

RECRUITMENT



PHYSICAL AGILITY PACKAGE

Solon Community Center

Solon Police Physical Agility Test

Sunday, May 19, 2019

5:30 p.m.



35000 Portz Parkway

Solon, Ohio 44139

(440) 248-5747

www.solonohio.org

POLICE DEPARTMENT
SOLON, OHIO

PRE-EMPLOYMENT PHYSICAL AGILITY TEST BATTERY

Part of your application processing will be a four part Physical Agility Test. Below is a list of all four parts, not necessarily in order. This is a pass/fail test. Failure of any one section is a disqualification.

You should wear rubber soled shoes and clothing suitable for the below described activity.

MUSCULAR ENDURANCE

SIT-UPS

The score is the number of bent-leg sit-ups performed in one minute.

Sit-ups MUST conform to the following description:

- Assume a reclined position, legs extended and slightly bent, hands cupped and locked behind the head.
- Sit-up to a full upright position: the upper torso of the body is now vertical. Elbows must touch the knees or be parallel to them. Stomach crunches will not count.
- Return to a reclined upright position until the shoulder blades contact the floor for completion of one repetition.
- Resting is only allowed in the up position.

PUSH-UPS

The score is the number of properly executed push-ups performed in one minute.

Push-ups MUST conform to the following description:

- Hands under shoulder, feet behind you and together.
- Chest must touch the fist of the proctor and arms must come fully extended for the rep to count.
- While taking the test you may only rest in the up position. If you break contact with your hands or feet the test will be terminated
- If you thighs come into contact with the ground the test will be terminated.

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ABSOLUTE STRENGTH

BENCH PRESS

One repetition maximum bench press using Dynamic Variable Resistance (DVR) protocol.* The bench weight is based on the applicant's body weight and gender.

*Dynamic Variable Resistance exercise – muscle strength is defined as the maximum force that can be developed by a muscle or muscle group against resistance. Resistance can take one of two forms in athletic training: constant resistance or variable resistance.

CARDIOVASCULAR CAPACITY

1.5 MILE RUN

- The applicant must complete the 1.5 mile run in the prescribed time limit.
- Applicants must supply their own running shoes; however there is no other prescribed wear.
- Applicants may run in a group, or with an individual pacer, but they may not be assisted during the run in any other manner.

DISQUALIFICATION

This is a pass-fail element of the selection process. Additional repetitions beyond the minimal requirements will not benefit the applicant process. **Failure to successfully complete the exercise requires disqualification from further consideration during this hiring process.** Applicants may reapply during future processes.

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BELOW ARE THE MINIMUM SCORES FOR EMPLOYMENT AS A LAW ENFORCEMENT OFFICER IN THE SOLON POLICE DEPARTMENT USING THE 35TH PERCENTILE OF THE COOPER INSTITUTE FOR AEROBIC RESEARCH, NATIONAL NORMS.

MALE					FEMALE				
AGE	SIT-UPS	PUSH-UPS	BENCH	RUN	AGE	SIT-UPS	PUSH-UPS	BENCH	RUN
20-29	37	27	.99%	13:06	20-29	31	14	.59%	15:48
30-39	33	21	.88%	13:53	30-39	24	10	.53%	16:23
40-49	28	16	.80%	14:47	40-49	19	8	.50%	16:59
50-59	22	11	.71%	15:53	50-59	12	N/A	.44%	18:09

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HOW TO PREPARE FOR THE TESTS

Preparing for the Muscular Endurance Test

The progressive routine is to do as many bent-leg sit-ups (hand cupped behind the head with someone holding your feet) as possible in one minute. At least three times per week, do three sets (three groups of the number of repetitions you did in one minute).

The progressive routine is to do as many push-ups (arms under you, feet behind you and together) as possible in one minute. At least three times per week, do three sets (three groups of the number of repetitions you did in one minute).

Preparing for the Absolute Strength Test

If you have access to weights, determine the maximum weight that you can bench press one time. Take 60% of that poundage. This will be your training weight. You should be able to do 8 - 10 repetitions of that poundage. Do three sets of 8 – 10 repetitions adding 2 ½ - 5 lbs. every week.

If you do not have access to weights, then do as many push-ups as possible in one minute. At least three times per week, do three sets (three groups of the number of repetitions you did in one minute).

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Preparing for the Cardiovascular Capacity Test

Below is a gradual schedule that would enable you to perform a maximum effort for the 1 ½ mile run. 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 that is encouraged.

WEEK	ACTIVITY	DISTANCE (miles)	TIME (minutes)	FREQUENCY (TIMES PER WEEK)
1	Walk	1.5	25-29	5
2	Walk	2	28-30	5
3	Walk/Jog	2	26	5
4	Walk/Jog	2	24	4
5	Jog	2	22	4
6	Jog	2	20	4

 **IMPORTANT** 

BEGIN YOUR PREPARATION

IMMEDIATELY

**DO NOT WAIT UNTIL THE DAY BEFORE THE AGILITY
TEST!**

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PHYSICAL AGILITY TEST WAIVER

In consideration of my participation in the Physical Agility Test administered by the Solon Police Department,

I, _____, for myself, my heirs, executors and administrators, hereby release and forever discharge the Solon Police Department, the City of Solon, and all other entities, organizations, businesses or individuals involved in the administration of the Physical Agility Test, and their agents, representatives, and assignees, from all liabilities, actions, claims, demands, damages, costs and expenses, which I may now or in the future have against them, as agencies or individuals, arising out of, or in any way connected with my participation in or the operation of the Solon Police Department Physical Agility Test and including, but not limited to, all injuries that may be suffered by me. I understand that this waiver includes, but is limited to, any claims that are based on any alleged negligence or other action or inaction by any of the above parties.

I attest and verify that, to the best of my knowledge, my physical condition and fitness are adequate for me to safely participate in this Physical Agility Test and all portions thereof, and that no physician or other qualified individual has advised me against participating in this test or any portion thereof.

Candidate's Name: _____

Candidate's Signature: _____

Date: _____

 **IMPORTANT** 

**YOU MUST BRING THIS FORM WITH YOU WHEN
YOU REPORT FOR THE AGILITY TEST. WITHOUT
THIS FORM YOU WILL NOT BE TESTED.**