



## Personal

Name \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_ Driver License # \_\_\_\_\_  
STREET

\_\_\_\_\_ Date of Birth \_\_\_\_\_  
CITY STATE ZIP CODE

Telephone # (\_\_\_\_\_) \_\_\_\_\_ Mobile/Other Phone # (\_\_\_\_\_) \_\_\_\_\_

If necessary, best time to call you at home is \_\_\_\_\_ AM  
 \_\_\_\_\_:\_\_\_\_\_ PM

May we contact you at work?  Yes  No

If yes, work number and best time to call (\_\_\_\_\_) \_\_\_\_\_ AM  
 \_\_\_\_\_:\_\_\_\_\_ PM

Are you over 18 years of age?  Yes  No

List positions previously applied for \_\_\_\_\_  None

Are you legally eligible for employment in this country?  Yes  No

Have you ever been convicted of a crime?  Yes  No

Answering "yes" to this question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness, and nature of the violation, rehabilitation and position applied for will be taken into account.

If yes, please provide date(s) and details \_\_\_\_\_

## Work Preference

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of employment desired  Full-time  Part-time  Internship

Can you perform the essential requirements of this job with or without reasonable accommodation?  Yes  No

Are you able to meet the attendance requirements of the position?  Yes  No

Will you work overtime (more than 40 hours in a week)?  Yes  No

## Education

Education			
High School	City/State		Did you graduate?
College/Technical School/Other City/State	# of Years	Course of Study	Degree, diploma, certificate and honors received











# WEATHERFORD POLICE DEPARTMENT

201 SW MAIN ST  
WEATHERFORD, OK 73096-0569  
(580) 772-7791 · FAX: (580) 772-5112



ANGELO OREFICE  
CHIEF OF POLICE  
angelo.orefice@weatherfordpd.org

## Physician Release

Oklahoma law requires all law enforcement officers to attend and successfully complete a basic training program approved by the Council on Law Enforcement Education and Training (CLEET). The purpose of this physical fitness test is to ensure the applicant is in sufficient physical condition to avoid unnecessary injury and ensure safe participation during the CLEET basic academy. Also, the physical fitness test is to ensure the applicant can perform the necessary functions of the police officer position. The stress, physical contact, and exertion an applicant experiences during these activities will equal or exceed those experiences by a contact sport athlete during a hard practice. Applicants will be required to complete the following activities to meet these challenges:

- Running (1.5 mile run in 16:00 minutes)
- Sprinting (300 meter sprint in 75 seconds)
- Push-ups (25 push-ups)
- Sit-ups (25 sit-ups in 60 seconds)

Applicant/Patient Full Name: \_\_\_\_\_

The applicant named above is my patient, and I am familiar with his or her medical conditions and physical capabilities.

I certify that I have read the above stated description of the activities for which my patient will be involved. I understand my patient will engage in highly stressful and rigorous activities of law enforcement training.

Based on my knowledge and evaluation of \_\_\_\_\_ (patient), I certify:

\_\_\_\_\_ **There are no contraindications** to the individual being capable of performing essential physical tasks. The applicant named above **is** physically qualified and capable of performing all of the above-described physical tasks pertaining to law enforcement training.

\_\_\_\_\_ **There are contraindications** to the individual, and it is not recommended that the individual participate. The applicant named above **is not** physically qualified and capable of performing all of the above-described physical tasks pertaining to law enforcement training.

\_\_\_\_\_  
Printed Name of Treating Physician

\_\_\_\_\_  
Signature of Treating Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Phone Number



# WEATHERFORD POLICE DEPARTMENT

201 SW MAIN ST  
WEATHERFORD, OK 73096-0569  
(580) 772-7791 · FAX: (580) 772-5112



ANGELO OREFICE  
CHIEF OF POLICE  
angelo.orefice@weatherfordpd.org

## Official Waiver of Liability and Release of All Claims

**Please read this form carefully and completely. Please sign and date this form if you understand and agree with the terms, conditions, and declarations.**

I declare and represent that I received a written description of the physical fitness test, and I am aware of what the physical fitness test entails. I further declare and represent that I am in good health, and I understand the nature of the physical fitness test. I also declare my personal attire is safe and fit for participation in the physical fitness test. I personally assume any and all risks of injury with respect to all matters pertaining to my participation in the physical fitness test including death, damage, or loss which I may sustain as a result of participating in any activities associated with the physical fitness test.

I hereby consent and agree to all of the following terms and conditions:

### Acknowledgement of Risk:

As a participant in the physical fitness test, I recognize and acknowledge there are certain risks of physical injury. I agree to assume the full risk of any injury, including death, damage, or loss which I may sustain as a result of participating in any and all activities associated with the physical fitness test.

### Waiver of Liability and Release of All Claims:

I do hereby, for myself, heirs, executors, administrators, and other parties claiming under or through me, fully waive, relinquish, release, and forever quit-claim and discharge the Weatherford Police Department and the City of Weatherford, and all its officials, trainers, officers, agents, employees, servants, monitors, and examiners from any and all liability, claims, demands, actions, and causes of action arising from or related in any way to any loss, damage, injury, or death resulting from the negligence of the Weatherford Police Department officials, trainers, officers, agents, employees, servants, monitors, and examiners caused.

### Indemnity and Defense:

I do hereby agree, for myself, heirs, executors, administrators, and other parties claiming under or through me, to indemnify and hold harmless and defend the Weatherford Police Department and its officials, trainers, officers, agents, employees, servants, monitors, and examiners from any and all claims, suits, demands, actions, or causes of action arising from or related in any way to loss, damage, or injury including death that may be sustained by me while participating in the physical fitness test, or upon the premises where the physical fitness test is administered.

I understand the physical fitness test administration staff may remove me from the physical fitness test if they believe I might endanger myself or be an endangerment to others. I understand I may not participate in the physical fitness test if I do not understand, agree, and sign this form.

I hereby certify and declare that I have read all of the foregoing terms, conditions, and declarations, and I fully understand and agree to them.

---

Signature

---

Printed Name

---

Date