



Mercer County Police Academy

Mercer County Community College
1200 Old Trenton Road
West Windsor, New Jersey 08690-1099
Engineering/Technology Building
Business Office (609) 584-2302
Fax (609) 584-2306

Candidate Physical Fitness Preparation Program – Application

APPLICANT INFORMATION

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address APT/Unit #
_____ City State Zip Code

Cell Phone: _____ Email: _____

I have applied to a Law Enforcement Agency? Yes No If yes, where? _____
Circle one

Are you a resident of New Jersey? Yes No
Circle one

Physician Name/Address/Phone: _____

EMERGENCY CONTACT

Full Name: _____ Date: _____
Last First M.I.

Relationship: _____ Cell Phone: _____

DISCLAIMER/SIGNATURE

I understand the following:

- The Police Academy Director/Staff will review this application and determine your approval.
- Filling out this application does not automatically accept your admittance to the PREP program.
- The admittance to this program is voluntary and I may withdraw at any time.
- If I decide to withdraw, it will not hinder any possible future admittance to a police academy.
- I **MUST** attend orientation on Day 1.
- If I do not attend Day 1, I will not be permitted to participate in the PREP program training.
- If I require medical attention while participating in the PREP program, I must provide an updated medical form for clearance before participating in the next PREP session.
- I may be dismissed for any inappropriate, unsafe actions or health/medical reasons.
- I am required to have a medical clearance form by a NJ licensed physician **signed within 30 days** of the start of the PREP program.
- I am required to have **ALL** forms signed; Hold Harmless Agreement, Medical clearance and a photo ID on Day 1 (orientation day) to participate in the PREP program.

Signature of Applicant: _____

Date