

Central Maine
CMCC Inc.
Conditioning Clinic
Sports Medicine
“Healthy Work/Life Styles”

I give my Child _____ permission to go through the Job Placement Assessment for the Town Of Cumberland .

This is a necessary assessment to assure that my child can work safely if considered for the position which he/she has applied for at the Town Of Cumberland.

Applicants Printed name _____ Date of Birth _____

Parent Signature _____ Date _____