

NOTICE TO APPLICANT

You have received a conditional offer of employment. This offer is contingent upon your ability to perform the essential functions of the position. The information you are about to give will help you and the County to evaluate your ability to safely perform the essential functions of the position for which you have received a conditional offer of employment. You must complete the health questionnaire and any required physical or TB test, and a County physician must determine that you are capable of safely performing the essential functions of the position in order for you to be hired.

Be advised that this questionnaire and any other medical records will be maintained as confidential information. A physician will review this questionnaire. The sole purpose of the pre-employment health questionnaire is to evaluate your medical fitness for County employment. The questionnaire is not intended to diagnose or treat any condition you may have. Your completion of the health questionnaire is not intended to create a doctor-patient relationship. Your health and safety is our first concern, so please take all the time you need and answer each question completely.

Be advised that if you provide false, misleading, or incomplete information, you may be refused employment or dismissed at a later date.

Part I: For County Use Only

APPLICANT INFORMATION

LAST NAME		FIRST NAME		
ADDRESS		CITY	STATE	ZIP CODE
DAYTIME TELEPHONE		EVENING TELEPHONE		
CLASSIFICATION	POSITION CODE	HIRING DEPARTMENT NAME/NUMBER		
REGULAR	EXTRA HELP	TB Test	Hepatitis B Immunization (voluntary)	

DEPARTMENT CONTACT INFORMATION

NAME	TITLE
LOCATION	TELEPHONE

Part II: To be completed by applicant

ABILITY TO PERFORM ESSENTIAL JOB FUNCTIONS

I have read the attached job specifications. Considering my current health status (please check one of the boxes below):

I am able to perform all of the essential functions of the job without a need for reasonable accommodation.

I am able to perform all of the essential functions of the job, but will require a reasonable accommodation. (For each essential function of the job for which you require reasonable accommodation, please describe the reasonable accommodation you are requesting):

I am unable to perform the following essential function(s) of the job, even with reasonable accommodation (please list):

I am not sure if I am able to perform one or more of the essential functions of the job. Below I have listed the essential functions in question and my specific functional limitations that I believe may prevent or otherwise impair me from performing the listed essential functions of the job:

ACKNOWLEDGMENT AND AUTHORIZATION

I declare under penalty of perjury under the laws of the State of California that the information I have provided concerning my ability to perform the essential functions of the job is true and complete to the best of my knowledge. I authorize the hiring authority to refer this information to a County physician to determine my ability to perform the essential functions of the job with or without reasonable accommodation.

Table with 3 columns: APPLICANT'S NAME (Print or type), APPLICANT'S SIGNATURE, DATE. The signature cell contains a question mark.

Number of additional pages attached ____