

ESSENTIAL FUNCTIONS HEALTH QUESTIONNAIRE**APPLICANT INFORMATION**

LAST NAME		FIRST NAME	SOCIAL SECURITY NUMBER	GENDER ☐ MALE ☐ FEMALE	
ADDRESS			CITY	STATE	ZIP CODE
DAYTIME TELEPHONE	EVENING TELEPHONE	CLASSIFICATION	HIRING DEPARTMENT		

CONTACT INFORMATION

NAME	TITLE
LOCATION	TELEPHONE

LIST OF ESSENTIAL FUNCTIONS

Enter list of essential functions of the job from current duty statement here, or attach duty statement:

PHYSICAL DEMANDS: The physical demands described here are representative of those that must be met by a volunteer to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Standing: Frequently - stands while speaking with inmates, staff, and other volunteers.

Walking: Occasionally - walks to and from parking area, to gate, to the various facilities to perform services/programs.

Sitting: Frequently - sits during programs. There is flexibility for movement on a frequent basis to break sitting with standing and walking.

Lifting: Occasionally - occasionally lift paperwork/files/materials for program/service.

Carrying: Occasionally - carries paperwork, files and materials for short distances.

Bending/Stooping: Occasionally - bending/stooping occurs when picking up paperwork/files/materials and loading/unloading them from vehicles. Slight bending at the waist and neck occurs on a frequent basis throughout the day.

Reaching in Front of Body: Frequently - placing items on and retrieving items from waist/shoulder level tables.

Climbing: Occasionally - climbs steps throughout the institution in order to get to program space.

Pushing/Pulling: Occasionally may push and pull on binders, equipment, supplies, books as needed.

ACKNOWLEDGEMENT

I certify that the duties listed above represent the essential functions of the job and classification listed above.

SUPERVISOR'S NAME	SUPERVISOR'S SIGNATURE	DATE
PERSONNEL OFFICER'S NAME	PERSONNEL OFFICER'S SIGNATURE	DATE

ESSENTIAL FUNCTIONS HEALTH QUESTIONNAIRESTATE OF CALIFORNIA
STATE PERSONNEL BOARD**APPLICANT'S CERTIFICATION OF ESSENTIAL FUNCTIONS**

I certify that I have read the essential functions of the job listed on page 1 and considering my current health status (please check one of the boxes below):

- ☐ I am able to perform all of the essential functions of the job without a need for reasonable accommodation.
- ☐ I am able to perform all of the essential functions of the job, but will require reasonable accommodation (please describe your requested accommodation in the Reasonable Accommodation section below).
- ☐ I am unable to perform one or more of the essential functions of the job, even with reasonable accommodation.
- ☐ I am not sure if I am able to perform one or more of the essential functions of the job. I have identified the functional limitations that I believe may limit my ability to perform the essential functions of the job in the Request for Essential Functions Evaluation section below.

REASONABLE ACCOMMODATION (If necessary, you may attach additional pages)

For each essential function of the job for which you require reasonable accommodation, please describe the reasonable accommodation you are requesting:

REQUEST FOR ESSENTIAL FUNCTIONS EVALUATION (If necessary, you may attach additional pages)

I am not sure whether I have a physical or mental limitation that may prevent or otherwise impair me from performing the essential functions of the job. Below I have listed the essential functions in question and my specific functional limitations that I believe may prevent or otherwise impair me from performing the listed essential functions of the job. I authorize the hiring authority, if necessary, to refer this information to the State Personnel Board's Medical Officer, or his/her delegate, to determine my ability to perform the essential functions of the job with or without reasonable accommodation.

ACKNOWLEDGEMENT

I certify that the information I have provided concerning my ability to perform the essential functions of the job is true and complete to the best of my knowledge.

APPLICANT'S NAME (Print or type)	APPLICANT'S SIGNATURE	DATE
		