

Applicant's Statement/Physical Ability Test Claims Release

State of Texas §

County of Williamson §

I, _____, certify that answers given in the application are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active from the date of submission to the posted due date. All applications received after the posted due date will not be accepted. After submitting this application, I understand that it is my responsibility to notify the Leander Police Department of any changes of information in the original application.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Furthermore if the position of employment that I am seeking is a position licensed by TCOLE, cadet or police officer, I, _____, for myself and heirs, executors, successors, administrators, assigns, and all other persons, individuals, firms, companies, and/or entities claiming by, through, or under me, severally, or jointly that I do hereby release, indemnify, and agree to hold harmless the City of Leander, the Leander Police Department, its employees, agents, assigns, and all other persons claiming by through, or under the City, severally or jointly, from and against any and all claims, liability, and causes of action which may have accrued or in the future accrue to me as a result of my taking a test to determine my physical ability. I understand that the said physical agility test is required as a part of the application procedure for consideration for employment as a member of the Leander Police Department.

I acknowledge that during the taking of said test my physical strength, ability, agility and conditions will be measured and in conjunction therewith, I will be required to exert myself physically and that such exertion is only intended to measure my physical ability and agility to determine whether or not I can perform the essential functions of the job regarding physical agility to be qualified for employment by the Leander Police Department. I understand that there is a risk of injury. I voluntarily agree to waive and abandon any claim, cause of action or liability that I may presently have or which I may obtain in the future as a result of, or with regard to, the said test.

X _____ Date _____

(Signature of Applicant)

ACKNOWLEDGEMENT

I, _____, do hereby acknowledge that the foregoing instrument was executed by me for the purpose expressed herein, and I acknowledge that I voluntarily executed the same, and that the contents thereof are true and correct.

X _____

(Signature of Applicant before Notary)

On this _____ day of _____, 20 ____, _____, herein referred to as "Applicant", personally appeared before me and stated the reasons for executing this instrument is for the same expressed reasons stated herein.

Notary Public

(seal)

My commission expires _____.