

# CONDITIONAL OFFER OF EMPLOYMENT

County of Howard, Indiana

an Equal Opportunity Employer

*Please answer all questions*

is hereby offered employment for the position of \_\_\_\_\_ in the Department.

I understand that this position is \_\_\_\_\_ full-time \_\_\_\_\_ part-time \_\_\_\_\_ temporary \_\_\_\_\_ seasonal \_\_\_\_\_.

The classification is \_\_\_\_\_ and pay rate is \_\_\_\_\_.

This position requires a pre-employment drug/alcohol screening test: \_\_\_\_\_ yes \_\_\_\_\_ no

This offer of employment is conditioned on successful completion of all established requirements of said position, which may include passing medical, physical, and mental exams and/or requirements. I understand I am not an employee of the County of Howard unless and until I receive an official letter of employment. The County of Howard may withdraw the conditional offer of employment at any time, for any reason, except as prohibited by law. This conditional offer and the attached questionnaire do not afford any express or implied contractual rights.

Authorized supervisor extending this conditional offer of employment:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**All applicants must complete the attached Conditional Offer Questionnaire form.**

# CONDITIONAL OFFER QUESTIONNAIRE

This questionnaire is a conditional medical inquiry and should be completed only after a conditional offer of employment has been extended. This questionnaire must be delivered to the department to which application for a position is made, and must be kept separate from the applicant's personnel file, if applicant is hired for employment by said department.

The primary purpose of this questionnaire is to assist the department in determining whether or to what extent a reasonable accommodation is required for a conditional job offeree to perform the essential functions of the job safely and effectively.

*Failure to fully and accurately complete this questionnaire will result in withdrawal of the conditional offer of employment.*

## DEFINITIONS

*Disability* includes a physical or mental impairment that substantially limits one or more life activities. Major life activities include such things as caring for oneself, performing manual tasks, walking, sitting, standing, lifting, reaching, seeing, hearing, breathing, learning and working.

*Reasonable accommodation* includes any modification to the job or work environment to enable a conditional offeree to perform the essential functions of the job.

These definitions are provided only as a guide for completing this form. Nothing in this questionnaire is intended to alter the legal definitions of these terms or impose obligations on the department not required by law.

Last name:

First name:

Position applied for:

Department:

Today's date:

1. Do you now use illegal drugs or controlled substances?      Yes      No

If yes, please explain:

2. Do you have any communicable diseases?                      Yes                      No

If yes, please explain:

3. Do you have a physical or mental disability, illness, condition or disease? (see definition of disability above).

Yes                      No

If yes, please explain:

4. If you answered yes to #3, are you capable of performing the essential functions of the job applied for, without the need for a reasonable accommodation by the department? (see definition of reasonable accommodation on previous page.)                      Yes                      No

A. If no, please identify the essential functions of the job which you are unable to perform without a reasonable accommodation by the department.

B. If no, please describe the accommodation(s) need to enable you to perform the essential functions of the job.

C. List all treating physicians hereby authorized to release medical records and confirm functional limitations (attach additional pages as needed):

Physician:

Phone:

Physician:

Phone:

## **CERTIFICATION**

I certify that I have read and reviewed the job description and/or have been informed of the essential functions for the job for which I applied. I further certify that the foregoing statements are complete, accurate and true to the best of my knowledge, and I understand that any misstatement or omission of fact may be cause for withdrawal of my conditional offer of employment or dismissal.

I acknowledge and understand that if employed by the County of Howard, I must adhere to County of Howard personnel policies, practices and operational procedures.

Applicant's signature:

Date: