



CLARK COUNTY SHERIFF'S OFFICE

120 N. Fountain Ave.
Springfield, OH 45502

Phone: 937-521-2050

Fax: 937-328-2515

TO WHOM IT MAY CONCERN

I, _____, having submitted an application to the Clark County Sheriff's Office, agree to participate in all phases of the applicant screening process to determine my suitability for employment.

I fully understand that a Physical Qualifications Test is required and that my participation in said test is a personal choice. In doing so, I hereby relieve the Clark County Sheriff's Office, Clark County Consolidated Government, and their representatives of any and all liability for personal harm or injury resulting from my participation.

Signed: _____

Date: _____

Witness: _____

Date: _____

Notary Signature: _____

My Commission Expires: _____
(Stamp Only – Not Hand Written)

Notary Seal: