

JOINT APPRENTICE AND TRAINING COMMITTEE

DEPARTMENT OF
PUBLIC UTILITIES
CITY OF SPRINGFIELD, ILLINOIS

I.B.E.W.
LOCAL UNION No. 193
AFL-CIO

LINEMAN PHYSICAL ORIENTATION

WAIVER OF CLAIM FOR INJURY

This form must be signed before you will be permitted to participate in the Lineman Physical Orientation. A signature on this form is mandatory for applicants wishing to be on the Lineman Final Eligibility list.

After being given specific instruction, you will be asked to perform the following tasks:

- Tools recognition and use
- Introduction to knots
- Select and adjust climbing tools
- Learn to climb, drive and extract lags, hand pump holes (16' max.)
- Prepare cross arm for installation, hand dig trench and use jobbers
- Climb up/down 16' pole and walk around
- Learn to climb, drive and extract lags, hand pump holes (40' max.)

I have read and understand the physical effort necessary to participate in the Lineman Physical Assessment. I am physically capable of participating in this assessment. I hereby waive any and all claims for, or arising out of any injury I might sustain or incur as a result of participating in the Lineman Physical Assessment. I voluntarily participate as part of my application for employment.

LAST NAME: _____ FIRST NAME: _____ MI: _____

APPLICANT SIGNATURE: _____ DATE: _____