

LOS OSOS COMMUNITY SERVICES DISTRICT STATEMENT OF PHYSICAL REQUIREMENTS

Name: _____

Job Title: Water Resource Operator

Job Description: Attached, receipt acknowledged

PHYSICAL ACTIVITY REQUIREMENTS

Work Position - Percentage of Time performing the following activities:

| | | | | |
|----------|---------------------|-----------|---------------------|-----------------------------|
| Standing | _____ 20% | _____ 30% | _____ 50% | <u>X</u> 70% or more |
| Walking | _____ 20% | _____ 30% | <u>X</u> 50% | _____ 70% or more |
| Sitting | <u>X</u> 20% | _____ 30% | _____ 50% | _____ 70% or more |

Body Movements: None = 0
 Occasional = 0 – ¼ work day
 Some = ¼ - ½ work day
 Frequent = ½ - ¾ work day
 Continuous = ¾ - full work day

Lifting:

| | 0-20 LBs | 20-40 LBs | 40-60 LBs | 100+ LBs |
|------------|----------|-----------|-----------|----------|
| None | | | | |
| Occasional | | | X | X |
| Some | | X | | |
| Frequent | | | | |
| Continuous | X | | | |

Push and/or Pull Loads:

| | 0-20 LBs | 20-40 LBs | 40-60 LBs | 100+ LBs |
|------------|----------|-----------|-----------|----------|
| None | | | | |
| Occasional | | | X | X |
| Some | | X | | |
| Frequent | | | | |
| Continuous | X | | | |

Carrying:

| | 0-20 LBs | 20-40 LBs | 40-60 LBs | 100+ LBs |
|------------|----------|-----------|-----------|----------|
| None | | | | |
| Occasional | | | X | X |
| Some | | X | | |
| Frequent | | | | |
| Continuous | X | | | |

Bending: ___None ___ Occasional ___Some **X** Frequent ___Continuous

Kneeling/
Squatting: ___None ___ Occasional ___Some **X** Frequent ___Continuous

Reaching
Overhead
Stretching: ___None ___ Occasional ___Some **X** Frequent ___Continuous

Climbing
Stairs: ___None **X** Occasional ___Some ___Frequent ___Continuous

Climbing
Ladders: ___None **X** Occasional ___Some ___Frequent ___Continuous

Crawling: ___None **X** Occasional ___Some ___Frequent ___Continuous

Working on
Rough and/or
Uneven
Terrain: ___None ___ Occasional ___Some **X** Frequent ___Continuous

Handling/
Dexterity: ___None ___ Occasional ___Some **X** Frequent ___Continuous

STATEMENT BY APPLICANT

Applicant Read and Sign:

I hereby certify that I know of no reason (medical or otherwise) that would prevent me from performing the essential job functions or the physical activity requirements of the job listed above.

I understand that the District will require me to be examined by a medical doctor selected by the District, at no cost to me, to determine my ability to perform the job related functions described above as a condition of any offer of employment by the District.

I further understand that any false statement or material omission by me in connection with such medical examination of concerning by job related physical abilities will disqualify me from employment or be cause for dismissal when the false statement or omission is discovered.

I hereby authorize the release of all medical information obtained during my medical examination to the Los Osos Community Services District.

Date: _____

Applicant: _____