



# 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: (\_\_\_\_\_) \_\_\_\_\_

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Department: \_\_\_\_\_ Department Head: \_\_\_\_\_

Address: \_\_\_\_\_

C/T/V: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_

Training Officer: \_\_\_\_\_

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Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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### **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: (\_\_\_\_\_) \_\_\_\_\_

# Police Chiefs' Association of Orange County Police Academy

## 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 (300 of this total must be actual service ammunition)

#### **Shotgun ammunition requirements:**

40 rounds of Buck 00

20 rounds of slug

50 rounds of low base, trap, skeet, dove & quail or rabbit is acceptable.

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		10	
Exit	37	21	30	15	24	13	19		18	

#### 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	42	38	39	29	34	24	28	20	22	11

#### 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	11:41	12:20	13:14	14:24	15:29

#### 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	14:24	15:08	15:57	16:58	17:46

Dear Examining Physician:

\_\_\_\_\_ is a candidate for entry into the Police Chiefs' 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 sit-ups performed in one minute.

**Push-Ups:** Muscular Endurance (Upper Body). The score indicated below is the 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%**

<b>MALE</b>	<b>SIT-UP</b>	<b>PUSH-UPS</b>	<b>1.5 MILE RUN</b>
<b>20-29</b>	<b>38</b>	<b>29</b>	<b>12:29</b>
<b>30-39</b>	<b>35</b>	<b>24</b>	<b>12:53</b>
<b>40-49</b>	<b>29</b>	<b>18</b>	<b>13:50</b>
<b>50-50</b>	<b>24</b>	<b>13</b>	<b>15:14</b>
<b>60+</b>	<b>19</b>	<b>10</b>	<b>17:19</b>

<b>FEMALE</b>	<b>SIT-UP</b>	<b>PUSH-UPS</b>	<b>1.5 MILE RUN</b>
<b>20-29</b>	<b>32</b>	<b>15</b>	<b>15:05</b>
<b>30-39</b>	<b>25</b>	<b>11</b>	<b>15:56</b>
<b>40-49</b>	<b>20</b>	<b>9</b>	<b>17:11</b>
<b>50-50</b>	<b>14</b>	<b>N/A</b>	<b>19:10</b>
<b>60+</b>	<b>6</b>	<b>N/A</b>	<b>20:55</b>

**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.**

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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)

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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.

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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, 4<sup>th</sup> 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-g 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