



**SOUTH HILLS AREA
COUNCIL OF GOVERNMENTS**

X

**SHACOG JOINT POLICE TEST
AUGUST 8, 2020**

I

BOROUGH OF CASTLE SHANNON



BOROUGH OF DORMONT



TOWNSHIP OF MOON



PETERS TOWNSHIP



TOWNSHIP OF UPPER ST. CLAIR



BOROUGH OF WEST MIFFLIN

INSTRUCTIONS

1. This is a single application for the testing process which is being administered on behalf of the following municipalities:

- Borough of Castle Shannon
- Borough of Dormont
- Township of Moon
- Peters Township
- Township of Upper St. Clair
- Borough of West Mifflin

The applicant must verify for himself or herself that he or she is interested in employment as an entry level police officer in at least one of these municipalities. The single, non-refundable application fee covers the application and testing process for all of these municipalities.

2. Minimum qualifications for the position of entry level police officer are set forth in the information accompanying these instructions. The applicant should review this information before identifying to which municipalities he or she wishes to apply. It should be understood that these are the minimum qualifications and are not all-inclusive. Failure to meet these minimum requirements in the municipalities selected, however, will automatically preclude employment in those municipalities. Particular attention should be paid to the Act 120 Certification requirements. The applicant is responsible for securing the required training and certification by the stipulated time at his or her own expense. The participating municipalities will not send an applicant to an academy.
3. Upon completion of the testing process, the test results are sent only to the municipalities in which the applicant is interested. The applicant, therefore, must identify, by checking the appropriate boxes at the top of the application form, in which municipalities he or she is seeking employment as an entry level police officer. **The test results will be sent only to those municipalities identified by the applicant.**
4. **Completed applications are to be returned only to SHACOG, 2600 Old Greentree Road, Carnegie, PA 15106-3732 no later than 5:00 PM on Wednesday, July 22, 2020. Applications may be mailed or delivered in person. Applications will not be accepted by either email or facsimile. Applications will not be accepted at or by any of the identified municipalities participating in this joint testing process.** Only the following four items are to be submitted to SHACOG:
 - 1) the completed, signed Application,
 - 2) the signed Applicant's Release,
 - 3) the signed Physician's Certification, and
 - 4) the non-refundable application fee in the amount of \$50.00, payable in cash, check, or money order.

Checks should be made payable to SHACOG.

Incomplete applications will be returned. No additional attachments or resumes are to be included with the submission.

5. Providing false or inaccurate information will subject the applicant to immediate disqualification.
6. The **Physical Agility Test** is scheduled to be conducted between 9:00 AM and 12:00 noon and the **Written Examination** will be administered between 1:00 PM and 3:00 PM on **Saturday, August 8, 2020** at the Castle Shannon Volunteer Fire Department, 3600 Library Road, Pittsburgh, PA 15234. These times may be adjusted based on circumstances, with the written examination time possibly being moved up or back. Registration is from 8:00 AM to 8:45 AM on the day of the test. Identification containing the applicant's photograph will be required at the test site to be admitted to the test. **The applicant must pass all elements of the Physical Agility Test to be eligible to take the Written Examination.** Failure of any one of the events in the Physical Agility Test is a failure of the entire test. If one event is failed, the testing process is terminated for the applicant at that point.
7. Passing the Physical Agility Test and the Written Examination does not guarantee employment. Upon receipt of the test results, each of the municipalities identified by the applicant will further process the applicant pursuant to its needs. All further processing will be according to each municipality's own civil service rules and regulations and/or hiring practices and policies.

**EXHIBIT A
MINIMUM ELIGIBILITY REQUIREMENTS**

| MUNICIPALITY | AGE | EDUCATION | ACT 120 ¹ CERTIFICATION | US CITIZENSHIP | LICENSED MOTOR VEHICLE OPERATOR | EQUIVALENT CREDENTIALS | MINIMUM SCORE WRITTEN TEST | OTHER |
|-------------------------------------|-----|--|---|-------------------|---------------------------------------|--|----------------------------------|--|
| CASTLE SHANNON BOROUGH | 21 | Associate's Degree | Must be certified by time of appointment | Required | PA Driver's License Required | No out-of-state equivalent training | 75% | No visible tattoos while in uniform (includes short sleeves) |
| DORMONT BOROUGH | 21 | 60 College Credits | Act 120 at time of test | Required | Required | Approved MPOETC waiver of training and successful completion of certification exam accepted | 70% | Must reside within 35 mile radius of Dormont; We do not have tattoos |
| MOON TOWNSHIP | 21 | 60 College Credits | Must be certified at time of appointment | Required | Required | 2 years full-time police experience or 3,648+ hours in less than 4 years part-time experience | 70% | Must be a non-smoker; No visible tattoos, brandings, body piercings, or surgical body modifications while in summer uniform. |
| PETERS TOWNSHIP | 21 | • Bachelor's Degree, or • Assoc. Degree w/3 yr continuous full-time police experience, or • Assoc. Degree w/honorable discharge from the military | Must be certified by time of appointment | Required | Required | Approved MPOETC waiver of training and successful completion of certification exam accepted | 75% | No visible tattoos, brandings, body piercings, or surgical body modifications above the collarbone. |
| UPPER ST. CLAIR TOWNSHIP | 23 | Bachelor's Degree | Act 120 at time of test | Required | Required | MPOETC waiver accepted | 70% | No visible tattoos, brandings, body piercings, or surgical body modifications while in summer uniform |
| WEST MIFFLIN BOROUGH | 21 | 60 College Credits | Act 120 at time of test | Required | Required | Served in military branch at least 2 years active duty or 4 years reserve with honorable discharge. Worked at least one year as a full- time police officer, and/or at least three years as a part-time officer | 70% | |

The information listed above is a summary of the minimum eligibility requirements for the municipalities participating in this application and testing process. It is not intended to be all-inclusive of additional individual requirements that may be mandated by any of the listed municipalities.

¹The applicant is responsible for securing the required training and certification by the stipulated time at his or her own expense. The participating municipalities will not send an applicant to an academy.

APPLICATION

2020 SHACOG JOINT POLICE TEST

The municipalities listed below are participating in this testing process. Please check the corresponding boxes of the municipality(ies) to which you are applying. **Test results will be submitted to those municipalities only.**

| | |
|--|--|
| <input type="checkbox"/> Borough of Castle Shannon | <input type="checkbox"/> Peters Township |
| <input type="checkbox"/> Borough of Dormont | <input type="checkbox"/> Township of Upper St. Clair |
| <input type="checkbox"/> Township of Moon | <input type="checkbox"/> Borough of West Mifflin |

PLEASE TYPE OR PRINT CLEARLY ALL INFORMATION

| | | | | |
|---|-----------------------|-----------------------|---------------|----|
| 1. Mr./Ms. | 2. Last Name | 3. Middle Initial | 4. First Name | |
| 5. Street Address, Apartment No. | | | | |
| 6. City | 7. State | 8. Zipcode | | |
| 9. Cell Phone Number | 10. Home Phone Number | 11. Work Phone Number | | |
| 12. Email Address: | | | | |
| 13. Do you meet the age requirement(s) for the municipality(ies) to which you are applying as set forth in Exhibit A? | | | YES | NO |
| 14. Are you a citizen of the United States? | | | YES | NO |
| 15. Do you possess a High School Education or GED Equivalency? | | | YES | NO |
| 16. Do you possess a valid Motor Vehicle Operator's License? | | | YES | NO |
| 17. What is the name of the State or Territory that issued your current operator's license? | | | | |

I hereby certify that the information provided above is true and correct to the best of my knowledge and belief. The undersigned understands that the statements herein made are subject to the penalties of 18 Pa. Cons. Stat. An. §4904 relating to unsworn falsification to authorities.

Signature: _____

Date: _____

FOR SHACOG USE ONLY:

Date Received: _____ Time Received: _____ Payment Received: _____

APPLICANT'S RELEASE

PHYSICAL AGILITY TEST

As an applicant for the Examination for Entry Level Police Officer, I understand that I will be required to undergo a Physical Agility Test consisting of the following:

300 METER RUN

Cover the required distance of 300 meters within 67.0 seconds.

SIT-UPS

With legs bent at a 90-degree angle, heels on the mat or ground, fingers interlocked behind the head, lift the body, touch elbows to knees, and return to the starting position, shoulders touching the mat or ground, 30 times within one (1) minute. Feet may be together or apart and may be held but not knelt upon by another. Fingers must stay interlocked behind the head throughout the event. The back cannot be arched and the buttocks cannot be lifted from the mat.

PUSH-UPS

From a front supported position, hands and feet (toes), lower body as a unit with shoulders, hips and legs in the same plane, lowering the body by bending the elbows until the upper arms are parallel to the ground, and return to a front supported position by straightening the arms, 13 times. Rest is permitted in the up position. There is no time limit.

BODY DRAG

Grasping a simulated body object, drag the 200 lb. object a distance of 50 feet: 25 feet in one direction, around a marker and 25 feet back to the starting point within thirty (30) seconds. The object may not be carried and must maintain contact with the ground.

1.5 MILE RUN

Cover a measured distance of 1.5 miles on an assigned course within a sixteen (16) minute time frame.

I have read and understand the requirements of the Physical Agility Test set forth above and knowing this, I believe myself to be in good health and physically fit to participate in this test. I represent that to the best of my knowledge and belief I have no physical condition that would likely cause physical injury, disability, or illness as a result of attempting to perform the elements of the test as described above. In consideration of processing my application, and intending to be legally bound, I hereby release, indemnify and hold harmless the South Hills Area Council of Governments (SHACOG), its Board of Directors and Executive Director, Borough of Castle Shannon, Borough of Dormont, Township of Moon, Peters Township, Township of Upper St. Clair, Borough of West Mifflin and their agents, their elected officials, their appointed officials, their respective Civil Service Commissions and their members, where applicable, and the owners, custodians, directors and employees of the property on which the test is given from all claims, demands and suits which may arise or result from any injury or illness which is caused by or results from taking or attempting to take the test as set forth above.

D

(Signature)

(Applicant's Name, Typed or Printed)

(Date)

(RETURN WITH APPLICATION)

PHYSICIAN'S CERTIFICATION

I, _____, M.D., have examined
(Physician's Name, Typed or Printed)

_____ and understand that this applicant will have to complete a
(Applicant's Name, Typed or Printed)

Physical Agility Test consisting of the following elements:

| <u>Event</u> | <u>Required Time</u> |
|---------------------|-----------------------------|
| 300 Meter Run | 67.0 Seconds |
| 30 Sit-Ups | 1 Minute |
| 13 Push-Ups | N/A |
| Body-Drag | 30 Seconds |
| 1.5 Mile Run | 16 Minutes |

which are described in greater detail on the Applicant's Release - Physical Agility Test. Having examined the said _____, I hereby certify that he/she is physically able to
(Applicant's Name, Typed or Printed)

undertake the described Physical Agility Test.

E
X
P
I
R
E
D

(Physician's Signature)

(Address)

(Date)

(Physician's DEA Number)

(RETURN WITH APPLICATION)