



Police Chiefs' Association of Orange County Police Academy

520 Sue Kelly Avenue, New Windsor, NY 12553

(845) 567-6042

BASIC SCHOOL REGISTRATION FORM

Print all entries legibly in black ink

Last Name: _____ First Name: _____ M.I.: _____

Social Security Number: _____ DOB: _____ Age: _____ Sex: _____

Home Street Address: _____

C/T/V: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Department: _____ Department Head: _____

Address: _____

C/T/V: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax Number: (_____) _____

Training Officer: _____

Height: _____ Weight: _____

Please List Medical Information

Family Physician: _____ Telephone Number: (_____) _____

Any Known Allergies: _____ Date of Last Tetanus Shot: _____

On Prescription Medication: _____

Emergency Contact Person: _____ Relationship to Recruit: _____

Emergency Contact Number: (_____) _____

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Recruit Information

Name: _____ Age: _____ D.O.B.: _____

Agency: _____ Agency Phone # (_____) _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Do you have any medical conditions?

Allergies? _____

Prior Police Experience: Yes No If Yes, what Agency: _____

Dates From: _____ To: _____

Military Experience: Yes No If yes, what Branch: _____ M.O.S. _____

Dates From: _____ To: _____ Highest Rank Attained: _____

Type of Discharge: _____ Highest Award(s) / Medals(s): _____

Marital Status: _____ Number of Dependents: _____

Do you, or have you ever, possessed a certification in any of the following areas?

1. Paramedic: Yes No State: _____ Certification #: _____ Expiration: _____

2. E.M.T.: Yes No State: _____ Certification #: _____ Expiration: _____

3. C.P.R.: Yes No State: _____ Certification #: _____ Expiration: _____

Do you hold any professional or trade licenses or certifications? Yes No

List, describe and include expiration date if applicable.

Training Staff Only

Squad: _____ Billet: _____ Ht.: _____ Wt.: _____



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BACKGROUND INVESTIGATION CERTIFICATION

Last Name (Please Print)

First Name

M.I.

A background investigation has been conducted on the above name recruit by this agency and he/she has demonstrated the necessary character and reputation deemed to be part of the established requirements and qualifications to be appointed to the position of a law enforcement officer.

Name: (Print)

Title

Signature

Date

Agency

*** Note: The Chief or Sheriff of agency must sign certification.**



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BASIC COURSE AMMUNITION REQUIREMENTS

All ammunition must be **FACTORY AMMUNITION**. Service ammunition and/or factory ammunition, which are equivalent to the service ammunition, may be used.

Handgun ammunition requirements:

2,500 rounds (1000 of this total must be actual service ammunition)

Shotgun ammunition requirements:

150 rounds of Buck 00

250 rounds of slug

Red Gun training gun

A complete cleaning kit for each recruit is the responsibility of each department.

Police Chiefs' Association of Orange County Police Academy

PHYSICAL TRAINING STANDARDS

BASIC POLICE SCHOOL

MALE / FEMALE REPETITIONS FOR AGE AND GENDER — PUSH-UPS (NO TIME LIMIT)

	20-29		30-39		40-49		50-59		60+	
	M	F	M	F	M	F	M	F	M	F
Entry	29	15	24	11	18	9	13	N/A	10	N/A
Exit	33	18	27	14	21	11	15	9	15	9

MALE / FEMALE REPETITIONS FOR AGE AND GENDER — SIT-UPS (1 minute)

	20-29		30-39		40-49		50-59		60+	
	M	F	M	F	M	F	M	F	M	F
Entry	38	32	35	25	29	20	24	14	19	6
Exit	40	35	36	27	31	22	26	17	20	8

MALE BY AGE — TIME FOR 1.5 MILE RUN

	20-29	30-39	40-49	50-59	60+
Entry	12:51	13:36	14:29	15:26	16:43
Exit	11:58	12:24	13:12	14:23	15:56

FEMALE BY AGE—TIME FOR 1.5 MILE RUN

	20-29	30-39	40-49	50-59	60+
Entry	15:26	15:57	16:58	17:54	18:44
Exit	14:04	14:34	15:34	17:19	19:04

Dear Examining Physician:

_____ is a candidate for entry into the Police Chief's Association of Orange County Police Academy Basic Course for Police Officer. As part of the screening process, the candidate will have to pass a Physical Agility Test. Before the test can be administered, the candidate must be examined by a physician for a determination that the candidate's fitness level is sufficient to safely attempt the test. The format of the test is outline below:

Sit-Up: Muscular Endurance (Core Body). The score indicated below is the number of bent leg situps performed in one minute.

Push-Ups: Muscular Endurance (Upper Body). The score indicated below is a maximum number of full body repetitions that a candidate must complete without breaks.

1.5 Mile Run: Cardiovascular Capacity – the score indicated below is calculated in minutes/seconds.

AGE/SEX - 40%

MALE	SIT-UP	PUSH-UPS	1.5 MILE RUN
20-29	38	29	12:38
30-39	35	24	12:58
40-49	29	18	13:50
50-50	24	13	15:06
60+	19	10	16:46

FEMALE	SIT-UP	PUSH-UPS	1.5 MILE RUN
20-29	32	15	14:50
30-39	25	11	15:43
40-49	20	9	16:31
50-50	14	N/A	18:18
60+	6	N/A	20:16

After reviewing the test and examining the candidate, please complete the Physician's Certification and return it to the candidate, for presentation at the time of the Physical Agility Test.

Physician's Certification

I, _____ have examined Police Chiefs' Association of

(Name of Doctor)

Orange County Police Academy candidate, _____

(Name of Candidate)

and believe that he/she can safely participate in the Police Chiefs' Association of Orange County Police Academy Physical Agility Test outline above.

Physician's Signature

Date

Academy Uniform

(2) Gray pants
(2) Gray long sleeve shirts
Black tie (clip on)
Black boots
Black socks
Black BDU pants
Black belt
Department winter coat
Black gloves
Black knit cap
White Tee shirt

PT Uniform

(2) Blue sweat shirt top with last name in white letters on the back
(2) Blue sweat pants
(2) Blue shorts
White socks (ankle)
Running shoes
Water bottle

Class Room

3 inch ring binder for type notes
Notebook for hand notes
Highlighters
Black pens
Black carry bag

RECRUIT REQUIREMENTS:

- **Recruits are to report punctually at 0800 hours and be in proper uniform.**
- **Uniform: Gray long-sleeved shirt with button pockets, gray trousers, black tie, black socks and shined black boots. Uniform to be worn on Day 1.**
- **Appearance: All recruits will be clean-shaven (no mustaches) and have proper haircuts. Female recruits will have neat hair that is not touching their shirt collar.**
- **Navy Blue 50/50 blend shorts, T-shirts, sweatshirts, sweatpants and sneakers for physical training on Day 1.**
- **One pair of black BDU trousers.**
- **Black gloves and a black knit watch cap for cold weather.**
- **One pair safety glasses and one set hearing protection for the range.**
- **One LAERDAL brand pocket mask with one-way valve with oxygen port for C.P.R. training. This is the only brand mask acceptable by the C.P.R. instructor.**
- **Recruits should bring lunch and be properly hydrated.**
- **Recruits must possess a valid New York State driver's license for the duration of the training. The operation of motor vehicles is required for training purposes.**

New York State Division of Criminal Justice Services
POLICE OFFICER REGISTRY ENTRY FORM - CERTIFICATION OF INITIAL EMPLOYMENT
(Executive Law § 845)

THIS FORM IS USED TO REGISTER A POLICE OFFICER WITH THE DIVISION OF CRIMINAL JUSTICE SERVICES. **USE THIS FORM FOR ALL INITIAL APPOINTMENTS AND TRANSFERS.** FORMS PRESENTED FOR FILING MUST CONTAIN ORIGINAL SIGNATURES. ALTHOUGH THE BLANK FORM MAY BE DUPLICATED, PHOTOCOPIES OF COMPLETED FORMS, OR FORMS WITH PHOTOCOPIED SIGNATURES WILL NOT BE ACCEPTED.

Pursuant to Executive Law §845, police officer employers are required to register police officers with the Division of Criminal Justice Services (DCJS). DCJS uses the police registry to determine an individual's eligibility to receive a police training certificate, and for other lawful purposes. DCJS reserves the right to require further documentation as necessary to properly classify a registrant. The information provided may be added to the registry and made available pursuant to law.

SECTION I: REGISTRANT INFORMATION

This section must be completed by the police officer registrant. Only individuals appointed to positions defined in Criminal Procedure Law Section 1.20, subdivision 34 are eligible for registration.

Type or print legibly, the registrant's last name, first name, middle initial, date of birth, gender and Social Security Number. Enter the home mailing address, county of residence, home street address (if different) of the registrant. Temporary addresses are not acceptable. If the registrant is temporarily living away from home (e.g. enrolled at a college or university, on military assignment, etc.) DO NOT list the temporary address. Enter the registrant's city/state/country of birth (if other than U.S.). Registrants not born in the United States MUST include a certified copy of one of the following: (1) naturalization papers; (2) Department of State Birth certificate; or (3) currently valid United States Passport. Carefully read the certification. Sign and date in the area provided. With the exception of Social Security Number, the information in Section I is required. Incomplete submissions will not be processed.

SECTION II: AGENCY INFORMATION

Unless a written agreement is on file with DCJS, this section must be completed by the Chief Law Enforcement Officer (Chief, Sheriff, Director) of the appointing authority. The Executive Law mandates that all police officers must be registered with the Division of Criminal Justice Services. The information in Section II identifies the law enforcement agency with which the registrant is a police officer.

Type, or print legibly, the chief law enforcement officer's last name, first name, middle initial and title. Enter the name, telephone number (including area code) and address of the law enforcement agency. Indicate whether the appointment is full-time or part-time, whether background and residency checks were conducted, and if fingerprints were submitted to DCJS. Carefully read the certification. Sign and date in the area provided. All the information in Section II is required. When signing this section, the CEO is verifying their responsibility to provide the registrant with the requisite basic training pursuant to §209-q of the General Municipal Law. Incomplete submissions will not be processed.

SECTION III: CIVIL SERVICE INFORMATION

The appropriate civil service commission officer must complete this section for all registrants, both full and part time. Civil Service Law mandates that the appointment of officers to the police force of a police department or police district must meet certain requirements. The information in Section III describes the registrant's appointment.

Type or print legibly, the civil service officer's last name, first name, middle initial and title. Enter the name, telephone number (including area code) and address of the civil service commission. Enter the job title and civil service classification of the person named in Section I. This should be the specific title/classification to which the registrant was appointed and that appears on the agency payroll. Carefully read the certification. Sign and date in the area provided. The information in Section III is required. Incomplete submissions will not be processed.

New York State Division of Criminal Justice Services
POLICE OFFICER REGISTRY ENTRY FORM - CERTIFICATION OF INITIAL EMPLOYMENT
(Executive Law § 845)

SECTION IV: OATH OF OFFICE

This section must be completed by the appropriate registrar/recorder of oaths of office. The Public Officers' Law mandates that every officer take and file an oath of office. The Information in Section IV indicates the date the oath was taken by the registrant, the place of filing, and title of the office.

Type or print legibly, the registrar/recording officer's last name, first name, middle initial and title. Enter the name, telephone number (including area code) and address of the registrar's/recorder's office. Enter the date the person named in Section I took and filed the oath of office for the position to which he or she was appointed with the agency named in Section II. Indicate the title of the office to which the registrant was sworn (e.g. police officer, deputy sheriff, etc). The oath of office date is the date recorded by DCJS as the appointment date of the officer. Carefully read the certification. Sign and date in the area provided. The information in Section IV is required. Incomplete submissions will not be processed.

Mailing Instructions

Mail completed forms to:

NYS Division of Criminal Justice Services
Office of Public Safety – Records Unit
4 Tower Place, 4th Floor
Albany, NY 12203

Questions

If you have any questions regarding this form, call (518) 457-4762 for assistance.

New York State Division of Criminal Justice Services
POLICE OFFICER REGISTRY ENTRY FORM - CERTIFICATION OF INITIAL EMPLOYMENT
 (Executive Law § 845)

SECTION I – REGISTRANT INFORMATION (To be completed by the registrant)

Last Name	First Name	MI	Date of Birth	Gender M F	Social Security Number
Home Residence Mailing Address		City, State, Zip			County of Home Residence
Home Residence Street Address (if Different)		City, State, Zip		City, State, Country of birth (if other than U.S.)	
<i>I am the person named above. I understand that the information in Section I is part of a written statement that will be presented to the Division of Criminal Justice Services for filing, and I certify that it is true to the best of my knowledge and belief.</i>					
Signature					Date

SECTION II – AGENCY INFORMATION (To be completed by the chief law enforcement officer)

Last Name	First Name	MI	Title of Person Signing Section II		
Name of Law Enforcement Agency				Telephone	
Address			City, State, ZIP		
Type of Appointment Full-time Part-time	Background Check Conducted Yes No	Residency Verified Yes No		Fingerprints submitted to DCJS Yes No	
<i>I am the chief law enforcement officer responsible for appointing the person named in Section I as a police officer of the above named law enforcement agency. I understand that the information in Section II is part of a written statement that will be presented to the Division of Criminal Justice Services for filing, and I certify that it is true to the best of my knowledge and belief. I understand I am responsible for providing the registrant with the requisite training pursuant to §209-q of the General Municipal Law.</i>					
Signature					Date

SECTION III – CIVIL SERVICE INFORMATION (To be completed by the civil service officer for all registrants Full or Part-time)

Last Name	First Name	MI	Title of Person Signing Section III		
Name of Civil Service or Personnel Agency				Telephone	
Address			City, State, ZIP		
Title and Civil Service Classification of the Registrant					
<i>I am the civil service officer responsible for certifying the appointment of individuals appearing on the payroll of the law enforcement agency named in Section II. I understand that the information in Section III is part of a written statement that will be presented to the Division of Criminal Justice Services for filing, and I certify that it is true to the best of my knowledge and belief.</i>					
Signature					Date

SECTION IV – OATH OF OFFICE (To be completed by the registrar responsible for recording oaths of office)

Last Name	First Name	MI	Title of Person Signing Section IV		
Name of Recording Office				Telephone	
Address			City, State, ZIP		
Oath of Office Date	Oath of Office Title of the Registrant				
<i>I am the officer responsible for recording the oaths of office of individuals appointed as police officers of the law enforcement agency named in Section II. The person named in Section I has filed an oath of office as a police officer, pursuant to an appointment received from the person named in Section II. I understand that the information in Section IV is part of a written statement that will be presented to the Division of Criminal Justice Services for filing, and I certify that it is true to the best of my knowledge and belief.</i>					
Signature					Date