

LOVINGTON FIRE DEPARTMENT



Fire Chief: Skip Moorhead

213 S. Main Lovington NM, 88260 T: (575) 396-2359 F: (575) 396-7380

Applicant Release Form:

I am testing for a position with the Lovington Fire Department. I understand that I will be required to take a physical agility test. I have been given a copy of the description of the Lovington Fire Department's physical fitness and agility tests. I also agree to view the video or a live demonstration of the physical agility test prior to starting the said test. In addition, I will agree to attend a safety and familiarization briefing on the provided S.C.B.A (Self-Contained Breathing Apparatus) on the date of testing.

I agree to hold the Lovington Fire Department, the City of Lovington, or any of its employees harmless from any injuries I might receive during the fitness and physical agility test process. I am testing for a full or part-time position and do this of my own free will.

| This section is to be com | ipleted in the presence of a n | otary: | |
|---------------------------|--------------------------------|--------|----------|
| Printed Name of Applica | nnt: | | |
| Signature of Applicant: | | | Date: |
| | | | |
| Notary: Subscribed and | sworn to before me at | | |
| , | | (Time) | |
| | | | |
| This | day of | 20 | <u>·</u> |
| Signed: | | | |
| | | _ | |
| My commission expires: | | | |