

# CONDITIONAL OFFER OF EMPLOYMENT

APPLICANT \_\_\_\_\_

POSITION THAT WE ARE  
CONDITIONALLY OFFERING YOU \_\_\_\_\_

DATE OF CONDITIONAL OFFER \_\_\_\_\_

TENTATIVE EFFECTIVE DATE OF EMPLOYMENT \_\_\_\_\_

We are pleased to conditionally offer you the position noted above based upon your ability to physically and mentally perform substantially all of the essential job duties of the position.

We will reasonably accommodate any physical or mental disability you may have. Our conditional offer may be withdrawn prior to the effective date of your employment if, in medical opinion, you will be unable to safely perform the job duties with reasonable accommodations.

## I. DESCRIPTION OF ESSENTIAL JOB DUTIES

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**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: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

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.

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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.

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Applicants Signature

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Date