

WORK STATUS QUESTIONNAIRE

NAME _____

SOCIAL SECURITY NO. _____ DATE OF BIRTH _____

DEPARTMENT _____ POSITION _____

The following information is needed to ensure that persons are placed in work which is safe and healthful for them. An answer of "yes" to any of the questions below will not disqualify you from employment.

Please check "yes" or "no" for each of the questions below and sign and date the form where indicated.

1. Can you perform the essential job functions of the above position with/without reasonable work accommodations?

Yes Accommodations are needed. Please complete a Voluntary Request for Reasonable Accommodations form.

Yes No accommodations are needed.

No I cannot perform the essential job functions with/without reasonable work accommodations.

2. Have you ever filled out this form or a similar work status questionnaire for employment in any position for the County including a staff position at a County hospital?

Yes

No

The above information is true and correct to the best of my knowledge. The duties of the above position have been explained to me, and I understand what they entail.

Signature _____

Date _____

Departmental staff person who explained the Essential Job Functions.

Signature _____ Date _____