

CLASSIFICATION: <input type="checkbox"/> CO <input type="checkbox"/> YCO <input type="checkbox"/> YCC			
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NAME (LAST, FIRST, M.I.)		SOCIAL SECURITY NUMBER	DATE	
DRIVERS LICENCE NUMBER	STATE	BIRTHDATE (MM/DD/YY)	EXAM ID	<input type="checkbox"/> NTC <input type="checkbox"/> CTC <input type="checkbox"/> STC

**CANDIDATE WAIVER:**

**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

**WHEREAS**, the facilities 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 to others.

**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.**

CANDIDATE'S SIGNATURE	DATE
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**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.

<b>REQUEST TO WITHDRAW</b>	
I hereby voluntarily withdraw from this Physical Fitness Test. <b>I understand that my withdrawal means I will be eliminated from the entire examination process. By signing below, I agree to forfeit all rights to appeal from this date forward.</b>	
SIGNATURE	DATE