



**BALTIMORE COUNTY SHERIFF'S OFFICE
PRE-HIRE AGILITY TEST**



Date of Test: _____

Candidate Name: _____

Last Name

First Name

Middle Name

DOB: _____ Age: _____

EXERCISES

TRIGGER PULL-Timed Exercise (45 Seconds)

Strong Hand (30 Reps): _____ Qualified _____ Unqualified

Weak Hand (20 Reps): _____ Qualified _____ Unqualified _____ **Tester Initials**

SLIDE PULL-Timed Exercise (20 Seconds)

Pull Slide 5 Times: _____ Qualified _____ Unqualified _____ **Tester Initials**

SIT-UPS-Timed Exercise (60 Seconds) (Bent Leg) (Age Specific Amount)

Number of Sit-ups: _____
 _____ Qualified _____ Unqualified _____ **Tester Initials**
 Number Number

PUSH-UPS-(Standard Push-Ups with 90 ° Elbow Flexion) (Age Specific Amount)

Number of Push-Ups: _____
 _____ Qualified _____ Unqualified _____ **Tester Initials**
 Number Number

ENDURANCE RUN-Timed Exercise (1.5 Miles) (Time is Age Specific)

Qualifying Time: _____
 _____ Qualified _____ Unqualified _____ **Tester Initials**
 Time Time/DNF

STANDARDS

<u>AGE</u>	<u>TESTS</u>	<u>AGE</u>	<u>TEST</u>
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<u>MALE</u>	<u>SIT-UPS</u>	<u>PUSH-UPS</u>	<u>1.5 MILE RUN</u>	<u>FEMALE</u>	<u>SIT-UPS</u>	<u>PUSH-UPS</u>	<u>1.5 MILE RUN</u>
18-25	35	26	13:15	18-25	30	13	15:46
26-30	34	24	13:36	26-30	28	11	16:21
31-35	32	20	13:44	31-35	22	9	16:42
36-40	31	19	14:05	36-40	21	9	16:56
41-45	27	15	14:34	41-45	17	7	17:29
46-50	26	13	14:53	46-50	16	7	18:05
51-55	21	10	15:58	51-55	12	6	19:10
56+	23	9	16:28	56+	11	5	19:43

CIRCLE APPLICANT'S AGE GROUP

CERTIFIED BY: _____ **DATE:** _____



BALTIMORE COUNTY SHERIFF'S OFFICE DOCTOR'S CERTIFICATION OF FITNESS



I am a licensed Medical Doctor. I have reviewed the elements of the Pre-Employment Physical Agility Test for the Baltimore County Sheriff's Office. In my opinion, the candidate identified below CAN / CANNOT (CIRCLE ONE) perform the elements of the Pre-Employment Physical Agility Test safely.

Candidate's Name (Printed): _____

Candidate's Date of Birth: _____

Doctor's Signature: _____

Date: _____

Doctor's Name (Printed): _____

Doctor's Address: _____

Doctor's Phone Number: _____