



Town of Warren

POLICE DEPARTMENT
ONE JOYCE STREET
WARREN, RHODE ISLAND 02885-3232
(401) 245-1311 FAX (401) 247-0091



Peter T. Achilli
CHIEF OF POLICE

LIABILITY/RELEASE FORM

To Whom it May Concern,

I, _____, DOB: _____
(print full name)

Of _____
(complete address)

do hereby release and forever discharge the Town of Warren, its agents and servants, including all members of the Warren Police Department, their heirs, executors, and administrators from all claims, demands, actions, both in law and equity, or especially all claims of any physical or mental injury or discomfort or accidental death arising out of, participating in, taking part in, being allowed in, take the Warren Police Department Fitness Test. It is completely understood that I am taking the above mentioned action of my own free will.

(Signature)

Sworn and subscribed before me this _____ day of _____, _____
(month) (year)

in _____, Rhode Island.

Signature: _____
(Notary Public)

My Commission expires _____ / _____ / _____

(Raised seal or original stamp)

"The Town of Warren is an equal opportunity provider and employer."



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PERSONAL INQUIRY WAIVER

To Whom it May Concern,

I respectfully request and hereby authorize you to furnish the Warren Police Department any and all information or opinions as may be requested which you may have concerning me; including, but not limited to: my work record, my academic record, my reputation, my financial and credit status. Please include any and all medical, physical and mental records or reports, including all information of a confidential nature. This information is to be used to assist the department in determining my qualifications, suitability and fitness for the position which I am seeking.

NAME:

(PRINT OR TYPE)

SIGNATURE:

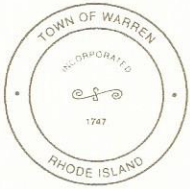
DATE:

WITNESS:

WITNESS SIGNATURE:

THIS FORM MUST BE SUBMITTED
PRIOR TO ORIENTATION OR AT THE TIME OR ORIENTATION

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FITNESS TEST MEDICAL CERTIFICATE

Dear Physician:

The following named individual has submitted an application to become a Police Officer with the
Warren Police Department.
(name of department)

Candidate Name: _____	Date of Birth: _____
Address: _____	Town/City: _____ State: _____

The **Warren** Police Department and the Rhode Island Department of Public Safety/Municipal Police Training Academy (RIDPS/MPTA) requires each candidate to bring a completed Physical Fitness Test Certificate to the Physical Fitness Test before he/she will be allowed to participate in the test. A statement must be obtained from a licensed physician that the candidate is of sufficient physical conditioning to undergo a Physical Fitness test. The Fitness Test Medical Certificate must be completed within six (6) months of the Physical Fitness testing date.

Attached to this form is a listing of the minimum physical fitness standards a candidate must attain. We ask that your evaluation be based upon these criteria. Thank you for your assistance.

PHYSICIAN'S STATEMENT

I have examined the above-named individual on _____.
(Date)

After reviewing each of the four (4) events, I find him/her to be of sufficient physical conditioning to allow the candidate to participate in the **Warren** Police Department and RIDPS/MPTA Physical Fitness Test.

Comments (if any): _____

Physician's Signature

(Please type or print)

Physician's Name: _____

Address: _____

Telephone Number: _____

Revised 07/14

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