	State:	
	Date:	
Applicants Signature		
Witness Signature		

CRIMINAL JUSTICE TESTING CENTER

INFORMATION BOOKLET



INSTITUTE OF PUBLIC SAFETY 3501 SW DAVIE ROAD, BUILDING 21 DAVIE, FLORIDA 33314-1693

> 954-201-6790 954-201-6931

www.broward.edu/ips

TABLE OF CONTENTS

BC Map & Contact Information	Page 2
Officers Minimum Qualifications for Employment	Page 3
General Information	Page 4
Testing Schedule & Information	Page 5
Retest Rules	Page 5
Test Results	Page 5
Testing Room Rules	Page 6
C.J.B.A.T. Definitions	Page 7
Basic Motor Skills Test Detail/Academy Profiles	Pages 8 & 9
Law Enforcement Agencies	Pages 10 & 11
Local Physicians Information	Page 12
FDLE Form 75B	Pages 13 & 14
Basic Motor Skills Test Sample	Pages 15 & 16
Registration Form	Page 17
Waiver and Release Form	Page 18

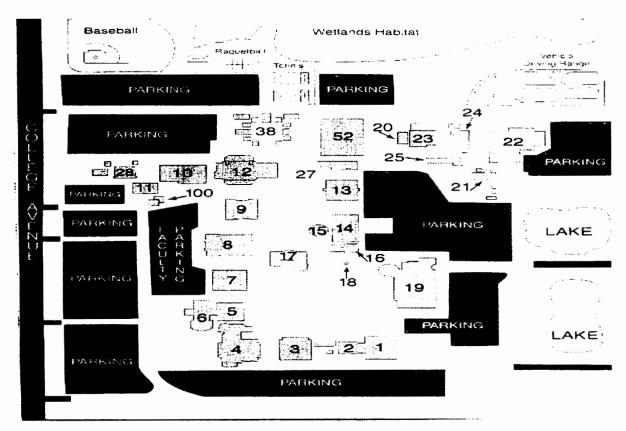
BROWARD COLLEGE CRIMINAL JUSTICE TESTING CENTER AT THE INSTITUTE OF PUBLIC SAFETY

3501 Davie Road, Building 21 Davie, Florida 33314

The Central Campus of Broward College is located one mile south of I-595 in the City of Davie.

FROM I-95 or the Florida Turnpike: go west on I-595 to Exit 7 (Davie Road), then south to the first traffic light after Nova Drive.

FROM 1-75: go east on I-595 to Exit 7 (Davie Road), then south to the first traffic light after Nova Drive.



Telephone numbers and hours of operation

Information Desk: 954-201-6790 or 954-201-6931

Monday-Friday: 8AM-4PM

943.13. Officers Minimum Qualifications for Employment or Appointment

To be appointed as a law enforcement, corrections, or correctional probation officer, a person must:

- (1) Be at least 19 years of age.
- (2) Be a citizen of the United States.
- (3) Be a high school graduate or its "equivalent," as the term may be determined by the Criminal Justice Standards and Training Commission.
- (4) Not have been convicted of any felony or of a misdemeanor involving perjury or a false statement, or have received a dishonorable discharge from any of the Armed Forces of the United States. Any person who, after July 1, 1981, pleads guilty or nolo contendere to or is found guilty of any felony or of a misdemeanor involving perjury or a false statement is not eligible for employment or appointment as an officer, notwithstanding suspension of sentence or withholding of adjudication.
- (5) Have his/her processed fingerprints on file with the employing agency, or if a private correctional officer, have his fingerprints on file with the Department of Corrections or the Criminal Justice Standards and Training Commission. If administrative delays are caused by the department or the Federal Bureau of Investigation and the person has complied with subsections (1)-(4) and (6)-(9), he/she may be employed or appointed or until return of the processed fingerprints documenting noncompliance with subsections (1)-(4) or subsection (7), whichever occurs first.
- (6) Have passed a physical examination by a licensed physician, based on specifications established by the Commission.
- (7) Have good moral character as determined by a background investigation under procedures established by the Commission.
- (8) Complete a course of basic recruit training established by the Commission.
- (9) Have successfully completed an appropriate Criminal Justice Basic Abilities Test approved by the Commission.

Expunged Criminal Records

An applicant for employment with a criminal justice agency who has had his/her criminal history records expunged may not lawfully deny or fail to acknowledge events covered by records and is disqualified for employment as law enforcement officer if conviction was for a felony or misdemeanor involving perjury or false statement, however, when circuit court has made finding of unusual circumstances and ordered expunction of all criminal records, applicant is relieved of obligation to acknowledge events covered by records and is not disqualified to be a law enforcement officer.

GENERAL INFORMATION

The Criminal Justice Testing Center is <u>NOT</u> a hiring agency; it is a testing center for persons wanting to enter law enforcement positions in Broward County. The Criminal Justice Testing Center administers the <u>CRIMINAL JUSTICE BASIC ABILITIES TEST</u> (C.J.B.A.T.), TESTS OF ADULT BASIC EDUCATION (T.A.B.E.), BASIC MOTOR SKILLS TEST (AGILITY), and the <u>SWIM TEST</u> to candidates for employment in cooperation with the Broward County Chiefs of Police Association. Successful completion of specified tests is required for eligibility for consideration of further evaluation by participating agencies. Verify with the hiring agency as to which test and score is necessary for consideration.

TO REGISTER

- 1. Appointments are not necessary for registration.
- Applicants must personally appear in the lobby at the Institute of Public Safety, Building 21, from 8:00 AM to 3:00 PM on Tuesday, Wednesday, Thursday or Friday.
- 3. Complete the "Registration Form" located on page 17 of this booklet.
- 4. Present a valid photo I.D. Acceptable identification:
 - Valid driver's license
 - State-issued photo ID
 - United States passport
- 5. Pay appropriate fees (cash or money order only). Fees are non-refundable.
- Receive a registration receipt which must be presented for entry to any of the test sites. (Receipt is non-transferable)

• TESTING PROCEDURES

- 1. Picture I.D. accepted:
 - Valid driver's license
 - State-issued photo ID
 - United States passport
- 2. Registration receipt required.
- 3. No late entry (must make another appointment).
- 4. All testing materials provided by the Testing Center
- 5. Swim and basic motor skills (agility) tests:
 - Form 75B required.
 - Wear athletic shoes, a short-sleeved t-shirt, and track pants or shorts during agility testing and practice sessions.
 - The swim test is conducted at the BC Aquatic Complex, located on the west side of the campus off of College Avenue, near Building 10.
 - Applicants for the swim test must arrive by 7:30 AM and present a photo I.D. and a paid registration receipt.
 - Required swim attire is a short-sleeved t-shirt (not a tank-top) and long pants. Applicants must provide their own towels.
 - The swim test requires swimming 50 yards in any stroke style, except back stroke, within a 2-minute time-frame.

YOU MAY NOT ENTER THE TESTING AREA WITH ANYTHING EXCEPT A PICTURE I.D., TEST RECEIPT, WALLET AND CAR KEYS. (Purses, bags, brief cases or other containers, personal calculators, pens, pencils, papers, books, pagers or cell phones are not permitted.

TESTING SCHEDULE & INFORMATION

TEST	DAY	TIME	FEE	VALIDITY
CJBAT				
By appointment only	MONDAY	3:15PM	\$35.00	Four years
CJBAT				
By appointment only	TUESDAY	8:15AM	\$35.00	Four years
	1 st & 3 rd			
TABE	Tuesday of the month	3:15PM	\$35.00	Two years
Basic Motor Skills Test				
(Agility)* **	MONDAY	8:30AM	\$15.00	Six (6) months
Basic Motor Skills Test				
(Agility)* **	MONDAY	11:30AM	\$15.00	Six (6) months
Basic Motor Skills Test				
(Agility)* **	THURSDAY	8:30AM	\$15.00	Six (6) months
Basic Motor Skills Test				
(Agility) Practice* **	THURSDAY	3:30PM	No Charge	Six (6) months
Registered applicants only				
Swim* ** ***	MONDAY	7:30AM	\$10.00	No expiration

^{*}CJSTC FORM 75B required

RETEST RULES

• <u>C.J.B.A.T.</u>

An applicant who fails to achieve the required score on the C.J.B.A.T. (79% Law Enforcement, 72% Corrections) may apply for retesting with an ALTERNATE version of the C.J.B.A.T. An applicant who fails to achieve the required score on the retest may apply for a second ALTERNATE retest; however, an applicant who fails to achieve the required score on the second retest will be ineligible for further C.J.B.A.T. testing for twelve months.

A downloadable/printable study guide to the CJBAT can be purchased on-line at www.publicsafetyrecruitment.com for \$15.95. It is also available at the BC bookstore in building 19 for \$19.95 + tax.

T.A.B.E.

An applicant who fails to achieve the required score on any component test(s) of the T.A.B.E. may apply for retesting with an ALTERNATE version of the T.A.B.E. An applicant who fails to achieve the required score on the retest may apply for a second retest; however, an applicant who fails to achieve the required score on the second retest will be ineligible for further T.A.B.E. testing for six months.

BASIC MOTOR SKILLS (AGILITY)

You may pay retest fees and retake this test an unlimited number of times until you pass. However, you must meet the one year physical examination criteria.

SWIM TEST

You may pay retest fees and retake this test an unlimited number of times until you pass. However, you must meet the one year physical examination criteria.

TEST RESULTS

Following your written examinations, you can obtain your test results by calling the Testing Center at 954-201-6790 or 954-201-6931 between 10AM and 4PM on the appropriate day(s) indicated below;

C.J.B.A.T. SCORE RESULTS: The Friday following your Monday/Tues. AM test.

T.A.B.E. SCORE RESULTS: The Tuesday following your Tuesday test.

^{**}Weather permitting

^{***}Sign in at the pool which is located next to building #10

READ ME!

The following items <u>ARE NOT ALLOWED</u> in the testing room during the CJBAT and TABE tests:



- Cell phones
- IPODS/MP3 Players
- Gym Bags/Duffel Bags
- Hand Bags/Purses/Fanny- Waist Packs
- Backpacks
- Hats
- Chewing Gum/Candy/Food
- Study Guides/Papers/Folders

Please leave these items in your vehicle.

Also, due to certain allergies, please do not wear cologne, perfume, or aftershave for the CJBAT & TABE tests.

Thank You.

C.J.B.A.T. Definitions

Deductive Reasoning

Apply rules to specific problems to come up with logical answers. This ability involves applying general rules to specific problems.

You would use this ability when applying Florida Statutes, Florida Manual on Jail Standards, or policies and procedures to specific situations. Example: determine under what conditions to make an arrest or the proper use of force, in deciding which route to take when taking into account time and geography.

Inductive Reasoning

Combine separate pieces of information, or specific answers to problems, to form general rules or conclusions. It involves the ability to think of possible reasons why things go together, such as giving a logical explanation for a series of events that seem unrelated.

You would use this ability when performing any type of investigation to conclude that rules or laws have been violated.

Information Ordering

Correctly follow a rule, or set of rules, in order to arrange things or actions in a certain order. The rules must be given. The things or actions must be put in order and can include numbers, letters, words, pictures, procedures, sentences and logical operations.

You would use this ability when making an arrest, issuing a warrant, transporting prisoners, or conducting fire drills. It is also used in applying first aid, following a checkout procedure in operating equipment, and arranging sentences in a meaningful paragraph.

Memorization

Remember information such as words, numbers, pictures and procedures.

You would use this ability to remember the important information presented in the Florida Statutes, legal bulletins, shift briefings, BOLOs, and when remembering new names, faces, codes, telephone numbers, geographic locations, documents, and long lists.

Problem Sensitivity

Determine if something is wrong or likely to go wrong.

You would use this ability when patrolling or interacting with individuals and you think that a situation is going to deteriorate or get worse. It could involve recognizing the symptoms of a physical problem requiring first aid, or the likelihood that a riot or other type of disturbance may occur. It could also involve judging the accuracy of data received.

Spatial Orientation

Determine where you are in relation to the location of some object, or to tell where the object is in relation to you. It involves maintaining directional orientation in one's bearings with respect to the points of a compass. The ability allows one to stay oriented in a vehicle as it changes direction and location.

You would use this ability when out in the community patrolling and a call comes in that you must attend to. You must visualize where you are in relation to where you are going to be able to get there.

Written Comprehension

Read and understand written words and sentences.

You would use this ability when reading legal bulletins, Florida Statutes, ordinances, policies and procedures.

Written Expression

Write words and sentences so others will understand.

You would use this ability when it is necessary to write incident/use of force/discipline reports, memos, affidavits, or narratives.

BASIC MOTOR SKILLS TEST (AGILITY)

ACTIVITY ONE - TRIGGER PULL:

Holding revolver steadily at eye level with arm extended, pull trigger 18 times with strong hand, and change to weak hand and pull trigger 12 times. An applicant who fails the trigger pull is not eligible to continue.

ACTIVITY TWO - LONG JUMP:

Standing on level surface with feet side-by-side and hips width apart, jump forward a distance equal to individual's height.

ACTIVITY THREE - VEHICLE PUSH:

From dead stop, push full-sized automobile forward or backward 20 feet on level paved surface.

ACTIVITY FOUR - ONE-HALF MILE RUN:

Run one-half mile, on level paved track, in 5 minutes or less. An applicant who fails the one-half mile run is not eligible to continue.

ACTIVITY FIVE - JOB TASK COURSE:

In two minutes or less, complete the following activities:

Station 1 - HIGH WALL

This station consists of a vertical masonry wall, rising to a height of 6 feet above the running surface. It simulates walls of similar height and construction frequently encountered in business and commercial districts, and enclosing residential developments.

Station 2 - LADDER-PLATFORM-RAMP:

This station consists of a stationary vertical ladder with six rungs and a top crossbar rising 7 1/2 feet above the running surface, a horizontal platform, and a downward slanting ramp. It simulates a variety of obstacles which may be encountered in a foot pursuit, including ladders, building parapets, rooftops and loading ramps.

Station 3 - FIXED RAILING:

This station consists of a metal railing approximately three feet tall, at a right angle to the direction of the course. It simulates fixed railings of similar height encountered in many locations.

Station 4 - CHAIN LINK FENCE:

This station consists of a panel of woven fence in a tubular steel frame, rising approximately five feet above the running surface. It simulates chain link fences and gates frequently encountered in foot pursuit.

Station 5 - WINDOW:

This station consists of a concrete wall, with a window opening approximately three feet, eight inches above the running surface. It simulates window openings in buildings and other structures which may be encountered during a foot pursuit.

Station 6 - DOOR:

This station consists of a masonry wall with a standard width door which is hinged on the left and opens toward the previous station. It simulates doors and/or gates which might be encountered during foot pursuit, both which must be returned to the closed position after passage for security, safety, or other reasons.

Station 7 - FIXED RAILING:

This station consists of a metal railing approximately three feet tall, at a right angle to the direction of the course. It simulates fixed railings of similar height encountered in many locations.

Station 8 - MAZE:

This station consists of sets of parallel wooden rails controlling direction of travel, and requiring two 180 degree changes in direction of travel. It simulates pursuit situations which require quick changes of direction in confined spaces.

Station 9 - TUNNEL:

This station consists of a concrete pipe, 8 1/2 feet long, with an inside diameter of three feet. It simulates narrow crawl spaces into which officers might have to enter in pursuits, rescue efforts and evidence searches.

Station 10 - OVERHEAD LADDER:

This station consists of a horizontal overhead ladder, 18 1/2 feet long, with 12 rungs, approximately

7 1/2 feet high. It serves as a test of arm and hand strength, coordination, and stamina.

Station 11 - ROPE GRID:

This station consists of an area 30 feet long, divided by nylon rope to create 12 individual compartments on each side of a center dividing line. It serves as a test of agility, coordination and stamina.

Station 12 - LOG:

This station consists of a log, 40 feet in length, in the center of the running surface, lying parallel to the direction of travel. It serves as a test of balance and coordination.

BASIC MOTOR SKILLS TEST (AGILITY) continued

Station 13 - PARALLEL BARS:

This station consists of two parallel steel bars, seven feet long and two feet apart, mounted approximately 4 1/2 feet above the running surface. It serves as a test of hand, arm, and upper body strength.

Station 14 - LOW WALL:

This station consists of a vertical masonry wall, rising to a height of approximately four feet above the running surface. It simulates walls of similar height and construction frequently encountered in business and residential areas.

Station 15 - POLE RUN:

This station consists of an elongated loop in the running surface, with a narrow turf in infield. At the ends of the infield are two vertical poles approximately 36 feet apart. The station serves as a test of speed, agility and balance.

POLICE ACADEMY INFORMATION

WHILE ATTENDING A POLICE ACADEMY EACH TRAINEE MUST DEMONSTRATE A PHYSICAL PROFILE CONSISTING OF THE FOLLOWING PERFORMANCE LEVELS:

Police Academy Profile Test

Police Academy Profile Test					
	Minimum	100%			
Pull-Ups (no time limit)	8	12			
Sit-Ups (2 minutes)	72	85			
Push-Ups (2 minutes)	48	60			
Treadmill (1 minute)	35	41			
Bend & Twist (1 minute)	48	60			
Squat Thrust (1 minute)	27	35			
Half Mile Run	3:50	3:00			
Job Task Course	2:00	1:25			

LAW ENFORCEMENT AGENCIES

BROWARD COUNTY

Broward County Sheriff 2601 W. Broward Blvd. Ft. Lauderdale, FL 33310 954-321-4400 Hillsboro Beach Police Dept. 1210 Hillsboro Beach, Suite B Pompano Beach, FL 33062 954-427-6600 Pembroke Pines Police Dept. 9500 Pines Blvd. Pembroke Pines, FL 33024 954-431-2200

Coconut Creek Police Dept. 4800 W. Copans Road Coconut Creek, FL 33063 954-973-6700 Hollywood Police Dept. 3250 Hollywood Blvd. Hollywood, FL 33021 954-967-4357 Plantation Police Dept. 451 NW 70th Terrace Plantation, FL 33317 954-797-2100

Coral Springs Police Dept. 2801 Coral Springs Drive Coral Springs, FL 33065 954-346-1200 Lauderhill Police Dept. 1980 NW 56th Avenue Lauderhill, FL 33313 954-497-4700 Sea Ranch Lakes Police Dept. 1 Gatehouse Road Sea Ranch Lakes, FL 33308 954-943-8860

Davie Police Dept. 1230 S. Nob Hill Road Davie, FL 33324 954-693-8200 Lighthouse Point Police Dept. 3760 NE 22nd Avenue Lighthouse Point, FL 33064 954-942-8080 Seminole Dept. Law Enforcement 3279 N. 64th Avenue Hollywood, FL 33024 954-967-8900

Ft. Lauderdale Police Dept. 1300 W. Broward Blvd. Ft. Lauderdale, FL 33312 954-828-FLPD (3573) Margate Police Dept. 5790 Margate Blvd. Margate, FL 33063 954-972-7111 Sunrise Police Department 10440 W. Oakland Park Blvd. Sunrise, FL 33351 954-746-3370

Hallandale Beach Police Dept. 400 S. Federal Highway Hallandale Beach, FL 33009 954-457-1400 Miramar Police Dept. 3064 N. Commerce Pkwy. Miramar, FL 33025 954-602-4000 Wilton Manors Police Dept. 524 NE 21st Court Wilton Manors, FL 33305 954-390-2150

LAW ENFORCEMENT AGENCIES (continued)

PALM BEACH COUNTY

Boca Raton Police Dept. 201 W. Palmetto Park Blvd. Boca Raton, FL 33432 561-338-1234

Delray Beach Police Dept. 300 W. Atlantic Ave. Delray Beach, FL 33444 561-243-7888

Boynton Beach Police Dept. 100 E. Boynton Beach Blvd. Boynton Beach, FL 33435 561-742-6182

DADE COUNTY

Miami Beach Police Dept. 1100 Washington Ave. N. Miami Beach, FL 33139 305-673-7430

N. Miami Beach Police Dept. 17011 NE 19 Ave., Second Floor N. Miami Beach, FL 33162 305-948-2918

North Miami Police Dept. 700 NE 124th St. N. Miami, FL 33161 305-891-8111

Hialeah Police Dept. 501 Palm Ave. Hialeah, FL 33010 305-883-8050

STATE AGENCIES

FL Fish & Wildlife Commission 850-488-6411 850-558-4080

Florida Highway Patrol www.fhp.state.fl.us

LOCAL PHYSICIAN INFORMATION

CRIMINAL JUSTICE TESTING CENTER FOR LAW ENFORCEMENT & CORRECTIONAL OFFICERS

NOTICE TO APPLICANTS:

If you do not have your own qualifying physician – Medical Doctor (M.D.) or Doctor of Osteopathy (D.O.) – licensed in the State of Florida, you may choose to contact one of the physicians listed on this page.

- 1. Call physician's office for information.
- 2. When making an appointment, inform the physician that you are an applicant from Broward College, Criminal Justice Testing Center.
- 3. Request physician to complete and sign the "FORM 75B." ("Form 75B" remains valid for a period of one year and requires that the agility test or subsequent retests occur within that one year period)

Karl S. Brot, M.D. 1749 NE 26 th St. Wilton Manors, FL 33305 954-565-3838	Nancy Cardenas-Bada, M.D. Jerome H. Levinson, M.D. 7401 N. University Dr. #103 Tamarac, FL 33321 954-721-2444
Peter Simek, MD 100 NW 82 nd Ave. #206 Plantation, FL 33324 954-424-7504	Robert Tomchik, MD 18475 Miramar Parkway Miramar, FL 33025 954-450-3550
Ali R. Zargaran, M.D. 2701 E. Atlantic Blvd. Pompano Beach, FL 33062 954-942-8987	



Florida Department of Law Enforcement

PHYSICAL FITNESS ASSESSMENT

Incorporated by Reference in Rule 11B-35.001(11)(d)14., F.A.C.



CJSTC 75B

1. App	olicant's Name:						
	L	ast	First		MI		
2. App	olicant's Address:						
3. Ent	er Last Four Digits of Social Sec	urity Number:					
4. Tra	ining School:						
5. The	Applicant Is Requesting Admiss	sion Into a Basic Recruit Training Pr	rogram for One of the Following	Disciplines:			
Lav	/ Enforcement	Correctional	Correctional Probation	n 🗌			
	dent Participation in Basic Recr	ruit Training Program Activities. A	student enrolled in a basic recru	it training program (BRTP) is	required to participate in the following		
A.	A. Defensive tactics and firearms high-liability training is a component of the curriculum mandated by the Criminal Justice Standards and Training Commission. Firearms training requires firing a handgun and long gun creating exposure to lead. Defensive tactics training requires sustained physical exertion and chemical agent contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzal-malonotrite (CS).						
В.	Physical Fitness Conditioning following measures:	g and Physical Fitness Testing: A	A BRTP student shall participate	in physical fitness conditionin	ng and a fitness test and includes the		
	 Vertical Jump 	One Minute Sit Ups	• 300 Meter Run	Maximum Push Ups	• 1.5 Mile Run/Walk		
C.	The training center director ha	is attached the training schools phy	sical fitness conditioning progr	ram: Yes			
		**************************************	PLETED BY THE API	PLICANT*******			
age resp (lun pres	nt contamination of the BRTP and piratory disorder, emphysema (loss g) function, chronic obstructive pu ssure), epilepsy, grand mal or pet	CS Contamination. A BRTP student could possibly be aggravated to a set of elasticity/thinning of lung tissues almonary disease, coronary (heart) are	should be aware of the following pevere degree during the contamina), bronchial asthma, x-ray evidentery disease, cerebral (brain) bloa (severe reduction in red blood of	personal considerations that mation: Recent eye surgery, he ce of pneumoconiosis (black nod vessel disease, severe or cells), diabetes (any form), pu	nay restrict participation in the chemical eart problems, panic disorder or stress, lung), evidence of reduced pulmonary r progressive hypertension (high blood ueumomediastinum gap (air in the sac		
		y that I have reviewed the above info program activities outlined in item nu		do not have any medical r	estrictions that would prevent me from		
9. Stu	dent's Printed Name:						
10. Stu	dent's Signature:			Date:			
11. Price	or Exposure to OC or CS. For a sont contamination in a training environment	student who has had prior chemical a	gent exposure that includes chem documentation of prior exposure a	ical agent contamination and and check one of the following	working through the effects of chemical		
	****	*****TO BE COMPLETE	D BY THE EXAMINI	NG PHYSICIAN***	****		
Rule rest	e 11B-35.001(11)(d)14., F.A.C., re rictions that would prevent the app mination that would prevent the app I hereby attest that I have exami	equires a complete physical examina licant from performing the required ac plicant from performing the required ac	tion at a level of specificity suffi tivities described in items 6, 6A, a ctivities should be reported to the t	icient to determine whether the definition of the determine should be determined the determined	tion basic recruit training program. here are any medical or physiological pairment, or limitations identified by the n number 4 above. ning program activities indicated in item		
			nd him or her NOT CAPABLE of	participating in the basic recrui	it training program activities indicated in		
40	item numbers 6, 6A, and 6B abo	ve.					
	rsician, Certified Advanced Regis se Practitioner, or Physician Ass		Printed Na	ime	Examination Date		
14.							
-	sician, Certified Advanced Regis	stered Nurse Practitioner, or Physic	ıan Assistant's License Number	•	Licensing State		
15 Phy	rsician, Certified Advanced Regis	stered Nurse Practitioner, or Physic	ian Assistant's Professional Ad	dress			
•		COMPLETED BY THE			SIGNEE******		
16. Trai		e's Printed Name:					
		e's Signature:					

Created 11/8/2007 Training School: Original Agency: Copy 1 of 2 Applicant: Copy Commission-Approved: 11/8/2007 Form Effective Date: 6/9/2008

INSTRUCTIONS FOR COMPLETING FORM CJSTC-75B

A basic recruit student approved to enter a basic recruit training program (BRTP) shall review and complete form CJSTC-75B to indicate the presence of any medical conditions that may prevent participation in the Physical Fitness Program and Chemical Agent Contamination of the BRTP. A copy of the Physical Fitness Program for law enforcement, correctional, or correctional probation discipline shall be attached to this form for the student to review.

- 1. Applicant's Name. Enter the applicant's last name, first name, and middle initial.
- 2. Applicant's Address. Enter the applicant's current address, city, state, and zip code.
- 3. Applicant's Social Security Number. Enter the last four digits of the applicant's social security number as in this example: 000-00-1234.
- 4. Training School Name. Enter the name of the Commission-certified criminal justice training school where the applicant is enrolled.
- 5. Basic Recruit Training Program Discipline. Place a check mark in one of the box(es) for the law enforcement, correctional, or correctional probation discipline for which the applicant is requesting admission.
- 6. Student Participation in Basic Recruit Training Program Activities. Defensive Tactics (includes chemical agent contamination), Firearms, and Physical Fitness Conditioning and Physical Fitness Testing: High-liability training in defensive tactics, firearms, and chemical agent contamination is a component of the curriculum mandated by the Criminal Justice Standards and Training Commission and participation in the activities is a requirement for successfully completing a BRTP. There is no pass or fail at this time. The test results for each of the five required tests will be recorded on the Academy Physical Fitness Standards Report, form CJSTC-67A as "I" if the student did not perform the test component or "D" if the student was dismissed from the basic recruit training program.
 - A. Defensive Tactics and Firearms Training. Firearms training requires firing a handgun and long gun creating exposure to lead. Defensive tactics training requires sustained physical exertion and chemical agent contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzal-malonotrite (CS).
 - B. Physical Fitness Conditioning and Physical Fitness Testing. The Physical Fitness Test includes the following measures and are defined as follows:
 - Vertical Jump. This measures leg power by measuring how high a person jumps.
 - One Minute Sit Ups. This measures abdominal, or trunk, muscular endurance. While lying on his or her back, the student will be given one minute to do as many bent-leg sit ups as possible.
 - 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.
 - 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. Males are required to perform the standard push-up and females have the option to perform the standard or modified push-up.
 - 1.5 Mile Run/Walk. This measures aerobic power or cardiovascular endurance (stamina over time). To complete this component, the student runs or walks a distance of 1.5 miles as fast as possible.
 - C. A physical fitness conditioning program developed by the training school shall be attached to form CJSTC-75B prior to the student's examination by a physician, certified advanced registered nurse practitioner, or the physician's assistant.
- 7. Medical Conditions Regarding Chemical Agent Contamination. The student shall review the listed medical conditions and list other conditions that may restrict him or her from participating in Chemical Agent Contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzal-malonotrite (CS).
- 8. Basic Recruit Training Program Activities Certification. The student shall check the appropriate box to indicate if he or she does or does not have a medical condition that would restrict participation in the BRTP activities indicated in item numbers 6, 6A, and 6B of this form.
- 9. Student's Printed Name. The student shall print his or her first name, last name, and middle initial.
- 10. Student's Signature and Date. The student shall provide a signature and date to verify the information provided by the student is true and correct.
- 11. Prior Exposure to Chemical Agent Contamination. The student shall Indicate in the appropriate box if he or she has been previously exposed to chemical agent contamination to the chemicals oleo-resin capsicum (OC) and/or orthochlorobenzal-malonotrite (CS), and shall attach supporting documentation of such contamination.
- 12. Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Attestment. The physician shall check the appropriate box to indicate if the student is capable or not capable of participating in the BRTP activities indicated in item numbers 6, 6A, and 6B of this form.
- 13. Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Signature, Printed Name, and Examination Date. The physician shall complete this item to verify his or her attestment to item number 12 of this form.
- 14. Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's License Number and Licensing State. The physician shall complete this item to verify his or her valid license number and licensing state.
- 15. Physician, Certified Advanced Registered Nurse Practitioner, or Physician Assistant's Professional Address. The physician shall print his or her complete professional address.
- 16. Training Center Director or Designee's Printed Name, Signature and Date. The training center director or designee who signs this form shall print his or her legal first and last name. The training center director or designee shall sign and date this form.

CRIMINAL JUSTICE OFFICER Basic Law Enforcement Recruit Academy Program Physical Fitness Program

1.5 Mile Run	Slow Pace
Push-ups	60 Seconds
Vertical Jump-ups	60 Seconds
Treadmill (Bicycle Kicks)	60 Seconds
Squat Thrust	60 Seconds
Bend & Twist	60 Seconds
Vee Ups (Crunches with legs vertical)	60 Seconds
Sit-ups/Crunches	60 Seconds
Donkey Kicks	60 Seconds
Back & Hip Extensors	60 Seconds
Pull-ups	60 Seconds

Resistance Training:

Pectorals (Chest Press, Bench Press, Flyes)

Rear, Front & Lateral Deltoids

Shoulder Press Triceps (Dips)

Latissimus dorsi Pull downs

Leg Press Lunges Bicep Curls

REGISTRATION FORM

I.P.S.T.C. ID#	
	IPS OFFICE USE ONLY

Please complete this registration form and the summary below. You will receive a registration receipt with a permanent I.D. number which is to be used for all future communications with the Criminal Justice Testing Center. NAME _____ ____ SEX _____ First Middle ADDRESS _____ Street Zip City State DATE OF BIRTH _____SOCIAL SECURITY #____ CITY & STATE (OR COUNTRY) OF BIRTH______ EYE COLOR_____HAIR COLOR____HEIGHT_____WEIGHT ____ CURRENTLY SERVING IN ARMED FORCES? YES ______ NO _____BRANCH_____ ARE/WERE YOU A CERTIFIED LAW ENFORCEMENT/CORRECTIONAL OFFICER? YES NO IF YES, CITY/STATE____ HAVE YOU PREVIOUSLY TAKEN THE CJBAT? ______ YES ______ NO IF YES, LOCATION AND APPROXIMATE DATE **MINORITY RECRUITMENT SUMMARY:** Please complete this portion of the form. This information is required by state and federal agencies for the purpose of assuring equal employment opportunity. The information is CONFIDENTIAL and will not be used in determining your employability. RACE: (You may check one or more race categories, if applicable) (_____) American Indian or Alaskan Native (_____) Hispanic ___) Asian) Native Hawaiian or other Pacific Islander (____) White) Black or African American (____) Other _____ Date Signature

WAIVER AND RELEASE FORM

I hereby request that I be permitted to attempt completion of the BASIC MOTOR SKILLS TEST, AGILITY PRACTICE, and/or SWIM TEST, which are administered by the Institute of Public Safety Criminal Justice Testing Center, a division of Broward College. I hereby release Broward College, its employees and its agents, from all liability arising from their developing and/or conducting such test(s). Further, I voluntarily release, waive, and discharge Broward College, its employees and its agents, for any and all claims, demands, damages, and causes of action of any nature whatsoever which I, my heirs, my assigns, or my successors may have against Broward College, its employees or its agents, on account of, or by reason of my engaging in the BASIC MOTOR SKILLS TEST, AGILITY PRACTICE, and/or SWIM TEST.

I also authorize the Criminal Justice Testing Center to release information regarding my application, status,		
and test results to criminal justice and public safety employing agencies.		
Signature	Date	
Printed Name	Social Security Number	