

## ANNAPOLIS POLICE DEPARTMENT

### PHYSICAL ABILITY BOOKLET

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The application process includes a four part physical ability test. Below is a list of all three parts. **This is a PASS / FAIL test. Failure of any one part of the test is a disqualification.** You should wear athletic attire appropriate for the listed activities.

Pre-Employment Physical Ability Test

Description of Tasks:

- **Sit-ups** – Assume a reclining position, legs extended and slightly bent, arms folded on chest. Sit up to a full upright position so that the upper torso of the body is now vertical. Return to the original reclining position until the shoulder blades touch the floor for one repetition. The score is the number of sit-ups performed in one minute.
- **Push-ups** – Place hands on floor to shoulder width apart, lie on floor with hands even with your shoulders. Extend legs, lift with toes, and perform sit up with a straight back and legs.
- **1.5 Mile Run** – The time of a mile and a half run.

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Minimum scores for entrance as a Police Officer:

**MALE**

Age	Sit-Ups	Push-Ups	1.5 Mile Run
20-29	40	33	12:51
30-39	36	27	13:36
40-49	31	21	14:29
50-59	26	15	15:26

**FEMALE**

Age	Sit-Ups	Push-Ups	1.5 Mile Run
20-29	35	18	15:26
30-39	27	14	15:57
40-49	22	11	16:58
50-59	17	9	17:54

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**How to prepare for the tests:**

**Sit-ups:** The progressive routine is to do as many bent-leg sit-ups (arms folded across chest with someone holding your feet) as possible in one minute. Do at least three sets three times a week.

**Push-ups:** The progressive routine is to work on upper body, tricep and leg strength in order to safely perform push-up. Warm-up exercises to include stretching of the triceps, shoulders and chest are recommended.

**Flex:** Perform sitting types of stretching exercises daily to increase your flexibility.

There are two recommended exercises:

**Sit and reach:** Sit on the ground with your legs straight. Slowly bend forward at the waist and extend the fingertips toward the toes while keeping the legs straight. Hold for ten seconds. Do five repetitions of this exercise.

**Towel Stretch:** Sit on the ground with your legs straight. Wrap a towel around the feet holding the ends with each hand. Lean forward and pull gently on the towel, extending your torso toward the toes.

**1.5 Mile Run:** Below is a gradual schedule that would enable you to perform a maximum effort for the 1.5 mile run. If you can advance the schedule on a weekly basis, then proceed to the next level. If you can do the distance in less time, it is encouraged to do so.

Week Activity Distance Time Frequency

1 Walk 1.5 miles 25-59 min 5x

2 Walk 2 miles 28-30 min 5x

3 Walk/Jog 2 miles 26 min 5x

4 Walk/Jog 2 miles 24 min 4x

5 Jog 2 miles 22 min 4x

6 Jog 2 miles 20 min 4x

**Begin your exercise immediately!!  
Do not wait until the day before the test!!**

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**Legal Waiver Form**

I, \_\_\_\_\_, do hereby freely participate in the physical ability testing as part of my application for employment with the Annapolis Police Department. I agree to indemnify and hold harmless the person who conducts the testing, the facility where the testing is held, their agents and employees, from and against any and all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of my participation in this testing program.

Signature: \_\_\_\_\_ Notary: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Commission Expiration: \_\_\_\_\_

\_\_\_\_\_  
Notary Seal

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Doctor's Certification of Fitness to Perform Physical Ability Test

I have reviewed the attached five elements of the Annapolis Police Department Physical Ability Test and find that the applicant identified below (circle one)

**CAN**

**CAN NOT**

perform the elements of the test safely.

Applicant's Name: \_\_\_\_\_

Agency to which application is made: \_\_\_\_\_

Date of doctor's examination: \_\_\_\_\_

(this certification expires six months from date of exam)

Doctor's Signature: \_\_\_\_\_

Doctor's Printed Name: \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

\_\_\_\_\_

This form will expire six months from the date of examination. Upon expiration, a new certification for must be completed before any further processing can be done.

**\*\*\* IMPORTANT \*\*\***

**You must bring this form with you when you report for the Physical Ability Test. Without this form, you WILL NOT be tested.**