Minimum Standards for Initial Police Officer Employment

_____ is an applicant with The _____ Police Department.

I have enclosed the below listed items indicating compliance of this department with the minimum standards for police officers, as required by the Police Officer Standard and Training Commission.

_____1. A completed Delaware Police Academy Application.

_____2. A Medical Background, which includes:

_____A Medical History/Physical Examination Form
_____Physicians Affidavit
_____Substance Abuse Screen
_____Eye exam completed by a licensed Optometrist / Ophthalmologist
_____Hearing test

_____3. The results of a validated Psychiatric/Psychological Testing, indicating competency to perform law enforcement duties.

_____4. A copy of a High School Diploma/College Degree or Equivalency.

_____5. A certified copy of the applicant's driving record.

_____6. The results of a job-related written examination.

_____7. A letter indicating applicant's criminal history record check, including fingerprints obtained through and /or sent to the State Bureau of Investigation (SBI).

_____8. A copy of military service discharge papers.

_____9. A copy of the applicant's child abuse clearance from the state in which they reside.

_____10. A letter indicating the results of a background investigation.

_____11. A Liability Release Form.

_____12. First Responder and C.P.R. Certification (Delaware) for Fast Trackers only.

_____13. Firearms Certification (Delaware) for Fast Trackers only.

All items must be completed prior to an individual performing law enforcement duties.

_____	_____
Printed Name of Chief of Police or Government Head Signature (for Police Chief applicant)	Chief of Police Signature or Government Head Signature (for Police Chief applicant)

Medical Approval

Dear Medical Provider:

_____ has been selected by his/her prospective employer, _____, as a law enforcement officer at the _____ Training Academy.

A condition precedent to the applicant's admission is that the applicant be certified physically and emotionally to undertake the rigors of training. To assist the physician in making that determination, it is important to understand the basic philosophy and practice of the Training Academy staff.

The training will consist of approximately 22 weeks at the Academy site. During the applicant's tenure at the Academy, he/she will be exposed to a demanding emotional environment. Such conditions are induced to train and evaluate the applicant to determine his/her ability to adjust and adapt to the conditions of employment in which he/she will be ultimately expected to function.

In addition to the emotional stressors, the applicant will be exposed to a rigorous physical training program. It is imperative that the physician understands that upon arrival at the Academy, the applicant will be required or expected to run or jog a distance of approximately three miles. They can anticipate completing a combination of between 800 and 1,000 push-ups and sit-ups. While in a classroom setting, the applicant is expected to perform as a member of an organized unit. Any infraction, however trivial, is often associated with additional discipline in the form of physical training (e.g. 25 to 50 push-ups and/or sit-ups per infraction).

Each activity undertaken by the Academy training staff is closely monitored to insure it is reasonable and directed towards a definitive objective, rather than merely discriminatory or abusive conduct. However, we require the physician to state, in their medical opinion, whether the applicant would be able to safely meet the expected emotional and physical stresses that will occasion the training.

As indicated, the Training Academy is very regimented in its format. Aside from the emotional stressors and physical rigors that will accompany the process, it may be beneficial to the physician to be aware of the daily time constraints imposed on the applicant.

To that end, the following is an indication of an average training day:

Time	Activity
5:30 a.m.	Class awakened and permitted ten minutes to dress and prepare for physical training.
5:40 – 6:00 a.m.	General physical training.
6:00 – 8:00 a.m.	Class attends to personal hygiene, cleaning details, and breakfast.
8:00 a.m. – 12:00 p.m.	A structured classroom setting commences. At the end of every fifty minutes, a ten-minute break is provided during which the class is subjected to a series of push-ups and sit-ups (generally 50 in number).
12:00 – 12:30 p.m.	Lunch is served.
12:40 – 3:30 p.m.	Class resumes and as in the morning session a ten minute break at the end of every fifty minutes is provided during which a series of physical training exercises are administered (usually 50 push-ups and sit-ups).
3:40 – 4:50 p.m.	Applicant is exposed to an organized training program in which the average requirements would be a three mile run and a series of stretching and pulling exercises (approximately 20 consisting of 25 repetitions for each exercise). In addition to the organized physical training program, as indicated earlier, any minor fraction or substandard behavior will often be met by "penalty exercise: (again, push-ups or sit-ups as a general rule).
5:00 – 5:45 p.m.	Dinner is served.
5:45 – 10:00 p.m.	Remedial training or organized evening classes are held.
10:00 p.m.	Applicant retires for the evening (until 5:30 a.m. when the entire process begins again).

After reviewing these activities, your signature in the appropriate place listed below will indicate that you have examined the applicant and are expressing that, in your professional opinion, the individual is able to safely perform in the previously described environment. Any reservation on the part of the physician should be noted prior to the applicant's admission.

_____

Physician's Name
(Please Print)

_____

Physician's Signature

_____

Applicant's Name
(Please Print)

_____

Date

MEDICAL APPROVAL

(To be completed by physician)

NAME OF APPLICANT:_____

LAST FIRST MIDDLE

1. Does examinee have any medical limitations restricting or prohibiting his/her participation in defensive tactics and dangerous assignments, which might entail the practical use of firearms or other less lethal weapons (e.g. Taser, handcuffing etc.)?
   ☐ No ☐Yes
   If "yes", please specify defects: _____
   _____

2. Does the examinee have any medical limitations prohibiting safe operation of a motor vehicle?
   ☐ No ☐Yes
   If "Yes", please specify defects:_____
   _____

Additional Comments:

_____
_____
_____

_____ _____

Name of Examining Physician Signature of Examining Physician

_____

Date

RELEASE OF LIABILITY

TO BE COMPLETED BY APPLICANT

I, _____, release the Delaware Police Officer Standards and Training Commission, the Delaware Police Academy, and any other Department/Agency/Individual who is officially connected or associated with this training program from any liability in the case of illness or accidents incurred by me during my participation in said training program.

_____

NAME – APPLICANT

_____ _____

SIGNATURE – APPLICANT **DATE**

TO BE COMPLETED BY DEPARTMENT

The, _____, approves this applicant for training and release the Delaware Police Officer Standards and Training Commission (POST), the Delaware Police Academy, and any other Department/Agency/Individual who is officially connected or associated with this training program from any liability in the case of illness or accidents incurred by me during my participation in said training program.

_____ _____

NAME – CHIEF OR DEPARTMENT HEAD **NAME OF POLICE DEPARTMENT**

_____ _____

SIGNATURE – CHIEF OR DEPARTMENT HEAD **DATE**

_____

TITLE

MINIMUM STANDARDS FOR BACKGROUND INVESTIGATION REPORT

The following standards are the minimum required for Police Officer Background Investigations. A copy of the background investigation will be maintained by the department as specified by POST.

The minimum background shall be completed on candidates seeking employment as a law enforcement officer, officers seeking to change employment between police agencies in this state or seeking employment as a police officer in this state after having been employed in law enforcement outside of Delaware.

The report shall contain:

1. A personal interview shall be conducted with the applicant during the investigation.

2. Candidate's personal information as well as a brief synopsis of the candidate's personal history to include name, address, DOB, SSN, marital status, children, and previous employment experience.

3. Criminal History, Military History, and PFA/Domestic Violence History: A printed DELJIS and NCIC Criminal History will be attached to the background investigation report as well as a copy of DD-214 discharge papers from any branch of the U.S. Military.

4. Education: High school and/or College Transcripts will be attached to the Background Investigation Report.

5. Medical Examination Report, conducted within 1 year prior to application, shall be attached to the Background Investigation.

6. Background Investigator's Comments: A brief synopsis of the findings of the background investigator conducting the investigation into the applicant's background. The synopsis shall include recommendations from the Background Investigator's for disqualification, or recommendations from the Background Investigator that applicant is acceptable.

7. Chief of Police Signature: The Chief of Police or his /her designee shall indicate, by signature, that they have reviewed the background investigation report prior to submission of the candidate to any police academy for recruit training.

8. Every effort shall be made to interview references and/or relatives, to include ex-spouses, in person. It is recommended that these interviews, whether in person or otherwise, be recorded and maintained with the background investigation report.

MEDICAL HISTORY

(To be completed by applicant and reviewed by physician)

NATURE OF EMPLOYMENT	DATE	D.O.B	AGE
DEPT.			FAMILY PHYSICIAN
LAST NAME FIRST MIDDLE			MARTIAL STATUS ☐M ☐S ☐W ☐D ☐SEP.
STREET ADDRESS CITY STATE			SEX ASSIGNED AT BIRTH ☐M ☐F

HAVE ANY OF YOUR RELATIVES HAD, OR DO THEY NOW HAVE:

☐Tuberculosis Relative:	☐Diabetes Relative:	☐Cancer Relative:	☐High Blood Pressure Relative:	☐Heart Trouble Relative:	☐Epilepsy Relative:	☐Nervous Breakdown (Insanity) Relative:

HAVE YOU EVER HAD ANY OF THE FOLLOWING:

	Yes	No		Yes	No		Yes	No
Back Trouble			Rheumatism			Heart Murmur		
Asthma or Bronchitis			Ear Trouble			Tuberculosis		
Skin Trouble			Gonorrhea or Syphilis			Kidney Trouble		
Epilepsy or Fits			Stomach or Peptic Ulcer			Nervous Breakdown		
Varicose Veins			Cancer or Tumor			High or Low Blood Pressure		
Diabetes			Rheumatic Fever			Hernia (Rupture)		
Pneumonia, Pleurisy			Hay Fever			Allergy, please specify		

HAVE YOU HAD ANY OF THE FOLLOWING DURING THE PAST YEAR:

	Yes	No		Yes	No		Yes	No		Yes	No
Poor Appetite			Cough			Frequent Urination			Headaches		
Chest Pain			Heartburn			Pain on Urination			Dizziness		
Bloody Sputum			Nausea			Burning on Urination			Poor Vision		
Shortness of Breath			Vomiting			Urination-bedtime			Backache		
Palpitation			Diarrhea			Excessive Thirst			Poor Hearing		
Swelling of Ankles			Constipation			Weight Loss			Weakness		
Bloody Urine			Black Stools			Muscular Weakness			Convulsions		
Fainting Spells			Blood-Stools			Loss of Balance					

IF YOU ANSWER YES TO ANY OF THE QUESTIONS BELOW, PLEASE PROVIDE WRITTEN DETAIL IN THE ADDITIONAL COMMENT SECTION OF THE FORM

Have you ever had any serious injury?	☐ Yes ☐ No
Have you ever received compensation for an injury or occupational condition?	☐ Yes ☐ No
Have you ever had any serious illness?	☐ Yes ☐ No
Have you ever had any surgical operations? Please describe the surgical operation.	☐ Yes ☐ No
Have you ever collected sickness benefits? If yes, how many times?	☐ Yes ☐ No

Have you lost time in the past two years as a result of illness? From School? From Work?	☐ Yes ☐ No
Have you ever been under care in any hospital or clinic? Where? What treatment did you receive?	☐ Yes ☐ No
Have you ever been treated for a mental illness? Where? What treatment did you receive?	☐ Yes ☐ No

FEMALES

Currently pregnant:	Have you given birth in the last 12 months?	Are you currently breastfeeding?
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

ADDITIONAL COMMENTS

APPLICANT CERTIFCATION

☐ I, the undersign, do hereby certify that the answers to the above questions are true.

NAME – APPLICANT

SIGNATURE – APPLICANT

DATE

PHYSICAL EXAMINATION

(To be completed by a physician)

LAST NAME	FIRST	MIDDLE	DATE

HEIGHT ft. in.	WEIGHT lbs.	PULSE	B.P.

Abn.	Norm.		Describe below any abnormality, entering item number before each comment.
		1. Eyes: external	
		2. Ears	
		3. Nose	
		4. Teeth & Gums	
		5. Tonsils	
		6. Thyroid	
		7. Lymph Nodes	
		8. Thorax & Lungs	
		9. Breasts	
		10. Cardiovascular	
		Heart	
		Pulses in feet	
		11. Abdomen	
		12. Hernia	
		13. Genitalia (males only)	
		14. Extremities	
		Range of Motion	
		Deformity	
		15. Vertebral column	
		Range of Motion	
		Deformity	
		16. Neurological	
		17. Skin	
		18. Rectal	
		19. General Impression	

EKG	Chest X-ray	Obs. Ratio Pred. Fev. _____ _____ VC	Audiogram

Urine	PH	Alb.	Sug.	Blood	Hct.	Hgn.	SMA	Serology

Tetanus Toxoid Immunization

EXAMINING PHYSCIAN		
PHYSICAN NAME (PRINTED)	LICENSE NO.	TELEPHONE NO.
STREET ADDRESS		
CITY	STATE	ZIP CODE
SUMMARY OF MEDICAL LIMITATIONS:		
RECOMMENDATIONS		
CLASSIFICATION (please check one) ☐No significant impairment(s) ☐Correctable Impairment(s) ☐Rejected		
Please check one: I ☐have ☐have not discussed this applicant's health problems with them.		
PHYSICAN SIGNATURE		DATE

HEARING EXAMINATION

THIS EXAMINATION MUST BE ADMINISTERED by a licensed physician. This examination is to determine the physical fitness, specifically related to specific vision standards, of the applicant to be certified as a police officer in Delaware. The applicant who you are about to examine is applying for certification and will be vested with a position of public trust.

LAST NAME	FIRST NAME		MIDDLE INITIAL
STREET ADDRESS	CITY	STATE	ZIP CODE
DATE OF BIRTH	SEX	AGE	DATE OF EXAM

CLASSIFICATION

☐No significant impairment(s) ☐Correctable Impairment(s) ☐Rejected

ADDITIONAL COMMENTS

EXAMINING PHYSICIAN

PHYSICIAN NAME (PRINTED)	LICENSE NO.	TELEPHONE NO.	
STREET ADDRESS	CITY	STATE	ZIP CODE
PHYSICIAN SIGNATURE			

RELEASE OF PHYSICAL INFORMATION

Having applied for certification/training as a police officer in Delaware and having subjected myself to a hearing examination by a physician as required by the 1 DE Admin. Code 801, I reserve the right to have the data and conclusions of the physician remain confidential except to those whom I designate. Accordingly, I hereby authorize the licensed physician named above to release all information related to my vision examination to the Delaware Police Officer and Standards and Training Commission (POST) **AND** to any additional police departments and/or academies listed below, for purposes consistent with the application process pursuant to this Code. No other release of this information, explicit or implied, is granted at this time.

NAME OF POLICE DEPARTMENT

ADDRESS CITY STATE ZIP CODE

NAME – APPLICANT

SIGNATURE – APPLICANT DATE

VISION EXAMINATION

THIS EXAMINATION MUST BE ADMINISTERED by a licensed optometrist or ophthalmologist. This examination is to determine the physical fitness, specifically related to specific vision standards, of the applicant to be certified as a police officer in Delaware. The applicant who you are about to examine is applying for certification and will be vested with a position of public trust.

LAST NAME	FIRST NAME		MIDDLE INITIAL
STREET ADDRESS	**CITY**	**STATE**	**ZIP CODE**
DATE OF BIRTH	**SEX**	**AGE**	**DATE OF EXAM**

VISION: The applicant shall possess acuity of vision independently in each eye of not more than 20/200 corrected to 20/20. The applicant shall have the ability to distinguish between the colors of red, green, and amber; and shall have no pathology of the eyes. The applicant shall also possess acceptable depth perception.

FAR R20/____ L20/____ **NEAR** R20/____ L20/____
WITH GLASSES R20/____ L20/____ WITH GLASSES R20/____ L20/____

Does the applicant have normal depth perception? ☐YES ☐NO
(Stereopsis >48% or Arc Seconds <100)

Does the applicant have normal color perception? (Farnsworth or Ishihara) ☐YES ☐NO

Is the applicant free from any other significant visual abnormalities? ☐YES ☐NO

Is the applicant's combined field of vision 120° or greater in the horizontal meridian, excepting the normal blind spots? ☐YES ☐NO

EXAMINING OPTOMETRIST OR OPHTHALMOLOGIST

OPTOMETRIST/OPHTHALMOLOGIST NAME (PRINTED)	LICENSE NO.	TELEPHONE NO.	
STREET ADDRESS	**CITY**	**STATE**	**ZIP CODE**

OPTOMETRIST/OPHTHALMOLOGIST SIGNATURE

RELEASE OF PHYSICAL INFORMATION

Having applied for certification/training as a police officer in Delaware and having subjected myself to a vision examination by a licensed optometrist, or ophthalmologist, as required by the 1 DE Admin. Code 801, I reserve the right to have the data and conclusions of the physician remain confidential except to those whom I designate. Accordingly, I hereby authorize the optometrist or ophthalmologist named above to release all information related to my vision examination to the Delaware Police Officer and Standards and Training Commission (POST) **AND** to any additional police departments and/or academies listed below, for purposes consistent with the application process pursuant to this Code. No other release of this information, explicit or implied, is granted at this time.

NAME OF POLICE DEPARTMENT

ADDRESS CITY STATE ZIP CODE

NAME – APPLICANT

SIGNATURE – APPLICANT DATE