



# CANDIDATE PHYSICAL ABILITY TEST SIGN IN SHEET

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_  
(please print)

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE/PROVINCE: \_\_\_\_\_

ZIP/POSTAL CODE: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

DRIVERS LICENSE#: \_\_\_\_\_

ID # (SSN/SIN): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

**IN CASE OF EMERGENCY , I AUTHORIZE YOU TO CONTACT:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_