

PLEASE ANSWER THE QUESTIONS ON THIS PAGE ONLY IF THEY ARE APPLICABLE TO THE TYPE OF WORK YOU ARE APPLYING FOR.

Application Supplement

Essential Function Information

Position of _____ requires that you be able to perform following functions:

THE EMPLOYER:

Describe duties that require walking, climbing, use of physical strength, force, or endurance; communication with others including talking, reading, writing, listening, seeing; exposure to inclement weather; exposure to stressful situations; operating a vehicle; manipulating tools or machinery; producing products or services at a specified rate of speed; working prolonged hours, unusual schedules; entering confined spaces.

THE APPLICANT:

I have reviewed the above list of job functions and believe that:

- I can fully perform all the functions.

- I cannot perform all the functions. (Checking this box may result in your being disqualified for this job. Please explain below if there are additional considerations of which we should be aware.)

Signature _____
Date _____