



STATE OF NEW JERSEY
CIVIL SERVICE COMMISSION

DIVISION OF TEST DEVELOPMENT AND ANALYTICS

P.O. Box 310

Trenton, New Jersey 08625-0310

Phil Murphy
Governor
Sheila Oliver
Lt. Governor

Deirdre Webster Cobb
Chair/Chief Executive Officer

**Fire Fighter Memorandum of Understanding Regarding the Physical Performance Test
Release Form**

I understand that the entry-level Fire Fighter examination process also includes a physical performance test (PPT) that will be given on a pass/fail basis at the time an eligible list is certified. If my name is certified, I will be contacted via **email** and scheduled to take the PPT. For this reason, I acknowledge that:

1. It is my responsibility to keep an accurate and current mailing and email address on file with the New Jersey Civil Service Commission (CSC). If I change my address with the United State Postal Service, I still need to change it with the CSC. I have been advised to add this email: PPTschedule@csc.nj.gov to my safe sender list or at minimum, check spam folders for emails from this CSC email address.
2. Since list certifications may occur at any time throughout the duration of the list, I am responsible for maintaining a fitness level commensurate with what's required to successfully complete the PPT. A description of the PPT is included in the PPT Physical Fitness Manual, which is available on the CSC website.
3. If certified, I must respond to any certification notice(s) within the timeframe stated on the notice.
4. If certified and scheduled to take the PPT, I understand that I **MUST** appear on my scheduled test date, with all required materials, ready to be tested; otherwise, I will be removed from ALL Fire Fighter eligible lists on which my name appears.
5. I may request a make-up examination when appropriate circumstances do not allow me to take the PPT on my scheduled date. Approval is not automatic; requests must be received within certain timeframes and satisfy certain criteria.
6. Make-up exams will not delay certification processing which means my name may be bypassed, but may be certified in the future if the need exists.
7. I must bring a properly completed and signed medical clearance form with me on the date of my PPT exam; otherwise, I will not be tested and will be removed from ALL Fire Fighter eligible lists.
8. Should I choose not to take the test, if I fail the PPT, or do not provide a properly completed and signed medical clearance form, I will be removed from ALL Fire Fighter eligible lists.
9. If I wish to claim veteran's preference rights, I will provide, in a timely manner, the appropriate documentation to the New Jersey Department of Military & Veteran Affairs (DMAVA).

Print Name _____

Last 4 digits SS# _____

Signature _____

Date _____

Monitor # _____