

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.

Be advised that this questionnaire and any other medical records will be maintained as confidential information. 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 pre-employment health questionnaire is not intended to create a doctor-patient relationship. Your health and safety are our first concern, so please take all the time you need and answer each question completely. Attached are the job specifications for the position for which you have been offered employment. Please read the specifications carefully before answering the questions on page 2.

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

Be advised that if you cannot perform certain functions of this position and/or if you require reasonable accommodation, a County physician or their designee will review this questionnaire and must determine that you are capable of safely performing the essential functions of the position in order for you to be hired.

Part I: For County Department Use Only

APPLICANT INFORMATION

LAST NAME	FIRST NAME		
ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER	EMAIL ADDRESS		
CLASS TITLE	POSITION CODE	HIRING DEPT NAME/NUMBER	
<input type="checkbox"/> REGULAR <input type="checkbox"/> EXTRA HELP			

DEPARTMENT CONTACT INFORMATION

NAME	TITLE
WORK LOCATION	WORK PHONE NUMBER

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 or their designee to determine my ability to perform the essential functions of the job with or without reasonable accommodation.

APPLICANT'S NAME (Print or type)	APPLICANT'S SIGNATURE 	DATE
----------------------------------	--	------

Number of additional pages attached _____