


PHYSICAL FITNESS TEST

OPOS 002 (7/18)

PHYSICAL FITNESS TEST WAIVER FORM

LAST NAME		FIRST NAME		M.I.	PFT DATE
EXAM ID		SOCIAL SECURITY NUMBER		DATE OF BIRTH (MM/DD/YY)	
CLASSIFICATION:	<input type="checkbox"/> CO	<input type="checkbox"/> YCO	<input type="checkbox"/> YCC	<input type="checkbox"/> OTHER	
TESTING CENTER:	<input type="checkbox"/> NORTHERN	<input type="checkbox"/> CENTRAL	<input type="checkbox"/> SOUTHERN		
CANDIDATE WAIVER:					
<p>WHEREAS, the California Department of Corrections and Rehabilitation has regularly announced a competitive examination for which my application has been accepted and the conditions of the examination require me to demonstrate my strength, endurance, and/or other physical ability; and</p> <p>WHEREAS, the facility and equipment have been provided to me for such testing purposes, I certify that I have the physical health, ability, and experience to perform this test without risk or physical harm to myself or others.</p> <p>I do hereby agree to assume all risks attendant upon the carrying out of the performance of this test and to assume responsibility for any property damage or injury to any person caused by me while participating in the said demonstration of strength, endurance where such property damage or injury is the result of my negligence or incompetence.</p>					
CANDIDATE'S SIGNATURE					DATE SIGNED

PRIVACY NOTICE: The Information Practices Act of 1977 (CC 1798.17) and the Federal Privacy Act of 1974 (PL 93-579) require that this notice be provided when collecting personal information from individuals. Providing the social security number is voluntary and is being requested for identification purposes only, however, the processing of this document may be delayed if you do not supply your social security number.

EMERGENCY CONTACT INFORMATION				
In the unlikely event of an emergency, please provide the name and contact information of one person we may contact on the day of your Physical Fitness Test. This information will <i>ONLY</i> be used in case of an emergency.				
FIRST NAME		LAST NAME		RELATIONSHIP/ACQUAINTANCE
FIRST PHONE #	SECOND PHONE # (Optional)		EMAIL ADDRESS	
VEHICLE INFORMATION				
Will/do you have a vehicle parked at the Physical Fitness Test site? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If yes: 	MAKE	MODEL	COLOR	LICENSE PLATE #