

POST OFFER CHECKLIST



COMPLETE THIS FORM ONLY AFTER YOU HAVE RECEIVED AND ACCEPTED A CONDITIONAL JOB OFFER

The following are physical requirements pertaining to the job(s) for which you are applying. These recognized, bona fide physical requirements are essential functions of the job and are in addition to the skills, certification, years of experience or other qualifications required to perform the job(s) for which you have applied. This information will be used to determine appropriate assignment placement. It shall not be used to disqualify an otherwise qualified person.

DURING AN 8-HOUR SHIFT, CAN YOU PERFORM THE FOLLOWING ESSENTIAL JOB FUNCTIONS WITH OR WITHOUT A REASONABLE ACCOMMODATION? (Please check Yes or No)

The following statements/questions include essential functions relevant to a general grouping of industrial, heavy industrial, clerical and transportation job classifications. Employees should complete only the essential functions relevant to the jobs for which they have applied.

INDUSTRIAL

- | | | |
|--|------------------------------|-----------------------------|
| 1. Stand for long periods of time. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Lift and/or carry from 25-50 pounds. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Assemble very small parts by hand. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Work in cold or hot temperatures. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Use your upper body to press against an object in order to push forward, downward, outward such as using hand tools and drills. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Perform the same motion over and over again, especially movement of your wrists, hands, and/or fingers. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Wear proper safety equipment including gloves, aprons, and safety glasses, goggles, hard hats, safety belts. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Wear dust masks or respirators, and work in conditions that may create fumes, odors, mists, dusts, or poor ventilation. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

HEAVY INDUSTRIAL

INCLUDES WAREHOUSING, WELDERS, PAINTERS, FORKLIFT OPERATORS, DRIVERS, POWER SAW OPERATORS, GRINDERS, LATHE OPERATORS, DRILL PRESS & MILL OPERATORS

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|---|------------------------------|-----------------------------|
| 1. Move about by crawling or on your hands and feet together. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Use your upper body strength in order to push or pull objects in a constant motion. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Express or exchange ideas by speaking accurately, loudly, or quickly to other workers. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Lift and or carry objects weighing 50 pounds frequently. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Grasping objects with both hands periodically. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Work around moving mechanical parts, electrical wires, in dusty conditions, or around chemicals. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Stand/sit for long periods of the day if necessary. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

CLERICAL

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|---|------------------------------|-----------------------------|
| 1. Work at a video display terminal for long periods of time, and work close to the eyes. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Work effectively and perform job tasks in a sometimes noisy office. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Apply pressure to an object with your fingers and palms. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Lift and/or carry up to 25 pounds periodically during your shift. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Stand/sit for long periods of the day if necessary. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Perform the same motion over and over again, such as continuous typing at a keyboard, especially involving movement of your wrists, hands, and/or fingers. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Do you have any health conditions or restrictions, and/or do you take any medication that could affect or limit your ability to perform certain types of jobs? Yes No

If yes, please explain: _____

By completing and signing this form, I am verifying that the above response is true and accurate.

Print Name: _____ Signature: _____

DYNAMIC INVESTMENT GROUP, INC.

Signature: _____ Date: _____

OFFICE USE ONLY

If an employee answered "no" to any question, this space is for notes from a reasonable accommodation discussion.

