Carroll County Sheriff's Office
Waiver of Liability
Pre-Employment Physical Agility Test

All applicants for **Law Enforcement, Correctional Deputy, and Court Security positions** within the Carroll County Sheriff's Office must pass the following fitness standards to continue in the hiring process.

Physical Agility Test Course

The course consists of a series of ten (10) interspersed individual tasks, arranged in a continuous format that are viewed as being essential (physical) job related tasks for Law Enforcement / Correctional / Court Security Deputy training:

- Running – 300 meters
- Horizontal Jump– a distance of four (4) feet
- Climbing over an object – over an object four (4) feet
- Jumping Down – Four (4) feet
- Climbing Steps – Ascend/Descend two (2) flights of stairs
- Serpentine – Changing direction in run
- Low Crawling – 24-inch-high obstacle
- Vertical Jump – Low Hurdle – fifteen (15) inches
- Moving/Dragging Weight (160-pound dummy) – Move thirty (30) feet
- Handgun Trigger Pull & Slide Manipulation

The obstacle course must be completed in 3 minutes and 10 seconds for Deputy Sheriff Recruit, Certified Deputy Sheriff Probationer, and Certified Deputy First Class applicants. Correctional Deputy I (Entry-Level), Correctional Deputy Probationer, Correctional Deputy Lateral, and Court Security Deputy applicants must successfully complete the course in 4 minutes. <u>TO BE COMPLETED BY APPLICANT:</u>

APPLICANT'S NAME (PRINT CLEARLY): _____

SOCIAL SECURITY NUMBER:_____ **DATE OF BIRTH**:_____

<u>TO BE COMPLETED BY PHYSICIAN:</u>

I certify that I have reviewed the above requirements and it is my opinion that the above-named applicant can perform the elements of this test without undue risk to himself/herself.

PHYSICIAN'S NAME: _____

PHYSICIAN'S ADDRESS: _____

PHYSICIAN'S TELEPHONE: _____

PLACE IMPRINT OF DOCTOR'S OFFICE STAMP HERE

*Physician's Office **<u>MUST</u>** indicate if no stamp is available, and physician **<u>MUST</u>** also sign in this box to indicate same.*

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PHYSICIAN'S ORIGINAL SIGNATURE: _____ **DATE:**_____

This waiver of liability is valid for six months from the date of physician's signature

***~~~~<u>PHYSICIANS ONLY</u>** may contact CCSO at 410-386-2610 with any questions regarding this test. ~~~~*

Revised: 07/2026