

Pinal County Sheriff's Office

COOPER PHYSICAL AGILITY TESTING

APPLICANT NAME: _____ TEST DATE: _____

PHYSICAL FITNESS EVALUATION

All Applicants must participate and pass the Cooper's Institute Recommended Fitness Test Battery for Law Enforcement. Each test has a minimum passing score that must be met to pass that test. Each test in the battery must be passed to pass the overall test, and advance further in the testing process.

The Cooper's Test Battery consists of **(1) One Minute Sit-Up**, consisting of lying on your back with your shoulder blades touching the floor, hands behind head with fingers interlaced, knees bent at a ninety degree angle with feet flat on the floor (held by partner), raising upper body until either your elbows touch your knees or you break the plane of your knees, and returning to the starting position **(2) 300 Meter Run**, consisting of running from a standing start for 300 meters **(3) Maximum Push Up**, consisting of being in the front leaning rest position (hands on the floor, one to two hand widths beyond the shoulders, elbows away from the body, arms fully extended, body held straight with feet no more than eight inches apart and toes touching the floor), body lowered toward the floor until the chest touches a partner's fist, then returning to the start position **(4) 1.5 Mile Run**, consisting of running from a standing start for 1.5 miles (usually 6 laps on a standard track).

This battery of tests has the following requirements as passing scores:

(1) One Minute Sit Up – 29 or more (one minute time limit)	_____	P / F
(2) 300 Meter Run – 68 seconds or better	_____	P / F
(3) Maximum Push Up – 25 or more (no time limit)	_____	P / F
(4) 1.5 Mile Run – 15:20 minutes or better	_____	P / F

****Note** It is recommended that you practice the specific exercises listed to prepare yourself for the actual test.**

LIABILITY RELEASE

I, _____, DO HEREBY RELEASE THE PINAL COUNTY SHERIFF'S OFFICE, STAFF AND AUTHORIZED REPRESENTATIVES FROM ANY LIABILITY FOR ANY INJURY WHICH MAY RESULT FROM MY PARTICIPATION IN THE PRE-EMPLOYMENT PHYSICAL AGILITY TESTING.

APPLICANT SIGNATURE: _____

TEST ADMINISTRATOR: _____ PASS OR FAIL