



Rockland County Police & Public Safety Academy

Office of Administration
50 Sanatorium Road, Building G
Pomona, New York 10970
845-364-8700

Pre-Employment - Phase I Application

Applicant Information

Name _____ Age: _____
Last First M.I.

Have you ever been known by any other names? YES NO

List alias names here: _____

Address _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () - Email _____

Date of Birth: ____/____/____

Gender: _____

Are you a citizen of the United States or authorized to work in the United States? YES NO Do you have health insurance? YES NO
 Attach copy of insurance card – front & back.

Do you have a valid Driver's License? YES NO Have you ever been the respondent or complainant YES NO
State ____ and Number _____ of an Order of Protection?
Attach copy of Driver's License. Attach copies of court process, disposition and explain in detail on a separate sheet.

Have you ever been arrested? YES NO Have you ever been convicted of traffic violations? YES NO

Attach copies of court process, disposition and explain in detail on a separate sheet. Attach copies of court process, disposition and explain in detail on a separate sheet.

ATTACH CURRENT PHOTO HERE

2" X 3" Passport Sized Color Photo

Date of Photo
____/____/____

Type all information. Applications must be mailed with a postmark and not dropped off in person no later than June 1, 2023.

Education

High School: _____ **City/State:** _____

Did you graduate? YES NO Year: _____ Do you have a YES NO
 GED? Year: _____

Trade/Other School: _____ **City/State:** _____

From: _____ To: _____ Did you graduate? YES NO Degree or
 Certificate: _____
Attach Certificate

College: _____ **City/State:** _____

From: _____ To: _____ Did you graduate? YES NO Major/Degree:
 Provide GPA _____

Attach Transcripts

College: _____ **City/State:** _____

From: _____ To: _____ Did you graduate? YES NO Major/Degree:
 Provide GPA _____

Attach Transcripts

Educational Disciplinary Record

Were you ever the subject of any school disciplinary action? YES NO

Explain in detail on a separate sheet.

Other Relevant Training

Detail any other relevant training here (e.g. EMT, Security Guard, etc.):

Copy and attach additional pages if needed. Attach supporting documentation where appropriate.

References

List three professional or academic references.

Full Name: _____ Relationship: _____
Company/School: _____ Phone: _____
Address: _____
E-Mail Address: _____

Full Name: _____ Relationship: _____
Company/School: _____ Phone: _____
Address: _____
E-Mail Address: _____

Full Name: _____ Relationship: _____
Company/School: _____ Phone: _____
Address: _____
E-Mail Address: _____

List three personal references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____
E-Mail Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____
E-Mail Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____
E-Mail Address: _____

Previous Employment – (begin with the most recent employment first)

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: _____ Ending Salary: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Copy and attach additional pages if needed.

Military Service

Branch: _____ From: _____ To: _____

Military
Occupational
Specialties: _____

Final Rank: _____

Final Unit: _____

Honorable Discharge:

YES

NO

Attach a copy of DD-214.

*On a separate sheet, list and explain in detail any Article 15's and/or NJP's.
If discharge was other than Honorable, explain in detail and attach supporting documents.*

Civil Service Status

If you have taken or are scheduled to take a law enforcement Civil Service Examination - note the jurisdiction, the exam title and exam number, date, results, and include list number if available.

Attach supporting documentation: registration, results, etc.

Pending Law Enforcement Applications

If you have applied for employment to any law enforcement agencies note the details here. Include any rejections.

Attach all supporting documentation.

Disclaimer and Signature

SIGN BEFORE A NOTARY PUBLIC

*I, _____, certify that my answers are true and complete to the best of my knowledge.
Should this application lead to acceptance, I understand that any misleading information in the application process may result in expulsion.*

Subscribed and sworn to before me on this _____ day of _____, in the year, _____, in the County of _____, in the State of _____.

Applicant Signature: _____ Date: _____

Notary Signature: _____ Date: _____





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HOLD HARMLESS AGREEMENT

The applicant agrees to protect, defend, indemnify and hold the County of Rockland, the Rockland County Police and Public Safety Academy, its employees and contractors free and harmless from and against any and all losses, claims, liens, demands and causes of action of every kind and character including the amount of judgments, penalties, interest, court costs and legal fees incurred by the below Signee in defense of same arising in favor of any party, including governmental agencies or bodies on account of taxes, claims, liens, debts, personal injuries including employees and contractors of the County of Rockland, the Rockland County and Public Safety Police Academy, death or damages to property or any other violation of any other applicable statute, ordinance, administrative order, rule or regulation or decree of any Court shall be included in the indemnity hereunder, with the exception of claims, if any caused by the sole negligence of the County of Rockland, the Rockland County Police and Public Safety Academy.

Disclaimer and Signature

SIGN BEFORE A NOTARY PUBLIC

I, _____, agree to abide by this Hold Harmless Agreement.

Subscribed and sworn to before me on this _____ day of _____, in the year, _____, in the County of _____, in the State of _____.

Applicant Signature: _____ Date: _____

Notary Signature: _____ Date: _____





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PRE-EMPLOYMENT CANDIDATE ACKNOWLEDGMENT FORM

(Initial the following statements)

The following documents are available publicly www.rocklandcountypoliceacademy.com/pre-employment-program

_____ I have reviewed the NYS 9 NYCRR Part 6000.

_____ I have reviewed the District Attorney's Questionnaire Form.

_____ I have reviewed the NYS DCJS Pre-Employment Police Basic Course Student Prerequisite Form.

Attestation:

I have reviewed the above documents. To the best of my knowledge, I meet all the necessary requirements and would not be barred from the Pre-Employment Program or from being hired as a Police Officer.

Disclaimer and Signature

SIGN BEFORE A NOTARY PUBLIC

I, _____, certify that my answers are true and complete to the best of my knowledge. Should this application lead to acceptance, I understand that any misleading information in the application process may result in expulsion.

Subscribed and sworn to before me on this _____ day of _____, in the year, _____, in the County of _____, in the State of _____.

Applicant Signature: _____ Date: _____

Notary Signature: _____ Date: _____



(Affix Stamp Above)



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PHYSICIAN CERTIFICATION FORM

Dear Examining Physician:

_____ (insert candidate's name) is a candidate for entry into the Basic Course for Police Officers at the Rockland County Police and Public Safety Academy. The candidate will be required to pass a Physical Fitness Test (described below) and will also be required to conduct regular rigorous physical activity including but not limited to running long distances, upper and lower body strength training, and intense agility exercises.

The Academy requires that a physician examine the candidate in-person *no earlier than 45 days before testing or training* to determine that the overall fitness level of the candidate is sufficient to safely attempt any tests or training that the candidate will be expected to complete.

Physical Fitness 50th Percentile Cooper Standard:

Gender & Age	Sit Ups	Push Ups	1.5 Mile Run
Male 20-29	40	33	11:58
Male 30-39	36	27	12:24
Male 40-49	31	21	13:12
Female 20-29	35	18	14:04
Female 30-39	27	14	14:34
Female 40-49	22	11	15:34

The score for sit-ups is the number to be performed in one minute.

The score for push-ups is the number to be performed continuously without a time limit.

The score for the 1.5-mile run is calculated in minutes: seconds.

After reviewing the Cooper Standard and examining the candidate, if you find the candidate suitable, please complete the Physician's Certification along with your office stamp (***signature alone is inadequate***) and return it to the candidate for presentation to the Rockland County Police and Public Safety Academy.

Physician's Certification

I, _____, have examined _____, a candidate for Police Training in the Rockland County Police & Public Safety Academy, and believe that he/she can safely participate in the physically rigorous training that will be conducted at the academy.

Physician's Signature

Date

****Physical examination may not be conducted earlier than May 8, 2023.***

Affix Office Stamp Here