



Craig J. Guy
County Executive

**COUNTY OF HUDSON
DEPARTMENT OF LAW
PUBLIC SAFETY TRAINING CENTER
635 COUNTY AVENUE
SECAUCUS N.J. 07094**



Mark G. Miller
Director

PRE-ACADEMY PT ASSESSMENT CANDIDATE GUIDELINES

ALL CANDIDATES MUST FOLLOW THE PROCEDURE LISTED BELOW:

- **Candidates must provide their agency with the completed medical certification, hold harmless agreement, and a copy of a valid Identification at least 10 days prior to the assessment.**
- Arrive prior to 0800hrs. Late arrivals will not be permitted to enter after 0800hrs.
- Cellular Phones/smartwatches/tablets/computers are not permitted in the Training Center or at any testing site.
- Must have one (1) form of valid identification (State issued driver's license, state issued identification, or U.S. Passport)-must provide photocopy of this identification and the original identification itself.
- Medical Certification Form completed by your own physician.
- Fully completed Hold Harmless Agreement.
- All candidates are required to complete all 5 components of the physical assessment regardless of failing any individual component.
- A candidate who fails any component of the physical assessment will be reassessed 3 weeks after the initial assessment. During the reassessment, the candidate will be required to complete all 5 components of the assessment regardless of passing a component previously.
- Candidates are not permitted to have family members, relatives, friends, colleagues, personal trainers, or any other person come to the testing site with them. Any of the aforementioned will not be permitted into the testing site. Any violation of this directive will result in the candidate being disqualified from the assessment.

CANDIDATE ATTIRE AND GEAR:

- **PHYSICAL TRAINING ATTIRE** – plain black or navy blue in color sweatshirt, sweatpants etc.
- **ATHLETIC SHOES** – Running sneakers are preferred
- **WATER BOTTLE** – must have (1) clear plastic bottle containing water only
- **LUNCH BAG** – all candidates may bring a healthy light breakfast and lunch
- **PRESCRIBED MEDICAL DEVICE/MEDICATION** – prescribed medical devices containing medication such as asthma inhaler/pump, EPI pen, must be on your person

By signing this document, I acknowledge that I have read and understand the pre-academy PT assessment guidelines provided to me. I further acknowledge that I am responsible for the submission of all required forms to the agency I am applying to. Signature _____ Date _____