



*Frank Limon
Chief of Police*

NEW HAVEN DEPARTMENT OF POLICE SERVICE



*John DeStefano, Jr.
Mayor*

POLICE OFFICER RECRUITMENT – 2011 APPLICATION PACKET

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**NEW HAVEN
DEPARTMENT OF POLICE SERVICE**



*Frank Limon
Chief of Police*

*John DeStefano, Jr.
Mayor*

October 31, 2011

Dear Applicant:

On behalf of the Board of Police Commissioners and the New Haven Department of Police Service, we encourage you to complete the attached application and begin the process that is required to join the ranks of the department.

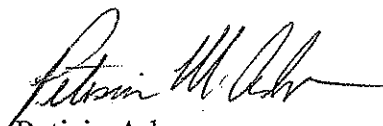
Our mission is to provide pro-active, community police services to the public by furthering the partnership with our community to protect life and property, prevent crime and resolve problems.

We are looking for committed individuals to assist us in fulfilling our responsibilities to the people of New Haven. We hope you'll join us!

Very truly yours,


Richard Epstein

President, Board of Police Commissioners


Petisia Adger

Assistant Chief, Professional Standards

CITY OF NEW HAVEN
DEPARTMENT OF HUMAN RESOURCES
200 ORANGE STREET, NEW HAVEN, CT 06510
www.cityofnewhaven.com

POSTED: OCTOBER 31, 2011
REMOVAL DATE: NOVEMBER 14, 2011

POSITION: POLICE OFFICER (M-0808) (TESTED)
DEPARTMENT: POLICE SERVICE
SALARY: \$40,636 ANNUALLY
HOURS: 40 HOURS PER WEEK
FUNDING: GENERAL FUNDS

**** This position is subject to a *NON-REFUNDABLE* \$50.00 Application Fee¹ (cash or money order only) made** payable to "TREASURER, CITY OF NEW HAVEN." Candidates who pass Physical Agility Testing will be subject to an additional *NON-REFUNDABLE* Testing Fee of \$30 to take remaining phases of Civil Service testing.**

TO APPLY: Follow all instructions provided in this Application Packet to complete and submit your application.

Submit your completed application starting **OCTOBER 31, 2011**. Completed applications will not be accepted before this date. Completed applications and \$50.00 application fee (or fee waiver) **MUST** be submitted by applicant IN-PERSON to the New Haven Department of Police Service and **MUST** be received **no later than Monday, November 14, 2011 by 5 p.m.**

COMPLETED APPLICATIONS ACCEPTED ONLY AT NEW HAVEN DEPARTMENT of POLICE SERVICE 1 UNION AVENUE, NEW HAVEN, CT 06519 during the following days/times: Mon-Wed & Fri 9am – 5pm; Thu 9am – 7pm.

NATURE OF WORK:

This is general duty police work. Work involves responsibility for the protection of life and property, prevention of crime, general enforcement of laws and ordinances as well as providing traditional and non-traditional service to the community. Work involves an element of danger and employees must be able to act without direct supervision and to exercise independent discretion. Work is performed in accordance with Department rules and regulations, the Constitution of the United States of America and the State of Connecticut.

MINIMUM REQUIREMENTS TO APPLY:

Must be 21 years of age as of March 1, 2012; graduation from high school or possess a GED; must possess a valid driver's license; be a US Citizen; and possess all abilities and skills as stated in the job description, including but not limited to: Ability to use dangerous equipment or material or work in dangerous surroundings; Ability to respect the rights of others and to cope with situations firmly, courteously and tactfully; Ability to instruct others, to help others learn how to do or understand something; Ability to read and understand written material; Ability to write clearly, in detail, using technical terms.

SPECIAL REQUIREMENTS:

Must be able to meet and maintain throughout the course of employment established physical, medical and psychological requirements. Must be able to satisfactorily complete the Basic Police Officer's Training program as established by the Police Officer Standards & Training Council, and maintain certification during course of employment. Candidate must be willing to enter into a partnership with the Department to undertake a course of study in an approved field at an institute of higher learning, leading to an Associate's Degree within five years after completing probationary period. Must reside in New Haven, or within 20 miles of a town that borders New Haven, within six months after graduating from the Academy.

This position is subject to background/credit check, polygraph, psychological, medical and drug testing upon conditional offer of employment.

¹ ***Non-refundable Application Fee of \$50 and non-refundable Testing Fee of \$30 may be waived in cases of hardship. Hardship must meet eligibility criteria and will be considered on a case-by-case basis. Instructions for waiving fees are included in this Application Packet.***

This position is included in a collective bargaining agreement with Local 530, Council 15, American Federation of State, County and Municipal Employees, AFL-CIO. As a condition of continued employment, a person appointed to a Local 530 bargaining unit position will be required to obtain union membership at the completion of 90 working days.

AN EQUAL OPPORTUNITY EMPLOYER M/F/D

Immigration Reform and Control Act of 1986 require the hiring of only American Citizens and aliens who are authorized to work in the United States. Please post this announcement in a conspicuous area on the Department Bulletin Board.

POLICE OFFICER

NATURE OF WORK

This is general duty police work. Work involves responsibility for the protection of life and property, prevention of crime, general enforcement of laws and ordinances as well as providing traditional and non-traditional service to the community. Work involves an element of danger and employees must be able to act without direct supervision and to exercise independent discretion. Work is performed in accordance with Department rules and regulations, the Constitution of the United States of America and the State of Connecticut. Work is reviewed through reports, personal inspection and discussion.

ILLUSTRATIVE EXAMPLES OF WORK

Patrols assigned beat via radio equipped patrol vehicle or on foot.
Observes and handles physical hazards taking appropriate action.
Uses communications equipment to include two-way radio and telephone.
Makes written and/or verbal reports in accordance with department directives and law on forms provided for such purpose.
Enforces traffic laws and maintains traffic flow.
Handles calls for emergency service.
Handles calls for service criminal or non-criminal in nature.
Observes and handles as required problems of an emergency, criminal or non-criminal nature coming to his/her attention.
Investigates traffic accidents.
Makes arrests in accordance with law and department procedure.
Collects evidence, makes service in criminal and civil proceedings, testifies as a witness in court or other official proceedings.
Conducts follow-up investigations using support services as required.
Handles problems concerning juveniles.
Identifies and solves community problems. Officer must be able to gain a thorough knowledge of the community he/she serves and be able to effectively deal with that community at large.
Performs related work as required.

REQUIREMENTS OF WORK

Graduation from high school or possess a GED; and possess the following abilities and skills:
Ability to solve problems.
Ability to instruct others, to help others learn how to do or understand something.
Ability to use dangerous equipment or material or work in dangerous surroundings.
Ability to spend a major portion of time out of doors without regard to weather conditions, possess physical stamina, be able to lift, walk long distances, and stand or sit for long periods of time.
Ability to work with detail using technical terms.
Ability to read and understand written material.
Ability to write clearly, in detail, using technical terms.
Ability to respect the rights of others and to cope with situations firmly, courteously and tactfully.
Ability to carry out oral and written instructions.
Ability to establish and maintain good working relationships with fellow employees and the general public.

SPECIAL REQUIREMENTS

Graduation for this classification must be able to meet and maintain throughout the course of employment established physical, medical and psychological requirements.
Possess and maintain a valid Connecticut driver's license.
Satisfactory completion of the Basic Police Officer's Training program as established by the Police Officer Standards & Training Council and maintain certification during course of employment.
Candidate must be willing to enter into a partnership with the Department to undertake a course of study in an approved field at an institute of higher learning, leading to an Associate's Degree within five (5) years after completing his or her probationary period.
Minimum age requirement is 21 years of age.

*(Retyped in HR 01/02)
(Revised 03/01/96)*

**STATE OF CONNECTICUT
POLICE OFFICER STANDARDS & TRAINING COUNCIL (POST)
Requirements for Police Officer**

(New Haven Police Department Candidates Must Meet These Requirements)

The following are current standards mandated by the Police Officer Standards and Training (POST) Council for entry to the police academy:

- Candidate must be a United States citizen, be at least 21 years of age by March 1, 2012, and possess at least a high school diploma or GED.
- Candidate must successfully complete a validated written test designed to evaluate predictors of job-related skills and behaviors.
- Candidate must appear for oral interview before panel which includes one or more POST-certified law enforcement officers who will evaluate predictors of job-related skills and behaviors, including interpersonal and communication skills.
- Candidate must be fingerprinted and investigated for the existence of a criminal history record in Connecticut and in any other state.
- Candidate must not have been convicted under federal or state law for any felony, or Class A or Class B misdemeanor, or domestic violence, or have committed an act which would constitute perjury or false statement.
- Candidate must be the subject of a background investigation by the appointing authority to include a personal history, motor vehicle record, and polygraph examination (administered after a conditional offer of employment).
- Candidate must undergo psychological examination by licensed psychologist or psychiatrist who will provide a written opinion of the candidate's overall profile to his/her psychological stability to be a law enforcement officer.
- Candidate must be screened for controlled substances and the result must indicate no presence of any controlled substance not prescribed for the candidate.
- Candidate must sign a statement acknowledging that the candidate understands that the falsification of any part of the information required during the application process constitutes grounds for termination whether discovered prior to or subsequent to appointment.
- Candidate must pass each component of physical agility test, consisting of sit-ups, flexibility, bench press, and 1.5 mile run.

For additional information on selection standards (including those relating to the physical agility test), you are encouraged to visit POST's website at www.post.state.ct.us

STEPS FOR COMPLETING THE APPLICATION

Follow the numbered steps below to apply for the position of Police Officer in the New Haven Department of Police Service:

1. Make sure to meet all minimum requirements per job announcement, job description and State of CT Police Officer Standards & Training Council included in this Application Packet.
2. Complete the City of New Haven Application for Employment.
3. Attach to your application a completed and signed Affidavit Regarding Age, High School Completion & Driver's License.
4. Make sure all documents in this Application Packet that ask for information and your signature are completely filled out and signed.
5. Attach to your application the sheet titled "**Application Fee/Waiver Form**" located in the Forms Section of this Application Packet. Fill out the appropriate section of the form to indicate whether you are paying or applying for a waiver of the \$50.00 application fee. The Application Fee is **NON-REFUNDABLE**.

The non-refundable \$50.00 application fee may be waived in cases of financial hardship. *Hardship will be considered on a case-by-case basis, and must meet eligibility criteria. Instructions for waiving this fee are included on the Application Fee/Waiver Form.*

The \$50.00 application fee must be in the form of cash or money order made payable to "Treasurer, City of New Haven." No checks, of any kind, accepted. Credit/Debit cards not accepted.

6. You should be aware of the opportunity for preference points. Below are the current preference points that may be applicable to you:

Veterans Preference Points: If you are a war-time veteran, you can have five (5) points added to your **passing** score. In order to claim veterans points, you must attach a copy of your DD-214 to your application. This document is necessary as proof of your war-time veteran status. If you are a disabled war-time veteran, you can have ten (10) points added to your **passing** score. Proof of your status at time of application is absolutely necessary to claim these points.

Residency Preference Points: If you are domiciled in New Haven at the time of the job announcement, you can have five points (5) added to your **passing** score. In order to claim residency points, you must complete and attach to your application the "**Residency Preference Points Form**" located in the Forms Section of this Application Packet, and provide proof of your domicile as instructed in the form. **A total of 3 items are required to prove your domicile!** One must be a picture ID that shows your address – such as a driver's license – and the other two pieces can be photocopies of any combination of bills or mail you recently received, not more than 30 days old. These must be attached to the Preference Points Form. **NO copies can be made at application site.** No personal handwritten mail is allowed. **You must follow all instructions on the form.**

7. If you are NOT applying for Veterans or Residency points, you must complete the form titled "**Preference Points Statement Sheet**" located in the Forms Section of this Application Packet, and attach it to your completed application.
8. Complete the sheet titled "**Voluntary Survey Form**," located in the Forms Section of this Application Packet, and submit it with your completed application. The information requested in this form is voluntary, but extremely helpful to us in evaluating our recruitment efforts.
9. Return your completed application packet as directed on the next page of this packet, which is the sheet titled "**Instructions for Submitting Application**." Make sure to follow all instructions on the sheet.

Complete the following step **only if requesting a disability related accommodation:

10. To request a disability related accommodation in the Civil Service Exam process, complete the form located in the Forms Section of this Application Packet titled “**Applicant ADA Testing Accommodation Request Form.**” DO NOT attach it to your employment application! However, make sure to follow all instruction on the form to submit your disability accommodation request.

INSTRUCTIONS FOR SUBMITTING APPLICATION

Completed application packets must be submitted BY THE APPLICANT IN PERSON no later than Monday, November 14, 2011 to:

Department of Police Service
One Union Avenue
New Haven, CT 06519

See directions to New Haven Department of Police Service.

Application packets with incomplete forms or missing the application fee (*unless applying for a fee waiver*) will be regarded as incomplete and will be rejected.

You must hand-deliver your application packet in person so that Police Department or Human Resources staff can review your packet with you to ensure all is in order and to schedule you for the Physical Agility Test.

Police Department staff will be available to receive and review your application packet **starting Monday, October 31, 2011** during the following hours:

- Monday - Wednesday and Friday, 9:00 am – 5:00 pm
- Thursday, 9:00 am – 7:00 pm

We must receive your completed application packet NO LATER than 5:00 p.m. on Monday, November 14, 2011.

INCOMPLETE OR LATE APPLICATIONS WILL BE REJECTED

Only those applicants who submit a **completed** application packet, including the Application Fee or Waiver, and **meet all minimum requirements** will be scheduled by Civil Service to take the Physical Agility exam. For details on the Physical Agility Exam, please refer to the sheet titled “**Civil Service Exam Process**,” included in this Application Packet.

DIRECTIONS TO NEW HAVEN DEPARTMENT OF POLICE SERVICE
1 Union Avenue
New Haven, CT 06519

From I-91 South:

In New Haven, merge onto CT-34 W via EXIT 1 toward DOWNTOWN / NEW HAVEN. Stay on the right-hand lane.

Take EXIT 1 toward DOWNTOWN NEW HAVEN.

Turn RIGHT onto N. FRONTAGE RD.

Turn RIGHT onto UNION AVE.

Continue under the highway overpass. Police Department will be on right-hand side on Union Avenue across the street from the railroad train yard.

From I-95 North or South:

In New Haven, merge onto CT-34 W via EXIT 47 toward DOWNTOWN NEW HAVEN.

Take EXIT 1 toward DOWNTOWN NEW HAVEN.

Turn RIGHT onto N. FRONTAGE RD.

Turn RIGHT onto UNION AVE.

Continue under the highway overpass. Police Department will be on right-hand side on Union Avenue across the street from the railroad train yard.

CIVIL SERVICE EXAM PROCESS

The testing process for the position of Police Officer will include a physical agility, and may include written and oral tests. Time frames shown below for the 2nd and Final phases of testing are tentative and subject to change. Applicants must meet all minimum requirements and submit all applicable fees (or waiver) in order to participate in the Civil Service testing process. **There are no make-up dates, and there is no rescheduling for any of these tests.**

1. FIRST PHASE OF TESTING: Physical Agility Exam

Thursday, November 17, 2011 and Friday, November 18, 2011

Only applicants who submit a completed application, including the Application Fee or Fee Waiver, and meet all minimum requirements will be scheduled to take the Physical Agility exam.

We strongly advise that all applicants make themselves available to test anytime on either of the two exam dates noted above. No one will be given a choice as to which date or time their exam will take place.

Applicants will be assigned an exam time on one of the dates listed above and will be required to present for testing on the date and time assigned.

IMPORTANT INFORMATION ON THE PHYSICAL AGILITY EXAM:

You must be medically cleared by your physician as being capable to safely perform the exam. You are required to take the “**Medical Approval Form**,” located in the Forms Section of this Application Packet to your physician and have him/her sign it. **Then, you must bring the signed Medical Approval Form to the Physical Agility Exam. If you arrive at the Physical Agility Exam without a Medical Approval Form signed by your physician, you will not be allowed to test.**

New Haven will accept CHIP cards for candidates who obtained their card on or after **AUGUST 1, 2011**. CHIP cards obtained earlier than this date will not be accepted. If you have a CHIP card that meets the date requirement as stated and you would like to waive physical agility testing with New Haven in November, you must submit a copy of your CHIP card with your application. If you acquire a CHIP card after the New Haven Police Officer application period closes but before the New Haven physical agility testing dates, you must bring a copy of your CHIP card to the agility session to which you are scheduled. For more information about CHIP, go to www.chip-inc.com.

2. SECOND PHASE OF TESTING:

December 1 – 16, 2011

At the Physical Agility Exam, candidates will know on the spot whether they have passed. All candidates who pass will be invited to the second phase of testing. The invitation will contain the time and location of the exam. The invitation will also include the Testing /Waiver Fee form. The additional \$30 **Non-Refundable** Testing Fee is due when you check-in for this exam. Only cash or money-order will be accepted. *The Testing Fee may be waived in cases of hardship. Hardship will be considered on a case-by-case basis and must meet eligibility criteria. Instructions for waiving this fee are included in this Application Packet.* **Although the date of the exam is yet to be announced, we strongly advise that you make yourself available to test during the time-frame noted above. Once the date is announced you will be assigned a test time and you will be required to present for testing at the time assigned.**

3. FINAL PHASE OF TESTING:

January 2 - 20, 2012

Candidates who pass the second phase of testing will be notified by mail to attend the final exam. The notice will contain the location of the exam and scheduling instructions. You will be required to follow all instructions in the notice. **Although the dates of the exam are yet to be announced, we strongly advise that you make yourself available to test during the time-frame noted above. You will be required to present for testing on the date and at the time assigned.**

APPLICATION CHECKLIST

Use the following checklist to help you complete your application for submission. Below are all of the steps required to complete your application. Check each item to ensure that your application is **COMPLETE**.

Step 1 **City Of New Haven Employment Application**

- Did I fill it out completely? (If no, your application is not complete). Did I sign and date it across the bottom? (If no, your application is not complete)

Step 2 **Affidavit Regarding Age, Completion of High School & Driver's License**

- Did I attach to my completed application a signed affidavit attesting that I am 21 years of age or will be turning 21 years of age by March 1, 2012 and that I possess a high school diploma/ GED certificate and driver's license? (If no, your application is not complete)

Step 3 **Do I currently possess a CHIP card that I acquired on or later than AUGUST 1, 2011? If yes, do I wish to exercise the option of waiving out of the New Haven physical agility test? If yes:**

- Did I attach a copy of my CHIP card to my completed application? (If no, you cannot waive testing. You must present for testing on the scheduled date and time specified on your exam notice. If you acquire a CHIP card before your scheduled test date, you may waive testing by coming to the test site on the date and time scheduled, and submit a copy of your CHIP card.)

Step 4 **Payment of \$50.00 Application Fee**

- Did I check the appropriate box on the **Application Fee Form** and attach it to my completed application together with \$50 cash payment, or did I attach a money order for fifty dollars (\$50.00) made payable to "Treasurer, City of New Haven?" (If no, your application is not complete, unless applying for waiver)

Step 5 **Do I have a financial hardship that allows waiving my application fee? Do I meet the Income Guidelines?**

If no, make sure to follow Step 4. If yes:

- Did I fill out the Waiver of Fee section of the **Application Fee Form** and attach it to my completed application? (If no, your request to waive the fee is not complete)

Step 6 **Am I a war-time veteran seeking to apply for Veterans Preference Points? If yes:**

- Did I attach to my completed application a copy of my DD-214? If disabled, did I attach to my DD-214 a copy of my Disability Rating letter? (If no, you cannot apply for Veterans points without copies of these documents)

Step 7 **Am I a New Haven Resident seeking to apply for Residency Preference Points? If yes:**

- Did I complete the **Residency Preference Points Form** with copies of 3 (three) items proving my residency and attach to my completed application? (If no, you cannot apply for Residency points without the completed form and copies of 3 items proving residency)

Step 8 **I am NOT a Veteran or a New Haven Resident**

- Did I fill out the **Preference Point Statement Sheet** and attach it to my completed application? (If no, your application is not complete)

Step 9 **Voluntary Survey Form**

- Did I supply the information requested? (If no, please complete and submit this form with your application)

Step 10 **Do I need a disability-related accommodation in the Civil Service Exam process?**

- If yes, make sure to complete the ADA Accommodation Request Form and follow all instructions on the form. **DO NOT ATTACH THIS FORM TO YOUR COMPLETED APPLICATION.**

Step 11 **Submit the completed Application Packet**

- Completed Application Packets must be submitted in person no later than 5:00 pm on Monday, November 14, 2011 to:

**City of New Haven Department of Police Service
One Union Avenue New Haven, CT 06519**

Make sure to follow all directions on the sheet titled, "Instructions for Submitting Application" contained in this Application Packet.

**APPLICATIONS NOT RECEIVED BY 5:00 PM ON MONDAY, November 14, 2011
or INCOMPLETE APPLICATIONS WILL BE REJECTED**



REMINDER MESSAGE FROM THE NEW HAVEN POLICE DEPARTMENT

Even before you participate in the Civil Service exam process, you should start assembling the following documents. If you pass all parts of civil service testing and are ranked high on the eligibility list, the Police Department may contact you with a conditional offer of employment. At that time you will need to submit the following documents to the Police Department:

- Copy of Birth Certificate
- Copy of Social Security card
- Copy of Driver's License
- Copy of Vehicle Registration (if applicable)
- Copy of High School Diploma or GED
- Copy of College Degree (if applicable)
- Copy of Military DD 214 Form (if applicable)
- Marriage License (if applicable)
- Divorce Paperwork (if applicable)
- Proof of US citizenship (if born abroad)

Applicants who cannot locate or do not have these materials are advised to begin **NOW** to make arrangements to obtain such documents.



POLICE OFFICER RECRUITMENT – 2011
APPLICATION PACKET

FORMS SECTION

- Application Fee/Waiver Form & Eligibility Guidelines
- Affidavit Regarding Age, High School Completion
& Driver's License
- Medical Approval Form for Physical Agility Exam & Entry-Level
Physical Agility Standards
- New Haven Residency Preference Points Form
- Preference Points Statement Sheet
- Voluntary Survey Form
- ADA Testing Accommodation Request Form
- City of New Haven Employment Application Form

APPLICATION FEE/WAIVER FORM

POLICE OFFICER RECRUITMENT - 2011

The New Haven Department of Police Service charges a fifty dollar (\$50) application fee to defray the cost of testing and processing police officer applicants.

The amount (**cash or money order only**) must be paid at the time the completed application is submitted. This application fee is **NON-REFUNDABLE** regardless of whether applicants complete all phases of testing and hiring. ***Applicants submitting a CHIP card to waive out of the New Haven physical agility test must still pay the \$50 application fee.***

The Department will waive the fifty dollar (\$50) application fee in cases of financial hardship based on the 2011 HHS Poverty Guidelines. One of the phases of the hiring process will include a background investigation for which certain documents will be required including tax forms. If the Department learns at that time that an applicant did not meet the income guidelines, had the ability of paying the application fee and that a request to waive the fee was fraudulent, the candidate can be dropped from further consideration in the selection process.

I understand that if I proceed to the Second Phase of the Civil Service testing process, I will be required to pay an additional thirty dollar (\$30) Testing Fee that I will be required to submit at that time for entry to that exam.

All applicants
must
print/sign
here

Name of Applicant (please print)

Signature of Witness NHPD/HR Staff

Signature of Applicant

Date

A. Check Here if Paying Application Fee: *(To be filled out by personnel of NHPD or HR)*

On this date, _____, police officer applicant _____
Date Name of Applicant (please print)

paid a NON-REFUNDABLE fifty dollar fee via *(circle one)* **CASH** **MONEY ORDER**

as the application fee for the position of New Haven Police Officer.

Signature of NHPD Personnel

B. Check Here if Waiving Application Fee:

I have read and understand the above statement in its entirety. I have reviewed and certify that I meet the eligibility guidelines. I hereby declare that I cannot afford to pay the fifty dollar (\$50) application fee. I certify that this statement is true, complete and accurate. I understand that incomplete, false or inaccurate information may result in the rejection of my application and/or candidacy.

Name of Applicant (please print)

Signature of Witness NHPD/HR Staff

Signature of Applicant

Date

Waiver Eligibility Guidelines

2011 HHS Poverty Guidelines			
Persons in Family	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$10,890	\$13,600	\$12,540
2	14,710	18,380	16,930
3	18,530	23,160	21,320
4	22,350	27,940	25,710
5	26,170	32,720	30,100
6	29,990	37,500	34,490
7	33,810	42,280	38,880
8	37,630	47,060	43,270
For each additional person, add	3,820	4,780	4,390

SOURCE: *Federal Register*, Vol. 76, No. 13, January 20, 2011, pp. 3637-3638

<http://aspe.hhs.gov/poverty/11poverty.shtml>

AFFIDAVIT
ATTESTING TO MY AGE, HIGH SCHOOL COMPLETION & DRIVER'S LICENSE

I, _____, by completing and signing this
(APPLICANT PRINT NAME HERE)

affidavit form do hereby attest that:

I am 21 years of age as of the date of this affidavit, or I will be turning 21 years of age by March 1, 2012 as required by the minimum requirements to apply to become a Police Officer in the New Haven Department of Police Services.

I currently possess a high school diploma or GED certificate as required by the minimum requirements to apply to become a Police Officer in the New Haven Department of Police Services.

As of the date of this affidavit, I possess a valid driver's license as required by the minimum requirements to apply to become a Police Officer in the New Haven Department of Police Services.

I understand that if I sign and submit this affidavit and it is later discovered during any part of the selection process for the position Police Officer that I do not meet the requirements stated above, I will be considered to have falsified information in my application for the position of Police Officer and I will be disqualified from continuing in the process.

I further understand that signing this affidavit does not release me from the requirement to produce valid copies of my birth certificate, high school diploma or GED certificate, and driver's license if extended a conditional offer of employment.

I sign this release voluntarily and without coercion or duress .

(APPLICANT PRINT NAME HERE)

(DATE)

(APPLICANT SIGNATURE HERE)

(WITNESS SIGNATURE HERE)

*(To be witnessed by NHPD or HR Staff at time of application)***

Medical Approval Form for Physical Agility Exam

TO: City of New Haven Department of Police Service

FROM: _____
Physician Name (M.D. or D.O) *Please Print*

To be filled in by physician:

This is to certify that I have reviewed the four elements of the *Connecticut Police Officer Standards and Training Council's* Physical Ability Assessment printed on the back side of this form. After reviewing said document, it is my professional opinion that the candidate named below:

Candidate's Name: _____

Applying to: New Haven Department of Police Service for position of Police Officer

CAN SAFELY PERFORM THE PHYSICAL ABILITY ASSESSMENT.

Physician's Signature: _____ Date: _____

Physician's Name and
Address (Type or Imprint
With Office Stamp)



(Medical approval forms back dated more than 6 months cannot be accepted)

City of New Haven Department of Human Resources
200 Orange Street – Room #102
New Haven, CT 06510

Candidate Emergency Contact:

Name: _____ Tel#: _____ Relationship: _____

DO NOT SUBMIT THIS FORM WITH YOUR APPLICATION! YOU MUST PRESENT THIS FORM AT CHECK-IN FOR THE PHYSICAL AGILITY EXAM.

ENTRY LEVEL PHYSICAL AGILITY STANDARDS

PRE-EMPLOYMENT PHYSICAL AGILITY TEST BATTERY

SIT-UP	<i>MUSCULAR ENDURANCE</i> —The score is the number of bent-leg sit-ups performed in one minute.
FLEX	<i>FLEXIBILITY</i> —The “sit and reach” test measures the flexibility of the lower back and hamstrings and the candidate’s reach of motion. The test involves stretching out to touch the toes and beyond with extended arms from the sitting position. The score is in inches reached on a yardstick with the 15” mark being at the toes and the 36” mark being at the far end away from the toes.
BENCH	<i>ABSOLUTE STRENGTH</i> —One (1) repetition maximum bench press using Dynamic Variable Resistance (DVR) protocol. The score is a ratio of weight pressed divided by body weight.
1.5 MILE RUN	<i>CARDIOVASCULAR CAPACITY</i> —1.5 mile run. The score is in minutes:seconds.

PASSING SCORES BY AGE AND GENDER

	<u>SIT-UP</u>		<u>FLEX</u>		<u>BENCH</u>		<u>1.5 MILE RUN</u>	
	40%	35%	40%	35%	40%	35%	40%	35%
MALE								
21-29	38	37	16.50	16	.99	.96	12:25	13:06
30-39	35	33	15.50	15	.88	.86	12:51	13:53
40-49	29	28	14.25	14	.80	.78	13:46	14:47
50-59	24	22	13.25	13	.71	.70	14:54	15:53
FEMALE								
21-29	32	31	19.25	19	.59	.58	14:49	15:48
30-39	25	24	18.25	18	.53	.52	15:25	16:23
40-49	20	19	17.25	17	.50	.48	16:12	16:59
50-59	14	12	16.75	16	.44	.43	17:14	18:09

The above table shows the passing scores at the 40th and 35th Percentiles of Fitness respectively. Candidates who participate in the Physical Agility testing in October must pass all components of testing at the 35% level. The state mandated Physical Agility test, which occurs within 30 days of the start of the academy, requires candidates to pass all components at the 40% level.

For more information on Physical Agility testing and standards, you are encouraged to visit POST’s website at www.post.state.ct.us

**CITY OF NEW HAVEN CIVIL SERVICE
APPLICATION FOR PREFERENCE POINTS – CITY OF NEW HAVEN DOMICILED**

A person domiciled in the City of New Haven may have 5 points added to his or her passing score on an open competitive examination. In order to qualify for preference points in accordance with Civil Service Rules and Regulations, the Civil Service Division of the City of New Haven Department of Human Resources requires that you provide irrefutable evidence to substantiate that you were domiciled in the City of New Haven at the time of the announcement of the open competitive exam to which you request to have the residency points applied.

As the intention of the applicable Civil Service Rule is to give those domiciled in the City of New Haven preference points on open competitive examinations, the Personnel Director is authorized to require proof that an applicant meet all the conditions of domiciliary status set forth above.

For the purpose of this Application for Preference Points, “**DOMICILED**” is defined as “*that place where an individual has his or her true, fixed, and permanent home and principal establishment, and to which whenever he or she is absent, he or she has the intention of returning. The permanent residence of a person or the place to which he or she intends to return even though he or she may actually reside elsewhere.*”

You are required to complete and submit this form at the time of application. You must follow all instructions and answer all questions listed on this form. You must provide copies of the items proving you are domiciled in the City of New Haven as instructed in this form, and you must be prepared to submit any additional documentation as the Personnel Director may require. Application for preference points will not be honored without proof. In the case of insufficient proof, your application for preference points will be rejected.

NOTE: *The applicant bears the burden to show legal domicile. The information and responses you provide on this form are subject to verification by the Civil Service Division. Any false or misleading statements will result in immediate disqualification or dismissal if hired.*

Please note that these points will only be added to passing scores and applied up to the maximum score on a scale of one-hundred (100) points. The passing score for any civil service examination is 70%.

Title of Open Competitive Exam You Applied For: _____
(PLEASE PRINT)

Name of Applicant: _____
(PLEASE PRINT)

I, _____, hereby attest that I am a bona fide resident of the City of New
(Name of Applicant)

Haven, who as of the date of the announcement of the open competitive examination indicated above, was domiciled within the City of New Haven; and who intends on remaining domiciled within the City of New Haven through the date that the resulting Eligibility List for this exam is approved by the Civil Service Board. Evidence to substantiate my claim for preference points is provided as follows.

Eligibility: If you have an Elm City Resident Card, then a copy of the card is all you will need. If you don’t have an Elm City Resident Card, then you must provide a minimum of 3 items to show you are domiciled within the City of New Haven.

Answer all applicable statements that follow.

1. _____
(APPLICANT ADDRESS)

I have been domiciled in New Haven since: / / Mo./Day/Year [] I have an Elm City Resident Card and **attached to this form is a copy of my card.**

[] I don’t have an Elm City Resident Card. However, I own and live at the address shown above and **attached to this form is a copy of my most recent mortgage payment receipt.**

[] I don’t have an Elm City Resident Card. However, I rent at the address shown above and **attached to this form is a copy of my lease.**

If renting, please provide the following:

(Name and Address of Landlord)

(Landlord Phone Number)

I don't have an Elm City Resident Card, nor do I own or rent at the address shown above. The following explains my current living arrangement: (Explain) _____

2. I am a registered voter of the City of New Haven, **and I have attached a copy of my voter registration card to this form.**

I am not a registered voter.

3. I have an unexpired driver's license showing my New Haven address, **and I have attached a copy to this form.**

I have a driver's license that shows an address outside of New Haven.

4. I have a valid picture ID that shows my New Haven address, **and I have attached a copy to this form.**

5. **I have provided copies of at least two** current utility bills (gas, electric, etc) other bills (insurance, credit card, etc.), or other official business mail (bank statements, etc.) that I have received within the last 30 days.

Note: (Bills or other material you have received in the mail and want to submit as proof of domicile cannot be more than one (1) month old. Submitted copies must clearly show name, address and date on item you are submitting. You may blacken out information such as account numbers, etc.)

Applicants, who are unable to provide proof of domicile, are not eligible to apply for Preference Points.

Attach this form, **together with copies of the items you indicated to prove residency**, to your application. **WE CANNOT MAKE COPIES OF ITEMS FOR YOU AT THE APPLICATION SITE.** Photocopies of three (3) items are required and all three (3) items must show your name and address.

Special Note

This form and the items for verification of domicile must be presented upon application submission. You cannot apply for preference points for the open competitive exam indicated on this form after submitting your application.

PLEASE READ CAREFULLY BEFORE SIGNING BELOW

I hereby certify that ALL statements made by me on this Application for Preference Points are true, complete and correct; that the address listed above is my domicile as of the date of the job announcement for the position to which I am applying; and that I currently live at this address on a continuous basis. I understand and agree that if I provide false or inaccurate information regarding my domicile, I will be subject to immediate disqualification, removal of my name from the Eligibility list, or dismissal if employed, and to such other penalties prescribed by law. I hereby request five (5) points be added to my final passing score. I understand that preference points will be added to my final score if I pass the examination with a score of 70% or higher, and that the five (5) points will be added only up to the maximum score of 100%.

Signature

Date

Office Use Only: Accepted _____

Rejected _____



CIVIL SERVICE BOARD

CITY OF NEW HAVEN

200 ORANGE STREET
NEW HAVEN, CT 06510



Telephone 946-6488

PREFERENCE POINTS STATEMENT SHEET

Check the item that applies to you, then print your name and sign and date the bottom:

_____ I did not apply for veteran's preference points

_____ I did not apply for residency preference points because:

_____ I am not a New Haven resident

_____ I am a New Haven resident, but I choose not to apply

_____ I lack sufficient documentation to show that I am a New Haven resident

Title of position I am applying for:

Print Name Here

Sign Name Here

Date

VOLUNTARY SURVEY

New Haven Police Recruitment Outreach Campaign -- 2011

Your participation is voluntary, but extremely helpful. This form does not affect the status of your application. The data requested is used by the New Haven Police Department to evaluate our efforts in recruiting and maintaining a diverse workforce.

Last Name _____ First Name _____ M.I. _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Social Security No. _____ Sex _____

How would you identify yourself? You may check more than one response.

_____ African American/Black _____ Caucasian/White _____ Native Hawaiian or other Pacific Islander

_____ American Indian
(Native American) _____ Latino/a _____ Two or More Races

_____ Asian _____ Other
(please specify) _____

Where did you learn about this campaign? (Check as many as are appropriate.)

_____ Newspaper (specify _____) _____ NHPD Department member
_____ Television announcement or feature _____ Word of Mouth
_____ Radio announcement or feature _____ Job Fair (specify where _____)
_____ College visit _____ Cultural Event in New Haven (e.g. Concert on Green,
Gospel Fest, Farmers Market)
(specify _____)
_____ City of New Haven Website
_____ Other Website (specify _____) _____ Other (specify _____)

Did you attend any of the Open House events?

_____ I attended the event conducted on October 18, 2011

_____ I attended the event conducted on October 25, 2011

THANK YOU FOR YOUR PARTICIPATION IN THIS SURVEY!



**DEPARTMENT OF SERVICES FOR
PERSONS WITH DISABILITIES**

CITY OF NEW HAVEN
165 CHURCH STREET
NEW HAVEN, CONNECTICUT 06510
(203) 946-8122 - VOICE (203) 946-8582 -
TTY/TT
(203) 946-6934 - FAX



Applicant ADA Testing Accommodation Request Form

APPLICANT'S NAME: _____ DATE: _____

ADDRESS: _____

PHONE: _____

TEST DATE: _____

POSITION: _____

The Americans with Disabilities Act (ADA) enables qualified applicants with substantial impairments that affects one or more major life activities the opportunity to request a reasonable modification to the City's policies, practices and procedures to enable them to apply and/or test for a position with the City. We will need from the applicant information related to his or her disability to determine what accommodation may be best for the applicant.

What you need to know about the accommodation process:

1. All information provided to the Department of Services for Persons with Disabilities is confidential and will only be used to provide an appropriate accommodation to applicants with disabilities whom have requested an accommodation.
2. Most applicants who request an accommodation will be asked to submit medical documentation to verify that they are a person with a disability as defined in the ADA.
3. Individuals requesting an accommodation for a learning disability will need to provide documentation from a health care provider describing the type of learning disability.
4. All information and documentation submitted from a health care provider must be written within the previous (12) twelve months to the date of application to insure that the accommodation meets the current needs of the applicant.
5. Any health care provider used to support this application must be willing and able to speak knowledgeably about the disability and willing to work with our staff in determining the best accommodation for the applicant.
6. This accommodation request form must be **received** a minimum of ten (10) business days prior to the time of the needed accommodation.

To process your request for an accommodation we need the following information:

DESCRIBE YOUR IMPAIRMENT: _____

DESCRIBE HOW YOUR IMPAIRMENT IS SIGNIFICANT: _____

DESCRIBE WHICH ACTIVITIES THAT ARE OF CENTRAL IMPORTANCE TO DAILY LIFE THAT ARE RESTRICTED BY YOUR IMPAIRMENT: _____

WHAT ACCOMMODATIONS DO YOU FEEL WILL ENABLE YOU TO APPLY FOR AND/OR TEST FOR THIS POSITION WITH THE CITY? PLEASE DESCRIBE IN DETAIL. _____

PLEASE PROVIDE THE NAME AND PHONE NUMBER OF YOUR CURRENT TREATING HEALTH CARE PROVIDER THAT CAN SPEAK TO YOUR CURRENT LIMITATIONS. BE SURE TO CONTACT YOUR HEALTH CARE PROVIDER TO NOTIFY THEM THAT THIS DEPARTMENT WILL BE CONTACTING THEM. ALL MEDICAL INFORMATION PROVIDED TO THE DEPARTMENT OF SERVICES FOR PERSONS WITH DISABILITIES IS STRICTLY CONFIDENTIAL AND WILL ONLY BE USED IN EVALUATING THIS ACCOMMODATION REQUEST.

HEALTH CARE PROVIDER'S NAME: _____

PHONE: _____

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS REQUEST IS A TRUE AND ACCURATE.

APPLICANT'S SIGNATURE

DATE: _____

**PLEASE DIRECT ONLY DISABILITY-RELATED QUESTIONS TO MICHELLE DUPREY AT
(203) 946-7651
TTY 946-8582
RETURN THIS FORM TO: MICHELLE DUPREY, DIRECTOR
DEPARTMENT OF SERVICES FOR PERSONS WITH DISABILITIES
165 CHURCH STREET, NEW HAVEN, CT 06510
FAX (203) 946-6934**



CITY OF NEW HAVEN

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

COMPLIES WITH ALL FEDERAL AND STATE ANTIDISCRIMINATION LAWS

Department of Human Resources, 200 Orange Street

New Haven, Connecticut 06510

Phone: (203) 946-8252

1. Job Applying For (one title per application):

2. Your Name: (Print)

Last Name:

First Name:

Middle:

3. Address:

Number and Street:

4. Contact Telephone Number:

City:

State:

Zip:

Email Address:

5a. Are you currently employed by the City of New Haven, including the Board of Education? Yes No

5b. Were you, at any time, previously employed by the City Of New Haven, including the Board of Education? Yes No
If "Yes," to 5b, list Department, Title(s) and dates of employment:

6. Social Security Number: (Optional)

7. Are you at least 18 years of age? Yes No

8. EDUCATION / TRAINING:

a. List last high school or trade school you attended:

NAME OF SCHOOL	LOCATION	CIRCLE LAST GRADE COMPLETED	DIPLOMA / GED RECEIVED?
		9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No

b. List any colleges, graduate schools, business schools or technical schools attended:

NAME OF SCHOOL	LOCATION	MAJOR	TYPE OF DEGREE / CERTIFICATE

c. Do you have a current Driver's License?

Yes No If yes, indicate issuing State: _____

Do you have a current Commercial Driver's License?

Yes No If yes, indicate issuing State: _____

Exp Date: _____ Endorsements, if any: _____

Exp Date: _____ Class: _____

d. **Specialized training and skills:** List any other trade licenses or certifications, skills and training you have related to the job for which you are applying. Include machines you can operate, computer skills, and additional languages you are fluent in.

9. **Work Experience:** Start with your present or most recent employment experience, and working backward, list all paid or unpaid, full or part-time work, military service, summer jobs, and volunteer work performed during the last 10 years. List all pertinent information related to the job for which you are applying. (If more space is required, attach additional sheets or your resume).

1 Starting Date:	Ending Date:	Name and Address of Employer:
Month Year	Month Year	
Hours per Week:	Name and Title of Immediate Supervisor:	
May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, why?:		
Reason for Leaving:	Your Present or Last Job Title:	
Your Duties:		

2 Starting Date:	Ending Date:	Name and Address of Employer:
Month Year	Month Year	
Hours per Week:	Name and Title of Immediate Supervisor:	
May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, why?:		
Reason for Leaving:	Your Job Title:	
Your Duties:		

3 Starting Date:	Ending Date:	Name and Address of Employer:
Month Year	Month Year	
Hours per Week:	Name and Title of Immediate Supervisor:	
May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, why?:		
Reason for Leaving:	Your Job Title:	
Your Duties:		

10. **CERTIFICATION:** I certify that all statements made on or in connection with this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that incomplete, false or inaccurate information, regardless of when it is discovered, may result in the rejection of this application or my dismissal if employed.

Date: _____ Signature Of Applicant: _____