

WorkSTEPS™ Pre-employment Physical

Name: _____

School District: _____

Phone: _____

Job Classification(s) testing for: (check all that apply >2 requires additional time and increased cost)

- | | |
|---|---|
| <input type="checkbox"/> Activities Director | <input type="checkbox"/> Life Guard |
| <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 |
| <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 Mech. | <input type="checkbox"/> Teacher -Physical Education |
| <input type="checkbox"/> Campus Liaison/Security | <input type="checkbox"/> Teacher -Special Education |
| <input type="checkbox"/> Computer Technician | <input type="checkbox"/> Teacher -Vocational -Agriculture/Metal Works |
| <input type="checkbox"/> Clerical Staff | <input type="checkbox"/> Teacher –Voc. -Family Sciences/Art/Drafting |
| <input type="checkbox"/> Custodian | <input type="checkbox"/> Teacher -Vocational–Wood Auto Shop |
| <input type="checkbox"/> Custodian/Groundskeeper/Maint. | <input type="checkbox"/> Technology IT |
| <input type="checkbox"/> Extended Day Worker | <input type="checkbox"/> Warehouse Delivery/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)

Sonora: Sonora Regional Medical Center, 1000 Greenley Road, Sonora, CA
 Rehabilitation Services Department Karen Brasesco, PT
Appointment Phone Number 209-536-5040
Fax Number to Pre-register 209-536-3548

Angels Camp: Pinnacle Physical Therapy, 571 Stanislaus St., Angels Camp, CA
Appointment Phone Number 209-736-0956, Theresa Locke, DPT
 Ashley Nelson, DPT

Valley Springs: Valley Springs Physical Therapy, 1906 Vista Del Lago Dr, Unit A Valley Springs, CA
Appointment Phone Number 209-772-0848, Leah Robitaille, DPT

Folsom: Sacramento Spine & PT, 700 Oak Ave Pkwy, Folsom, CA
Appointment Phone Number 916-932-1210, Marsha Aranda, DPT

Appointment: _____ District Contact Name/Number: _____

****If an employee needs to reschedule, they must notify their employer at least 24 hours prior to their test date. A no-show without notification may result in forfeiting the position. ****

Fax this form to 877-854-1907, 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 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.

