CONDITIONAL JOB OFFER

Applicant Name	Position	Date of Job Offer
Company Name	Representative	Date of Job Offer

Based on the qualifications presented on your application form and/or job interview, you are hereby offered a job with our organization conditional upon submitting your answers to the following questions. Your job offer cannot and will not be rescinded unless a review reveals that you cannot perform the essential functions of the job (with accommodations if requested), or you present a hazard to yourself or others. False or misleading statements are also grounds for rescinding this offer. This information will be treated in strict compliance with the Americans with Disabilities Act. This offer is valid only if signed by a company representative.

Health

1. Have you had any injury or injuries on the job? (If applying for a job in NY or IL, do not state if a workers' compensation claim has been filed) If so, please describe below.

_____
_____

2. Do you have or have you had other injuries or illnesses on the job that have resulted in hospitalization, surgery or lost work time?

_____
_____

3. Are you taking any long term prescribed medication?

_____
_____

4. Do you have or have you been diagnosed as having any illness or injury for which you are not seeking treatment? If yes, please describe:

_____
_____

Affirmation and Authorization

I HEREBY AFFIRM THAT THE INFORMATION ON THIS FORM IS TRUE AND CORRECT AND THAT THERE ARE NO OMMISSIONS.
I HEREBY AUTHORIZE AND RELEASE FROM ALL LIABILITY, WITHOUT RESERVATION, _____, PREMIER EMPLOYMENT SCREENING SERVICES AND ANY LAW ENFORCEMENT AGENCY, ADMINISTRATION, STATE/FEDERAL AGENCY, INSTITUTION, INFORMATION SERVICE BUREAU, EMPLOYER, EMPLOYEE, INSURANCE COMPANY OR PERSON GATHERING OR FURNISHING THE ABOVE-MENTIONED INFORMATION.

I further acknowledge that a telephone facsimile (FAX) or photographic copy of this release will be valid as the original. According to the Fair Credit Reporting Act, I am entitled to know if employment will be and is ultimately denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be advised by this employer and be given the name of the agency or source of this information.

Print Name: _____
First Middle Last

Today's Date: _____ Social Security Number: _____ / _____ / _____

Applicant's Signature: _____

Company Representative Signature: _____