

PEND OREILLE COUNTY

PHYSICAL ABILITY TEST (PAT) - DEPUTY (informational only)

Applicant: You are being provided this information ahead of time to prepare for this test. You must pass this physical test to proceed onto the written.

This is a Pass or Fail Test. A candidate must pass all three events to successfully pass the Physical Ability Test.

NO RETAKES.

EVENT	Minimum to Pass	REST TIME
PUSH-UPS (90 Sec Test Time)	20	3 Minute Minimum
SIT-UPS (90 Sec Test Time)	25	5 Minute Minimum
SQUAT THRUSTS (3 Min Test Time)	35	

SQUAT THRUSTS

3 MINUTES TO COMPLETE A MINIMUM OF 35 SQUAT THRUSTS TO PASS.

Stand tall with your feet shoulder-width apart and your arms at your sides. Push hips back and bend your knees, squat down, and place your hands on the floor in front of you, shoulder-width apart. Keeping your hands in place, back flat, and core engaged, kick your feet back to a plank position: arms and body straight, hands in line with and slightly wider than your shoulders. Reverse the sequence to return to the starting position.

PUSHUP TEST

90 SECONDS TO COMPLETE A MINIMUM OF 20 PUSHUPS TO PASS.

Must complete 20 pushups consecutively without touching the floor with knees (plank position). Resting is allowed in the up position (knees cannot touch the floor). Chest must be lowered to a 4" foam block and back up to count.

SIT UP TEST

90 SECONDS TO COMPLETE A MINIMUM OF 25 SIT UPS TO PASS.

Hands must interlock behind head. Shoulders must touch the floor in the down position, and elbows must touch the knees in the up position to count. You may rest in the down position.

HOLD HARMLESS

I UNDERSTAND THAT THE Pend Oreille County Pre-Employment Physical Fitness Ability Test consists of a series of competitive job-related physical activities. I hereby affirm that I am presently in good physical condition and consider myself physically capable of exerting all the necessary effort to do myself justice in this test.

In consideration of my being permitted to take this examination, I hereby agree to take full responsibility for any injury or results of over-exertion I may receive or cause to myself. I shall not hold Pend Oreille County or any of its employees responsible for any injury or damages that I may incur as a result of my own actions during this examination. I also hereby affirm that I am presently in good physical condition and consider myself physically capable of exerting all the necessary effort to do myself justice in this test.

Signature of Applicant will be required on a copy provided by the Chief Examiner on the day of testing.