



CANDIDATE PHYSICAL ABILITY TEST SIGN UP SHEET



FIRST NAME: _____ MI: ____ LAST NAME: _____
(please print)

DRIVERS LICENCE #: _____

DEPARTMENT APPLYING WITH: _____

STREET ADDRESS: _____

CITY: _____

PROVINCE: _____ POSTAL CODE: _____

DATE OF BIRTH: _____ (MM/DD/YYYY FORMAT)

HOME TELEPHONE #: _____

This information is collected for internal statistical purposes only and will remain confidential.

Gender: Male
 Female

Ethnicity: (Check one only)

<input type="checkbox"/> White (Caucasian)	<input type="checkbox"/> Some Other Race
<input type="checkbox"/> North American Indian (Aboriginal)	<input type="checkbox"/> Two or More Races
<input type="checkbox"/> Asian	
<input type="checkbox"/> Black or African-American	
<input type="checkbox"/> Hispanic or Latino	
<input type="checkbox"/> Native Hawaiian or Pacific Islander	

SIGNATURE: _____ DATE: _____