

WorkSTEPS™ Pre-employment Physical

Name: _____
Phone: _____

School District: _____
Email Address: _____

Job Classification(s) testing for: (check all that apply >1 requires additional time and increased cost)

<input type="checkbox"/> Activities Director	<input type="checkbox"/> Lifeguard
<input type="checkbox"/> Athletic Director/Coaches	<input type="checkbox"/> Maintenance Worker
<input type="checkbox"/> Building Attendant/Utility Worker	<input type="checkbox"/> Paraprofessional Pre-school Worker
<input type="checkbox"/> Bus Aide – Special Needs	<input type="checkbox"/> Paraprofessional Special Education Aide
<input type="checkbox"/> Bus Driver	<input type="checkbox"/> Principal/Superintendent
<input type="checkbox"/> Bus Driver – Special needs	<input type="checkbox"/> Teacher -Classroom
<input type="checkbox"/> Bus Mechanic/Vehicle & Equip. Mechanic	<input type="checkbox"/> Teacher – Physical Education
<input type="checkbox"/> Campus Liaison/Security	<input type="checkbox"/> Teacher – Vocational Agriculture/Metal Work
<input type="checkbox"/> Computer Technician	<input type="checkbox"/> Teacher – Voc. Family Sciences/Art/Drafting
<input type="checkbox"/> Clerical Staff	<input type="checkbox"/> Teacher – Vocational – Wood/Auto Shop
<input type="checkbox"/> Custodian	<input type="checkbox"/> Technology IT
<input type="checkbox"/> Extended Day Worker	<input type="checkbox"/> Warehouse Deliver/Pony Driver
<input type="checkbox"/> Food Services Worker	<input type="checkbox"/> Water Aerobics Instructor
<input type="checkbox"/> Groundskeeper	<input type="checkbox"/> Yard Duty
<input type="checkbox"/> Librarian	

Testing by Appointment available in: (See maps of these locations on other side of this page)

<input type="checkbox"/>	Sonora: Adventist Health at the Pavilion 209-536-6920 Eunice Sham, DPT Fax to Pre-register 209-536-6953	900 Mono Way, Sonora, CA 2 nd floor Rehabilitation Services Department
<input type="checkbox"/>	Columbia: Columbia Elementary School 805-440-4980 Jennifer Hart, DPT If no answer, please leave a message	22540 Parrotts Ferry Rd, Columbia, CA Check in at the front office
<input type="checkbox"/>	Folsom: Sacramento Spine & PT 916-932-1210 Marsha Aranda, DPT	700 Oak Ave Pkwy, Folsom, CA
<input type="checkbox"/>	Valley Springs: Golden Bear Physical Therapy 209-584-1007 Josiah Lozano, DPT	1906 Vista Del Lago Dr, Unit A Valley Springs, CA
<input type="checkbox"/>	Sparks, Nevada: Custom Physical Therapy 775-331-1199 Sarah Perez, PT Hunter Pulley, DPT	1450 East Prater Way, Suite 103, Sparks, Nevada

Appointment: _____ District Contact Name/Number: _____

****If an employee needs to reschedule, they must notify their employer and the testing facility at least 24 hours prior to their test date. A no-show without notification may result in forfeiting the position. The clinic has the right to refuse service, following which the district will be notified. ****

Fax this form to 877-854-1907, or email to sharon@snartech.com, and then give form to the job applicant to take to appointment

RECOMMENDATIONS FOR TESTING

1. A Photo I.D. is required for all applicants.
2. Wear loose fitting and comfortable clothing. **(Preferably shorts)**
3. Wear tennis shoes or low top shoes if possible.
4. If you smoke, try to refrain approximately 30 minutes to 1 hour prior to testing.
5. Try to eat something light approximately 30 minutes to 1 hour prior to testing.
6. Do not drink ANY alcoholic beverages on the day of testing.
7. If you are ill, please notify our staff and we will reschedule you if necessary.
8. Please notify the employer if you anticipate any accommodation to perform the physical requirements of this test.
9. The test takes approximately two hours. Plan your schedule accordingly.

