

**TOWN OF FAIRVIEW - FIRE DEPARTMENT  
AGILITY TEST - RELEASE OF CLAIMS & WAIVER OF LIABILITY**

I, \_\_\_\_\_, for and in consideration of being considered for employment by the Fairview Fire Department, do hereby make the following representations and acknowledgements:

1. As a part of the application process, I will have to take a physical agility test. The test may involve running, jumping, lifting, climbing, carrying, exercising, and other physical activities. Whether I am in good physical condition or poor physical condition, I recognize that there are risks of injury involved in taking this agility test. I further understand that if I am not in good or adequate physical condition, or if I have any pre-existing injuries, diseases, or physical conditions which may be aggravated by this test, that I may be placing myself at risk. I fully accept all risk and responsibility involved in engaging in this agility test.
2. I realize and agree that when taking the agility test, I will not be an agent, servant or employee of the Town of Fairview or the Fairview Fire Department, and therefore will not be covered by any worker's compensation, death or disability benefits of the Town of Fairview.

By signing this waiver, I do hereby release and forever discharge the Town of Fairview, the Fairview Fire Department, and its elected officials, officers and employees, in both their professional and personal capacities, from any and all liability, claims, suits, demands or causes of action which may arise from my taking the agility test. **This waiver is intended to cover all acts or omissions of the Town of Fairview, the Fairview Fire Department, and its elected officials, officers and employees, regardless of whether such act or omission is the result of an intentional, reckless, grossly negligent, or negligent act. By signing this waiver, it is my intent to bind my heirs, executors, administrators and assigns.** I understand the terms of this release are contractual and not a mere recital. Before signing this release, I read it fully and hereby acknowledge that I understand it. I have signed this document of my own free will.

Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public in and for the State of Texas

**In case of emergency, notify:**

Name: \_\_\_\_\_ Relationship to me: \_\_\_\_\_

Address: \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ Work/Cell: (\_\_\_\_) \_\_\_\_\_

## AUTHORIZATION TO RELEASE INFORMATION

TO: \_\_\_\_\_

I hereby request and authorize you to furnish the Town of Fairview Fire Department with and all information they may request concerning my work record, educational and training record, military record, financial status, criminal record, and general reputation. This authorization is specifically intended to include any and all information of a confidential or privileged nature as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment as a volunteer, part-time or full-time Fire Fighter. I hereby release you and your organization from any liability, which may, or could, result from furnishing the information requested above, or from any subsequent use of such information in determining my qualifications to serve as a Fire Fighter.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Name

\_\_\_\_\_  
Social Security Number

Before me, \_\_\_\_\_, a Notary Public, on this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_ appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing, and declared that the statements contained herein are true and correct.

\_\_\_\_\_  
Notary Public in and for the State of Texas

My Commission Expires: \_\_\_\_\_

**DPS Computerized Criminal History (CCH) Verification**  
**(AGENCY COPY)**

I, \_\_\_\_\_, have been notified that a computerized criminal  
APPLICANT or EMPLOYEE NAME (Please print)  
FULL NAME AS IT APPEARS ON YOUR DRIVER'S LICENSE  
history (CCH) verification check will be performed by accessing the Texas Department of Public Safety  
Secure Website and will be based on name and DOB information I supply. MY DATE OF BIRTH IS \_\_\_/\_\_\_/\_\_\_

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, LI Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

**(This copy must remain on file by your agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_/\_\_\_/\_\_\_  
Date

**Fairview Fire and Rescue**  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_/\_\_\_/\_\_\_  
Date

<b>Please:</b> <b>Check and Initial each Applicable Space</b>		
CCH Report Printed:		
YES ___	NO ___	_____ initial
Purpose of CCH: <b>EMPLOYMENT</b>		
Hired ___	Not Hired ___	_____ initial
Date Printed: ___/___/___		_____ initial
Destroyed Date: ___/___/___		_____ initial
<b>Retain in your files</b>		