



Physical Agility Test (PAT)
 For Correctional Officers
 CCDOC-2020-004

**COOK COUNTY DEPARTMENT OF CORRECTIONS
 MEMORANDUM**

| | |
|---|----------------------------|
| TO: All Interested Correctional Officers | DATE: March 6, 2020 |
| FROM: Michael Miller, First Assistant Executive Director of Operations | |
| SUBJECT: Physical Agility Test (PAT) Posting Announcement | *AMENDED |

Posting Date: March 6, 2020
 Internal and Internet Posting Version

Summary

Pursuant to Article XIV – Job Postings and Transfers, Section 14.3, I, B, of the Collective Bargaining Agreement, the Sheriff’s Office will conduct a Physical Agility Yearly Test for eligibility into the Electronic Monitoring Unit and any Cook County Department of Corrections unit requiring the PAT test. If an employee passes the PAT test, he or she will be considered to have met the PAT requirements for any of the units for a period of one year from the date of the PAT results. After one year, the PAT results expire. If an employee has not been selected for a unit within one year of the results of the PAT, and the eligibility list for the unit is still open after the PAT results have expired, then he or she will need to pass the PAT again prior to being selected for a unit.

The PAT must be passed prior to bidding to any of the units. This requirement will be verified prior to awarding the assignment.

Selection Process

Candidates that pass the PAT *and meet the Minimum Qualifications relevant to the specific unit for which they are bidding for*, will then be selected based upon seniority.

Application Instructions

Applications are available for pick up at the following location and on the Sheriff’s website www.cookcountysheriff.org beginning Friday, March 6, 2020 through Friday, March 20, 2020, 7:00am–3:00pm, Monday – Friday:

Administrative Report Unit
 Division V, First Floor, ***Old Superintendent’s Office**
 2700 S. California Avenue
 Chicago, Il 60608
 Office hours: 7:00am–3:00pm, Monday – Friday

*****To be added to the PAT Test schedule, all interested Officers must submit an email to ccso.docbid@cookcountyil.gov that includes the employee’s name, JDE#, Division/Unit and Shift/Detail. *Officers assigned to the 10p-6a or 11p-7a Shifts, when sending your email to ccso.docbid@cookcountyil.gov, please indicate your preferred testing time 1000hrs. or 1700hrs. We will attempt to accommodate as many staff members testing time requests as possible. All emails to participate in the PAT Test must be sent to ccso.docbid@cookcountyil.gov no later than 3:00pm on Friday, March 20, 2020.*****

Please note that all notifications (PAT test notifications, qualification status, etc.) shall be sent via email or posted on the Sheriff's website. Please regularly check your CCSO email account (pursuant to Sheriff's Order 11.4.20.2) and check the Sheriff's website to ensure that you receive these important notifications in a timely manner.

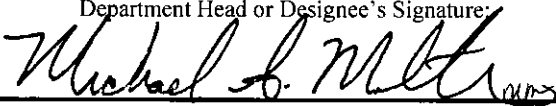
Testing Location, Date and Times:

Saturday, March 28, 2020 at the:
Moraine Valley Community College – Building A
9000 W. College Parkway
Palos Hills, IL 60465
0600-1400/0700-1500 shift Officers will PAT test at 1700 hrs.
1400-2200/1500-2300 shift Officers will PAT test at 1000 hrs.
2200-0600/2300-0700 shift Officers will PAT test at 1000 hrs. or 1700hrs. (*Times will be assigned*).
RTUT and SMT Officers your testing time will be assigned.

All PAT Testing is done on a voluntary basis. Applicants must take their PAT test outside of their regular work hours.

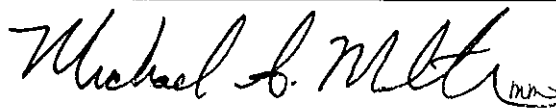
PLEASE NOTE: The Physical Agility Test Release and Waiver, Medical Release Form must be completed and signed by your personal physician (Doctor of Medicine) and must be brought with you on your scheduled Physical Agility Test date. Only the original form will be accepted; no substitute forms, no faxes, no copies. Failure to follow these instructions will result in your disqualification.

Note: Any false information, omissions or misrepresentations made on any documents submitted in this process will result in immediate disqualification as a candidate for any Cook County Sheriff's Bid Transfer.

| | | |
|--|--|------------|
| I certify, that no political reasons or factors were considered in any decision I made or action I took relating to this employment action. Further, I do not know of, or have any reason to believe that, anyone else considered or took action based on political reasons or factors with respect to this employment action. | | |
| Printed Name: | Department Head or Designee's Signature: | Date: |
| Michael Miller |  | 03/06/2020 |

SIGNATURE:

Cc: All CCDOC Assistant Executive Directors
All CCDOC Superintendents
Marie Rangel, Director, Sheriff's Bureau of Training and Education
Carmen Ruffin, Director, Electronic Monitoring Unit
Matthew Burke, Executive Director, Human Resources
Ngozi Okorafor, Director of Employment Actions, Human Resources
Elizabeth Oplawski, Employment Action Compliance Officer, CCSO
Ofc. E. Kern, Assistant Chief Union Steward (Teamsters)
File



**Physical Agility Test (PAT)
For Correctional Officers
CCDOC-2020-004**

The Cook County Sheriff's Office prohibits all unlawful political contacts and unlawful political discrimination in all decisions related to any employment action.

By signing below, I hereby certify that no Political Reasons or Factors were considered in any decision I made or action I took relating to this Employment Action. Further, I do not know of, nor do I have any reason to believe that anyone else considered or took action based on political reasons or factors with respect to this Employment Action.

Printed Name:

Signature:

Date:



**COOK COUNTY SHERIFF'S BUREAU
OF TRAINING & EDUCATION
THOMAS J. DART, SHERIFF
MARIE RANGEL, DIRECTOR**



**SHERIFF'S POLICE ACADEMY
BUREAU OF TRAINING**

**DEPARTMENT OF CORRECTIONS ACADEMY
COURT SERVICES ACADEMY**

MEDICAL RELEASE FOR PHYSICAL AGILITY TEST

Date: _____

To: Marie Rangel, Director
Cook County Sheriff's Bureau of Training & Education

From: Doctor: _____ M.D.
(Doctor, please **PRINT** your full name)

I hereby certify that the following individual:

(First Name) (MI) (Last Name)

was examined by me on _____ / _____ / 2019 and I have found that he/she is physically
(Month) (Day)

capable of participating in the Cook County Sheriff's Office Physical Agility Test. I certify that I have reviewed the exercises that compose the Physical Agility Test presented to me by the individual named above. I also certify that this individual is able to participate in vigorous physical exercise, with **NO RESTRICTIONS**, including running one and one half (1½) miles, completing up to twenty-four (24) sit-ups, and completing a bench press with the score based on a ratio of weight pushed divided by body weight.

Signature: _____ M.D.

Street Address: _____

City, State and Zip Code: _____

Telephone Number: _____

Physician's License Number: _____

Applicant: This form must be completed and signed by your personal physician (Doctor of Medicine) and you must bring it with you on your scheduled Physical Agility Test date. Only this original form will be accepted; no substitute forms, no faxes, no copies. Failure to follow these instructions will result in your disqualification.

Note: Any false information, omissions or misrepresentations made on any documents submitted in this interview process will result in immediate disqualification as a candidate for Correctional Officer to Deputy Sheriff Training.

MORaine VALLEY COMMUNITY COLLEGE
9000 W. COLLEGE PKWY., BUILDING A140
PALOS HILLS, IL 60465
TELEPHONE: (708) 974-5700



**COOK COUNTY SHERIFF'S BUREAU
OF TRAINING & EDUCATION
THOMAS J. DART, SHERIFF
MARIE RANGEL, DIRECTOR**



**SHERIFF'S POLICE ACADEMY
BUREAU OF TRAINING**

**DEPARTMENT OF CORRECTIONS ACADEMY
COURT SERVICES ACADEMY**

PHYSICAL AGILITY TEST RELEASE AND WAIVER

Date: _____

To: Marie Rangel, Director
Cook County Sheriff's Bureau of Training & Education

From: Applicant _____
(Applicant, please PRINT your full name)

I understand that the **Cook County Sheriff's Office** mandated **Physical Agility Test**, requires a degree of physical strength and agility and I recognize and acknowledge that there are certain risks of physical injury. As a participant in the **Cook County Sheriff's Office** mandated **Physical Agility Test**, I agree to assume all risks and to release, remise and discharge the Cook County Sheriff's Office, Cook County of Illinois, the Sheriff of Cook County, Moraine Valley Community College, and/or any of its employees and/or agents thereof from any and all claims, demands and liabilities to me, my family or heirs as the direct or indirect result of any and all injuries, death, losses and/or damages to my person or property, I may consider to have been caused or may arise as the result of participating in any and all activities connected with or associated with the **Physical Agility Test**, including any errors or omissions by either the Cook County Sheriff's Office, its agents or employees, and/or any conditions or latent defects in and on the premises where the particular test is given; which are alleged to be the proximate cause of my injury.

I hereby affirm and declare that I have read all the foregoing terms, conditions and declarations and I fully understand and agree with them. In addition, I have reviewed the requirements of the **Physical Agility Test** and have discussed my physical ability to perform these tests with my physician.

Name: (Print) _____

Signature: _____

Date: _____

YOU WILL NOT BE TESTED UNLESS YOUR SIGNATURE HAS BEEN NOTARIZED.
(If you do not know what a notary is, call our office when you receive this document. ((708) 974-5700)

NOTARY:→

Applicant: This form must be completed in its entirety and you must bring it with you on your scheduled Physical Agility Test date. Failure to follow these instructions will result in your disqualification.

MORaine VALLEY COMMUNITY COLLEGE
9000 W. COLLEGE PKWY., BUILDING A140
PALOS HILLS, IL 60465
TELEPHONE: (708) 974-5700

PHYSICAL AGILITY TEST REQUIREMENTS

How Will Physical Fitness Be Measured?

The Physical Agility Test consists of three basic tests. Each test is a scientifically valid test. It is recommended that five minutes of static stretching be completed prior to each test. A five-minute rest is recommended between each test, with a fifteen-minute rest before the 1.5-mile run. The tests will be given in the following sequence with a rest period between each test.

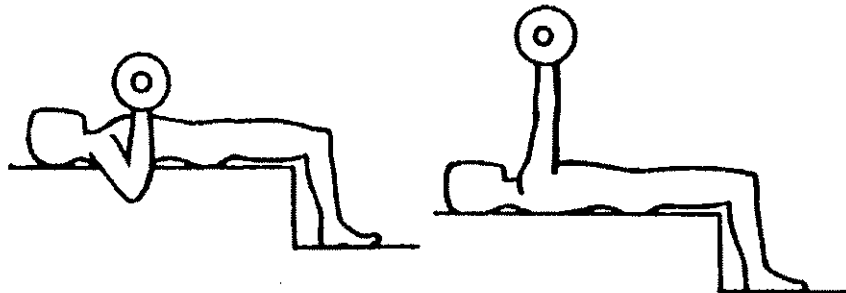
1. 1 Minute Sit-Up Test

This is a measure of the muscular endurance of the abdominal muscles. It is an important area for performing tasks that may involve the use of force and is also an important area for maintaining good posture and minimizing lower back problems. *The score is in the number of bent leg sit-ups performed in one minute.*



2. One (1) Repetition Maximum Bench Press

This is a maximum weight pushed from the bench press position and measures the amount of force the upper body can generate. It is an important area for performing tasks requiring upper body strength. *The score is a ratio of weight pushed divided by body weight.*



3. 1.5 Mile Run

This is a timed run to measure the heart and vascular system's capability to transport oxygen. It is an important area for performing tasks involving stamina and endurance and to minimize the risk of cardiovascular problems. *The score is in minutes and seconds.*



What Are the Standards?

- The actual performance requirement for each test is based upon norms for a national population sample.
- The applicant must pass every test listed below.

| Test Requirements | |
|--------------------------|-------|
| 1-Minute Sit-Up | 24 |
| Max Bench Press % | 52% |
| 1.5 Mile Run | 16:52 |