



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 applicants. Certified Deputy Sheriff Probationer, Certified Deputy Sheriff First Class, Correctional Deputy I (Entry-Level), Correctional Deputy Probationer, Correctional Deputy Lateral, and Court Security Deputy applicants must successfully complete the course in 4 minutes.

TO BE COMPLETED BY APPLICANT:

APPLICANT'S NAME (PRINT CLEARLY): _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

TO BE COMPLETED BY PHYSICIAN:

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 **MUST** indicate if no stamp is available, and physician **MUST** also sign in this box to indicate same.



PHYSICIAN'S ORIGINAL SIGNATURE: _____ DATE: _____

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

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