

II. APPLICANT INFORMATION

CAUTION: FAILURE TO ACCURATELY COMPLETE THIS FORM MAY AFFECT YOUR WORKERS COMPENSATION BENEFITS.

a. Do you know of any condition (physical or mental) that you have which could affect or interfere with your ability to safely perform the essential job functions?

_____ YES _____ NO

b. If "YES," describe all accommodations necessary for you to safely perform the essential job functions

Job Function: _____

Accommodation: _____

B. Describe all job functions, which you feel you may be unable to safely perform, including all functions that may affect your safety or the safety of others, and other functions, which may aggravate or worsen a past or present condition.

1. If no accommodations are made, I may be unable to perform the following functions safely _____

2. Even if the accommodations noted in (b.) (2) above are made, I may be unable to safely perform: _____

C. Describe any condition or concern not otherwise noted above which you have, or which we should be aware, regarding your physical and mental ability to meet the essential job functions of the position.

By signing below I acknowledge that I have read, understand and agree to the above, and have accurately completed this form to the best of my ability.

Applicants Signature

Date