

Consent to Release of Information and Release of Liability

(Must be Completed and Signed by Candidate)

I, (print) _____, wish to enter the examination process to be placed on the list for firefighter. I am fully aware that several cities are part of a testing consortium and require written and physical ability examinations. The results of these examinations will become part of my file and will be available to personnel authorized to view my file in various cities.

I understand that the written examination will be scored on a percentage basis (0 -100%, with 70% as a minimum passing grade) and the physical ability exam will be scored pass/fail; and I will be an active candidate on the list so long as I have both a current written test score and a current physical abilities test score – each lasting one (1) year from its test date. I have been advised that as part of the physical ability examination it will be necessary for me to demonstrate my physical skills and abilities in a series of agility tests. I further state that I am not aware of any physical condition that could be aggravated, worsened or otherwise adversely affected by the strenuous nature of these physical ability tests. I have produced a completed Physician's Release Form to substantiate this claim.

I also understand that my name may appear on the Eligibility List for more than one city; some employ firefighters under Michigan Act 78, others under local ordinances. Since each city's Eligibility List varies in length and criteria, I understand I may not be at the same position on each city's List. Further, because each city may hire at a different rate, I understand that candidates will be hired in other cities that have lower scores than me. I acknowledge that _____*
Community College and Empco, Inc. are strictly administrators of the testing process and not involved in the hiring decision.

Further, having full knowledge of this process, I make this release for myself, my heirs, executors and administrators and do hereby release, relieve, discharge forever, and hold harmless each participating municipality, the Community College and Empco, Inc. and their employees, agents and contractors from any and all claims whatsoever, which might accrue or arise as a result of any injury or damage that I may sustain as a result of participating in the testing process.

Date: _____

Date of Birth: _____

Print Name: _____

Driver's License No. _____

Signature: _____

*Enter the name of the Community College where you are taking the physical ability test (i.e., Macomb, Oakland, Schoolcraft, St Clair, etc.)