

CONDITIONAL OFFER OF EMPLOYMENT

Applicant: _____

Position: _____ Wage/Salary: _____

Tentative Start Date: _____ Employer Representative: _____

Congratulations on being offered the above position with our company conditioned on being "fit for duty." The next step in the hiring process is for you to successfully complete the required physical lift test scheduled on your behalf at the following Occupational Health Clinic: OSF Center for Industrial Rehab

Clinic: OSF Center for Industrial Rehab Location: 520 High Point Lane

Date: _____ Time: _____

Phone: 309.677.0345

At the Occupational Health Clinic, you will complete a physical lift test. The clinic will have a copy of your job description, which we shared with you during the interview process. This medical exam is to determine whether you can safely and efficiently perform the job duties required without limitations. If you have a disability, as defined by the Americans with Disabilities Act, we will then see if we can reasonably accommodate you to do the job safely and efficiently. We will reasonably accommodate any physical or mental disability you have unless it should create an undue hardship for the company. This Conditional Offer of Employment may be withdrawn prior to the effective date of your employment if, based on the outcome of your physical exam and/or drug test and/or medical information, as well as any discussion surrounding any job accommodations, if it is indicated you are unable to safely or efficiently perform the job duties for which you are being considered.

1. Do you know of any physical or mental limitations you have that could affect or interfere with your ability to safely or effectively perform your job duties? Yes No

If yes, please describe: _____

2. Have you ever been injured on the job or filed a workers' compensation claim? Yes No

If yes, please describe: _____

By signing below, I acknowledge that I have read, understand, and agree to the above. I understand that any misrepresentation in the hiring process, including related to my medical condition, will result in not being hired, or terminated post-hire. I declare that the information I have provided above is true and correct pursuant to the penalty of perjuries of the laws of this state.

In order to comply with the Genetic Information Nondiscrimination Act of 2008 (GINA) we are asking that you not provide any genetic information when responding to this request for medical information, including an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus or embryo unless the written request specifically requests the information and specifically mentions GINA.

Applicant Signature

Date