

NEW EMPLOYEE ORIENTATION

NAME _____
PLEASE PRINT

S. S. # _____

POST JOB OFFER QUESTIONNAIRE

At this stage in the employment process, all applicants are required to provide answers to the following questions and, if necessary, complete an examination by a company-designated physician. This information is used to determine appropriate job placement. It is not used to disqualify an otherwise qualified person who may have a physical or mental disability that would be employable with reasonable accommodation. Any job offer is conditional based upon the medical history results, medical examination, and assignment availability.

1. Have you ever been refused employment because of your health, physical or mental condition? YES _____ NO _____

2. Do you have any condition or have you in the past sustained any injury that would have an effect on your ability to work with or without reasonable accommodation? YES _____ NO _____

3. Do you currently have or have you in the past experienced any back or joint injury/disorders requiring medical treatment? YES _____ NO _____

4. Do you currently have or have you in the past experienced any injury/disorder to one or more of your extremities which required medical treatment? YES _____ NO _____

5. Please circle the maximum you can lift and carry on a regular / consistent basis during your shift?

Circle One: **25 lbs.** **26-50 lbs.** **51-75 lbs.** **76-100 lbs.**

CAN YOU PERFORM THE FOLLOWING ON A REGULAR / CONSISTENT BASIS?

- | | | | |
|--|--------------------|---|--------------------|
| ■ Stand for long periods of time? | YES _____ NO _____ | ■ Bend, stoop, reach or climb consistently? | YES _____ NO _____ |
| ■ Work around dust and wear a respirator? | YES _____ NO _____ | ■ Endure noise, heat and cold regularly? | YES _____ NO _____ |
| ■ Grip, grasp and twist your hands and wrists regularly during your shift? | YES _____ NO _____ | ■ Wear safety equipment when and as required? (hard hats, goggles, belts, etc.) | YES _____ NO _____ |
| ■ Can you work a 12-hour shift, if required? | YES _____ NO _____ | ■ Can you work overtime on short notice? | YES _____ NO _____ |
| ■ Can you begin or change shifts on short notice? | YES _____ NO _____ | | |

SIGNATURE

DATE