

ADVANTAGE AMBULANCE SERVICE

JOB OFFER:

You have been extended an offer of employment for the following noted position based upon qualifications as represented on your application, and your job interview. This employment offer is conditional upon successfully fulfilling occupational title and company standard criteria.

Each employment candidate:

1. Must complete a medical inquiry for review in identifying potential safety and functional accommodation needs.
2. May be required to demonstrate and/or be medically qualified through examination to determine if the candidate can fulfill essential job function requirements.
3. Must meet all minimum essential function requirements of the job, with or without accommodation.

All medical inquiry or examination responses, written or verbal will be verified. False or misleading statements, to include omission, may be grounds for consideration of revoking an offer of employment. Your offer of employment cannot and will not be rescinded unless or until a medical review confirms that you cannot perform the essential functions of the job with or without accommodations, additionally, if you are identified as a "positive" user of controlled substances, or you present a hazard to yourself or others, an offer of employment can be revoked.

All information contained on this medical inquiry, or review, is confidential and shall comply with all protected requirements of law within the American's with Disabilities Act.

Position: _____

Date of Offer: _____

Print Name: _____

All **"Yes"** responses require explanation: (Attach paperwork)

| | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you have now or have you ever had a pre-existing condition which would prevent you from fulfilling all essential requirements of the job? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you require special medical, safety, or functional accommodations at this time to fulfill all essential job requirements? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Have you ever required special accommodation to physically or mentally fulfill prior employment functions? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you have now or have you ever received an impairment rating from a licensed physician? If yes, note percent (%) and type of disability. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are you on any long term prescription medication? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Are you on any short term prescription medication? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Do you experience fainting or seizures? |

I have read, or had read to me, the job description for this position including the medical inquiry and I hereby affirm this information is true and correct. I authorize the employer or their agents to verify at anytime during my employment all answers provided herein. I further acknowledge that a telephone facsimile or photocopy of this inquiry shall be as valid as the original.

Signature: _____

Date: _____