### JOB DESCRIPTION / ESSENTIAL FUNCTIONS JOB TITLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following are physical requirements pertaining to the job for which you have applied. These physical requirements are essential functions of the job and are in addition to the skills, certification, and years of experience or other qualifications required to perform the job(s) for which you have applied.

Once a conditional job offer is made, please be aware all persons may be required to furnish health condition information and, if necessary, submit to an examination by a company-designated physician. This information will be used to determine appropriate job placement. It shall not be used to disqualify an otherwise qualified person who may have a mental or physical disability.

Note: Only those essential functions relevant to the job(s) for which you have applied will be checked below. Are you able to perform the tasks or functions that are checked ( √ )?

🗹 Work around dust and wear a respirator if required?……………………….……….…..…….……… Yes No

🗹 Work at and view a video display terminal for an eight hour or more shift?……………..…...…...…. Yes No

🗹 Stand for long periods of time during your shift?…………………….…….…………….….……….. Yes No

🗹 Grip, grasp, and twist using your hands and wrists?………….……….………………….….……….. Yes No

🗹 Lift and /or carry up to 25 lb. regularly during your shift?……………..…………………..……….... Yes No

🗹 Climb stairs with loads up to 25 lb. during your shift?……….……………………………..…….….. Yes No

🗹 Wear proper safety equipment – hardhat, goggles, glasses, respirators, steel-toe boots, etc? .……… Yes No

🗹 Reach over your head with 10 – 25 lb. loads regularly during your shift, if required?……….....….… Yes No

🗹 Understand hazard communication and safety information?………..……………….….….….…...… Yes No

🗹 Are you physically able to type or work at a keyboard or typewriter most of the day, if required…. Yes No

(this is not asking if you can type)?

🗹 Other/additional essential functions?:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes No

Based on the information discussed and/or received, I feel as though I (*circle one*) CAN CANNOT

perform the essential functions of the job we’ve discussed.

\*If you cannot perform one or more of the job requirements noted above, and you feel we can modify any part of the job and/or schedule to enable you to do the work, please explain in the space below. \*Job modifications will be addressed on a case-by-case basis.

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I have reviewed a summary or had explained to me the functions of the job noted on this questionnaire. (Due to various marginal functions of most jobs, a comprehensive description of all duties to be performed is not possible.) The company reserves the right to assign duties not previously described or explained. Should you have reason why you are unable to perform a certain job function, it is your responsibility to report it to your supervisor. The company reserves the right to modify job descriptions in the future, with or without notice to the individuals affected by the job modification.

\*\*\*\*\*\* If there is any question or statement on this form that you do not understand, \*\*\*\*\*\*

ask for assistance from the person interviewing you.

By signing below, the employee is certifying the accuracy of his/her statements and acknowledging that any false statements or omissions will make the employee subject to discharge.

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Employee Name

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Employee Signature Date

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Company Representative Date