



## Huntington Beach Fire Department Performance Exam Form

NAME:

\_\_\_\_\_

Last

First

MI

ADDRESS:

\_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip Code

PHONE NUMBER:

\_\_\_\_\_

EMAIL ADDRESS:

\_\_\_\_\_

Do you have any physical conditions that may limit your ability to perform the physical exam?

No

Yes

If yes, please explain:

Do you have a valid California Driver's License?      No      Yes

Please list all related swimming background, training and/or experience:

(i.e. competitive swimming, schools, clubs, Junior Lifeguards , swim times, etc.)

Please input your swim time in the appropriate fields:

100 yd free \_\_\_\_\_

500 yd free \_\_\_\_\_

200 yd free \_\_\_\_\_

1,000 yd free \_\_\_\_\_

**I have signed the waiver on Page 2 of this form:** \_\_\_\_\_

Initials