LIFEGUARD

DISTINGUISHING FEATURES OF THE CLASS:
The work involves responsibility for routine patrol tasks insuring the safety and welfare of swimmers at a municipal park beach and/or school or public pool. Incumbents employ lifesaving rescue techniques to assist swimmers who are experiencing difficulty. A Lifeguard is also responsible for enforcing safety rules. The work requires the exercise of sound judgment in emergency situations. The work is performed under the supervision of the Recreation Supervisor or similar level position, or school Principal; and is carried out in accordance with established policies and procedures. Does related work as required.

TYPICAL WORK ACTIVITIES: (Illustrative Only)
Stands watch at a swimming pool or municipal beach to keep swimmers within bounds and to identify swimmers experiencing difficulty;
Rescues and/or provides aid to swimmers experiencing difficulty, by using a variety of life-saving techniques;
Administers first-aid including artificial respiration, and resuscitation techniques as required;
Notifies emergency medical personnel if necessary;
Enforces safety rules to insure the safety, health, and welfare of swimmers;
May perform routine custodial or maintenance work such as cleaning locker rooms, disposing of garbage, hosing down decks at a swimming pool or beach; and repair and maintenance of equipment;
May instruct individuals or groups in swimming techniques;
Enforces compliance with rules of behavior, and maintains the orderly conduct of swimmers and visitors.

FULL PERFORMANCE KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS:
Good knowledge of lifesaving principles and practices as applied to aquatics;
Good knowledge of first-aid principles and techniques;
Skill in aquatic lifesaving and rescue techniques;
Ability to swim at an advanced level;
Ability to administer first-aid including artificial respiration;
Ability to secure the cooperation of others;
Ability to perform routine custodial and maintenance work;
Ability to follow oral and written instructions, maintain records, and make simple reports;
Excellent powers of observation, and mental alertness;
Ability to perform in a reasonable manner the essential functions of the position, including all duties and activities related to the physical demands of the position.

MINIMUM REQUIREMENTS:

1. Must be at least 16 years old; **AND**
2. Possession of a current Lifeguard Certification from a recognized certifying agency acceptable to the New York State Department of Health. (i.e. The American Red Cross Lifeguard Training Course). May require "Waterfront Lifeguarding Module"; **AND**
3. Possession of a current American Red Cross Basic Life Support for the Professional Rescuer Cardiopulmonary Resuscitation (CPR) certificate or American Heart Association Course "C" CPR certificate, or acceptable equivalent certificate. Certification period must not exceed one year; **AND**
4. Possession of a current American Red Cross Standard First Aid certificate or acceptable equivalent certificate recognized by the New York State Department of Health (Lifeguard Training Course may include First Aid).

IMPORTANT NOTE: According to the New York State Department of Health:

- Lifeguard Certificates and First Aid Certificates may be valid for either 2 or 3 years (certificate must reflect the dates during which it is valid).
- CPR Certificates **must be renewed annually**, therefore, must be dated within the last year.

Jurisdiction Class:	Non-Competitive- Part-Time ONLY
Civil Division:	ALL
Adopted by YCCSC:	4/3/1997
Revision by PO:	11/2/2006
Revision by PO:	4/15/2015

Rcvd. _____
By _____
Exam Fee/Date _____
Exam Date _____
Appointed _____

YATES COUNTY PERSONNEL DEPARTMENT
417 Liberty Street, Suite 1007
Penn Yan, NY 14527
315-536-5112

APPLICATION FOR EXAMINATION OR EMPLOYMENT

OFFICE USE ONLY
Approved _____
Conditional _____
Waiting for _____
Received _____
Disapproved _____

This application is part of your examination. Answer all questions fully and carefully in ink or by typewriter. Some questions can be answered with an "x" on the line which applies to you. Attach additional sheets if necessary in order to give complete and detailed information. Yates County is an Equal Opportunity Employer. We do not discriminate on the basis of race, color, creed, sex, age, national origin, marital status, criminal record, disability, veteran status, or sexual orientation.

PLEASE PRINT OR TYPE LEGIBLY.

1. Title of position applying for _____
(Use separate applications for each title)

2. NAME/MAILING ADDRESS/PHONE

_____
Last First MI

_____
Physical Address

_____
Mailing Address State Zip

_____
Home Phone Business Phone

_____
Cell Phone Email

IMMEDIATE NOTICE SHOULD BE GIVEN OF ANY CHANGE IN MAILING ADDRESS BEFORE OR AFTER EXAMINATION.

3. Are you 18 years of age or older? _____ Yes _____ No
If not, state your age: _____

4. Applicants for Police Officer or Deputy Sheriff:
State age: _____ Date of Birth: Mo. ____ Day ____ Yr.____

5. SOCIAL SECURITY NUMBER: _____

6. Are you a citizen of the United States?
❑ Yes ❑ No
If no, do you have the legal right to reside and accept employment in the United States?
❑ Yes ❑ No

7. LEGAL RESIDENCE: State your actual permanent legal residence and indicate for how long you have resided in the county. **THIS MUST BE COMPLETED IN FULL.**
I am **PRESENTLY** a legal resident of:

	Name	Yrs.	Mos.
County of			
School District			
City/Village of			
Town of			
State of			

8. Have you ever filed any other application for employment with Yates County?
If "Yes", give titles and dates. _____ Yes _____ No

_____
Titles Dates

_____
Titles Dates

9. Have you any objections to this department making inquiry regarding your character and qualification from
(a) Your former employers? ❑ Yes ❑ No
(b) Your present employer? ❑ Yes ❑ No
If answer is "Yes" to either (a) or (b), explaining in No. 19.

10. CHECK APPROPRIATE ANSWER FOR EACH QUESTION:

	YES	NO
A. Were you ever dismissed or discharged from any employment for reasons than lack of work or funds?	_____	_____
B. Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under other than honorable circumstances?	_____	_____
C. Have you ever been convicted of any crime?	_____	_____
D. Did you ever resign from any employment rather than face dismissal?	_____	_____

If you answered "YES" to any of the questions above, give specifics in remarks (No. 19) or on an additional sheet. None of the above circumstances represents an automatic bar to employment. Each case is considered an evaluated on individual merits in relation to the duties and responsibilities of the position for which you are applying.

ANSWER QUESTIONS 11 a-e ONLY IF YOU ARE CLAIMING ADDITIONAL CREDITS AS A DISABLED OR NON-DISABLED VETERAN ON THIS EXAM.

11 a. Have you ever served in the Armed Forces of the United States? (The Armed Forces of the United States means the Army, Navy, Marine Corps, Air Force and Coast Guard, including all components thereof and the National Guard when in the service of the United States pursuant to call as provided by law on a FULL TIME ACTIVE DUTY BASIS OTHER THAN ACTIVE DUTY FOR TRAINING PURPOSES).

Yes _____ No _____

b. If "Yes", did you receive an honorable discharge?

Yes _____ No _____

c. Did you serve in the Armed Forces of the United States during any of the following periods?

Yes _____ No _____

- Dec. 7, 1941 - Dec. 31, 1946
- June 27, 1950 - Jan. 31, 1955
- Feb. 28, 1961 - May 7, 1975
- U.S. Public Health Service: July 29, 1945 - Sept. 3, 1945 or June 25, 1952 - July 4, 1952
- A member of the National Guard activated during the U.S. Postal Strike March 23, 1970 - March 30, 1970
- June 1, 1983 - Dec. 1, 1987
- Oct. 23, 1989 - Jan. 31, 1990
- Aug. 2, 1990 to the end of such hostilities (not yet determined) Credit for Lebanon, Grenada, and Panama will be limited to those who received the armed forces expeditionary medal, the navy expeditionary medal, or the marine corps expeditionary medal.

d. Are you currently a resident of New York State?

Yes _____ No _____

e. Since January 1, 1951, have you ever used additional credits as a disabled or non-disabled veteran for appointment to any position in the public employment of New York State or any of its civil service?

Yes _____ No _____

12. Have you a license, certificate, or other authorization to practice a trade or profession?

Name of trade or profession: _____

Granted by (Licensing Agency): _____

City or State of: _____

Licensed from: _____ to _____

License Number: _____

13. If you require special accommodations for scheduling of the test or at the test site, indicate below and explain in #19 - remarks section.

_____ yes

14. EDUCATION: (If more space is required for full explanation, attach additional sheets above this line.)

Have you graduated from high school? ❑ Yes ❑ No Name of School _____

City and State _____

If you did not graduate, circle highest grade completed: 6 7 8 9 10 11 12

Type of course or major subject: _____

If you have a high school equivalency diploma, indicate: Issuing Governmental Authority	Provide Number or Attach Copy

	Name of School Street Address City, State, Zip	Date of Attendance Month & Year From	To	No. of Years Completed	Were You Graduated?	Day or Night	Full or Part Time	Type of Course or Major Subject	Number of College Credits Rec'd	Type of Degree Rec'd
College, University, Professional or Technical School										
Other Schools or Special Courses										

Section 50-b of the New York State Civil Service Law requires that all applicants for examination be asked the following questions:

1. Have you loans made or guaranteed by the NYS Higher Education Services which are currently outstanding: _____ Yes _____ No

2. If so, are you presently in default on any such loan: _____ Yes _____ No

15. Have you enclosed a transcript herewith? If not, please note that one may be requested at a later date.

_____ Yes _____ No

16. Do you have a valid NYS motor vehicle operator's license?

_____ Yes _____ No

If yes, class _____ number _____

Date of expiration _____

NOTICE: See General Instructions #11

17. DESCRIPTION OF EXPERIENCE - Beginning with the most recent, describe below in detail ALL employment. You are responsible for submitting an accurate, adequate and clear description of your experience. Omissions or vagueness will NOT be interpreted in your favor. If you have had military service which includes experience pertinent to the position(s), describe such experience as a separate employment. IF YOUR TITLE OR DUTIES CHANGED MATERIALLY IN THE COURSE OF YOUR SERVICE IN ANY ONE ORGANIZATION, INDICATE SUCH CHANGE CLEARLY AND AS A SEPARATE EMPLOYMENT. (If more paper is needed, attach 8½x11 sheets of paper.) Under "Duties" for each employment describe the nature of the work personally performed by you, with estimated percentage of time spent on each type of work. State size and kind of working force, if any, supervised by you and the extent of such supervision.

DO NOT SUBSTITUTE A RESUME FOR THIS SECTION. PLEASE PRINT OR TYPE.

LENGTH OF EMPLOYMENT FROM Mon Yr | TO Mon Yr	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) $ Wk Mon Yr	DUTIES:		OFFICE USE
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (exclusive of overtime)	REASON FOR LEAVING:		

LENGTH OF EMPLOYMENT FROM Mon Yr | TO Mon Yr	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) $ Wk Mon Yr	DUTIES:		OFFICE USE
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (exclusive of overtime)	REASON FOR LEAVING:		

LENGTH OF EMPLOYMENT FROM Mon Yr | TO Mon Yr	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) $ Wk Mon Yr	DUTIES:		OFFICE USE
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (exclusive of overtime)	REASON FOR LEAVING:		

LENGTH OF EMPLOYMENT FROM Mon Yr | TO Mon Yr	FIRM NAME	ADDRESS	CITY AND STATE
EARNINGS (Circle One) $ Wk Mon Yr	DUTIES:		OFFICE USE
TYPE OF BUSINESS			
YOUR EXACT TITLE			
NAME OF YOUR SUPERVISOR			
SUPERVISOR'S TITLE			
No. of hours worked per week (exclusive of overtime)	REASON FOR LEAVING:		

18. NOTE: When filling out your application form, check to make sure that all questions have been answered. **An incomplete application may result in its disapproval.**

19. Remarks: (Use this space to provide any additional information, as necessary, with respect to questions 9, 10 & 13.)

THIS AFFIRMATION MUST BE COMPLETED

I affirm that the statements made on this application (including any attached papers) are true under the penalties of perjury.

_____
Signature

_____
Date

ALL STATMENTS ARE SUBJECT TO VERIFICATION

GENERAL INSTRUCTIONS TO CANDIDATES

1. CITIZENSHIP:
Citizenship is not required except for positions as Public Officials.

2. AGE LIMITS:
Unless otherwise specified in the examination announcement, there are no age restrictions. However, there may be statutory restrictions on your employment if you are under 18.

3. RESIDENCE:
Unless otherwise specified in the examination announcement, candidates in all open-competitive examinations must at the time of the examination have been legal residents of Yates County or one of the four contiguous counties for at least one month.

4. APPLICATION FORMS:
A regular application must be filed for each examination or position. The applicant should make sure that every question is answered and that the application is complete in all respects, including title of examination or position.

5. TRANSCRIPTS:
Whenever college transcripts are requested, they should be submitted with the application for the examination, or as soon thereafter as possible before the examination.

6. INVESTIGATION OF CANDIDATES:
Inquiries may be made as to character and ability of candidates and all statements made by candidates in their applications are subject to verification.

7. VETERAN'S CREDITS:
Disabled and non-disabled veterans who establish eligibility for additional credits and are successful in the examination are entitled to have 10 and 5 points, respectively (5 and 2 1/2 points of credits in the case of PROMOTIONAL Examination), added to their earned scores provided that they have not used such credits to obtain permanent appointment or promotion subsequent to Jan. 1, 1951. You will be allowed the option of waiving these credits after the completion of the examination.

8. EXAMINATION NOTICES:
The Personnel Officer does not acknowledge receipt of applications, but all applicants will be notified of the disposition of the applications. Approved candidates will be notified at least four days in advance of the place, date, and hour of the examination.

9. SENIORITY ON PROMOTION EXAMS:
Rating of seniority is based on the length of continuous permanent competitive service in the jurisdiction indicated.

10. VERIFICATION OF QUALIFICATIONS:
Before the eligible list is established or at any time during the life of the eligible list, candidates may be investigated or called for an interview to determine whether or not they are fully qualified for appointment. In addition to meeting specific requirements, candidates must be of good moral character and habits.

11. In accordance with the Omnibus Transportation Employee Testing Act of 1991, all final applicants for positions requiring a CDL must undergo and pass a pre-employment drug test.

Post-Offer Pre-Employment Medical History and Physical Examination - Instructions

Yates County requires a post-offer pre-employment physical of all candidates for employment (with the County and with any Participant of the Yates County Self-Insured Workers' Compensation Plan), and I have included the physical forms as attachments. Please note that you must complete the Medical History questionnaire Part I and your Physician must complete Part II, prior to your starting employment. Yates County will pay up to $45 towards the physical; any additional expense is your responsibility. Please inform your physician that you are having a Yates County pre-employment physical. If you have difficulty obtaining a timely appointment, we can recommend Keuka Health, a local physician's office that is familiar with our pre-employment process and can usually provide an appointment fairly quickly. The phone number for Keuka Health is (315) 531-2944.

Your physical is based on the essential job functions for the position for which you are a candidate. A copy of your job description is attached. It is imperative that your physician review the job description as he/she conducts the physical. This procedure must be completed prior to starting employment. The completed physical must be returned to the Yates County Personnel Department, attention Personnel Assistant Kim Fitzgerald. All bills for the physicals also must be submitted to Kim for processing.

All offers of employment with Yates County are contingent upon successful completion of this requirement, and as such this exam must be completed prior to your first day of employment. The completed physicals must be returned to the Yates County Personnel office before any further steps in the screening process and a final offer of employment is made. All physical examination documentation is kept strictly confidential, and will be placed in a confidential medical file that is separate from an employee's personnel file.

If you have any questions, please don't hesitate to phone. It is recommended that you complete this physical exam at your earliest convenience, so as not to delay the next steps in the process.

YATES COUNTY PERSONNEL DEPARTMENT & RISK MANAGEMENT DEPARTMENT
417 Liberty Street, Suite 1007
Penn Yan, New York 14527
Phone: (315) 536-5112 • Fax: (315) 536-5118

YATES COUNTY POST-OFFER/JOB PLACEMENT PRE-EMPLOYMENT ASSESSMENT

PART I: MEDICAL HISTORY FORM - TO BE COMPLETED BY APPLICANT

Last Name	First Name	Middle Name		Date
Street Address	City	State	Zip	Phone
Date of Birth	Age	Marital Status M S W D	Sex	Social Security

NOTICE TO APPLICANT: A completed medical history form (**PART 1**) and pre-employment physical examination (**PART II** or equivalent*) is required of prospective employees of Yates County; prospective employees of any participant in the Yates County Self-Insured Workers' Compensation Plan; and other select categories of workers in accordance with Workers' Compensation Law.

Completion of this form and subsequent physical examination is requested **AFTER** a contingent job offer or job placement assignment has been extended and must be completed **PRIOR** to the start of employment or any work activity. As an Equal Opportunity Employer, the information requested will not be used for any unlawful discriminatory purposes, and will be maintained in adherence with the Health Insurance Portability and Accountability Act (HIPAA) and Americans with Disabilities Act (ADA). This offer is conditioned upon satisfactory completion and review of this medical history form, any required medical examination or follow up, job assignment availability, and any other pre-employment background checks and screenings deemed appropriate.

**Determination of examination equivalency is at the discretion of the Yates County Risk Manager or Personnel Officer.*

The purpose of this examination is to:

1. Ensure that applicants can perform, with or without accommodation, the essential functions or activities of the job in question without posing a direct threat to the health or safety of themselves or others.
2. Determine whether there are any reasonable accommodations which would permit the applicant to perform the essential functions or activities of the job.

Title of job/type of work:

Department/ Municipality/ Fire Department/ Program (Job Placement):

Have you been provided detailed information about the duties of this position? ☐ Yes ☐ No

Are you able to perform the essential duties of this position with or without reasonable accommodation? ☐ Yes ☐ No ☐ Uncertain

Will you require a reasonable modification to accommodate a disability? ☐ Yes ☐ No ☐ Uncertain

If Yes, please describe: _____

Do you have any condition or have you sustained any injury that would have an effect on your capacity to perform the duties of this position? ☐ Yes ☐ No If Yes, provide details: _____

If Yes, are these restrictions: ☐ Permanent ☐ Temporary until: _____ (provide date)

GENERAL LIFESTYLE

Describe your general health	☐ Poor ☐ Fair ☐ Good ☐ Excellent
How long has it been since your last general medical evaluation?	Months_____ or Year(s) _____
Daily Stress	☐ Low ☐ Moderate ☐ High
Average Number of Alcohol Beverages/Beers Per Week	☐ None ☐ 1-5 ☐ 6-14 ☐ 15 or more
In the past 6 months, have you used drugs illegally?	☐ Yes ☐ No
In the past 6 months, have you been referred to, admitted to, or discharged from a drug/alcohol rehabilitation program?	☐ Yes ☐ No
In an Average Week How Many Times do you Engage in Physical Activity Lasting at least 30 Minutes?	☐ Less than once a week ☐ 1-2 times per week ☐ 3-4 times per week ☐ 5 or more times per week

MEDICAL HISTORY I

Have you ever had any major illness, injury or surgery? ☐ Yes ☐ No

Year: _____ Describe: _____ Hospitalized? ☐ Yes ☐ No

Year: _____ Describe: _____ Hospitalized? ☐ Yes ☐ No

Year: _____ Describe: _____ Hospitalized? ☐ Yes ☐ No

Additional Information: _____

Are you currently recovering from any major illness, injury, or surgery? ☐ Yes ☐ No

If Yes, Please describe: _____

Are you currently receiving any Health Care Treatment? (i.e. Medical, Psychiatric, Physical Therapy, Chiropractic, etc.)

☐ Yes ☐ No If Yes, please describe: _____

Have you ever had any injury or illness caused by your service in the military?

☐ Yes ☐ No If Yes, please describe: _____

Have you ever been absent from work or school due to an illness/injury for a continuous period in excess of two (2) weeks?

☐ Yes ☐ No If Yes, please describe: _____

Please list prescription and non-prescription (over the counter, vitamins, etc.) you now take:

_____ _____ _____

_____ _____ _____

Please list any allergies: _____

OCCUPATIONAL INJURIES/ WORKERS' COMPENSATION CLAIMS

Have you ever had a work-related accident, illness or injury? ☐ Yes ☐ No

Have you ever missed work due to a job related accident, injury or illness? ☐ Yes ☐ No

Have you ever been placed on Work Restrictions ("light" or "modified duty") because of your health or injury? ☐ Yes ☐ No

Please provide details for any Yes answers:

State/ Year	Name of Employer	Description of Injury	Name of Doctor	Type of Treatment	Number of Missed Days

Current status of any conditions listed above:

_____

At work or at home, have you ever been exposed to any of the following?

	YES	NO	UNSURE	COMPANY	DUTIES	DETAILS
CHEMICALS						
FUMES/VAPORS/GASES						
TEMPERATURE EXTREMES						
NOISE (excessive)						
HEAVY LIFTING						
RADIATION						
INFECTIOUS DISEASE						
ASBESTOS						
DUST (excessive)						
LEAD (paint/other)						
ANY OTHER HAZARDOUS EXPOSURES (Please describe)						

MEDICAL HISTORY II

Review of Systems: Have you had any of the following? (check all that apply)

Neurological

- ☐ Chronic Headache
- ☐ Dizziness or Loss of Balance
- ☐ Epilepsy or other Seizures
- ☐ Loss of Consciousness / Blackouts
- ☐ Difficulty with Speech
- ☐ Loss of Feeling in Part of Body
- ☐ Tremors
- ☐ Difficulty Sleeping
- ☐ Paralysis / Numbness
- ☐ Depression / Anxiety
- ☐ Lack of Energy / Fatigue
- ☐ Difficulty Concentrating

Eyes / Ears / Nose / Throat

- ☐ Double Vision
- ☐ Blurred / Decreased Vision
- ☐ Redness / Itching of Eyes
- ☐ Eye Pain
- ☐ Frequent Earaches
- ☐ Ringing in the Ears
- ☐ Hearing Loss
- ☐ Hearing Aid(s)
- ☐ Ear Drainage / Infections
- ☐ Frequent Nosebleeds
- ☐ Sinus Drainage / Allergies
- ☐ Frequent Sore Throat
- ☐ Persistent Cough
- ☐ Bleeding Gums
- ☐ Jaw or Teeth Pain
- ☐ Difficulty Swallowing
- ☐ Wear Glasses
- ☐ Wear Contacts

Heart / Cardiovascular

- ☐ Irregular Heartbeat
- ☐ Palpitations
- ☐ Chest Pains
- ☐ Discomfort / Tightness in Chest
- ☐ Chest Pain while Exercising
- ☐ Heart Murmur
- ☐ Blood Clots
- ☐ Varicose Veins

Lungs

- ☐ Shortness of Breath
- ☐ Coughing up Phlegm / Mucus
- ☐ Chronic / Persistent Cough
- ☐ Wheezing
- ☐ Coughing up Blood
- ☐ Collapsed Lung

Abdomen

- ☐ Heartburn / Indigestion
- ☐ Bloody Bowel Movements
- ☐ Persistent Nausea / Vomiting
- ☐ Irregular Bowel Habits
- ☐ Stomach Pain
- ☐ Frequent Diarrhea
- ☐ Chronic Constipation
- ☐ Bloody Vomit

Genitourinary

- ☐ Painful / Burning Urination
- ☐ Frequent Nightly Urination
- ☐ Pain or Swelling in Testicles
- ☐ Irregular Excessive Periods
- ☐ Pain / Discomfort in Groin Area
- ☐ Hernia / Rupture
- ☐ Discharge from Penis
- ☐ Complications with Pregnancy
- ☐ Bladder Infections
- ☐ Frequent Urination
- ☐ Lump / Discharge from Breast

Musculoskeletal

- ☐ Pain / Cramping in Arms or Legs
- ☐ Pain / Tingling down Legs
- ☐ Pain / Tingling down Arms
- ☐ Neck or Shoulder Pain
- ☐ Lower Back Pain
- ☐ Swollen Feet / Ankles
- ☐ Weakness in Arms / Legs
- ☐ Stiffness / Painful Joints

Skin

- ☐ Yellowing / Color Changes to Skin
- ☐ Easily Bruised
- ☐ Rashes / Redness of Skin
- ☐ Excessive Itching / Hives

☐ **I have not had any of the conditions listed above.** _____Please Initial

APPLICANT CONSENT AND CERTIFICATION: I certify that all of the information I have provided on this form is complete and accurate to the best of my knowledge. I understand that submitting information that is incomplete, misleading, or untruthful may result in loss of entitlement to certain benefits, including forfeiture of all rights to employment, or dismissal after appointment.

I understand and agree to authorize the review of this and other pertinent information for purposes related to determining my ***fitness for employment***. Consistent with the Privacy Act Statement, I authorize the release to my employing agency of all information contained on this form and all other forms generated as a direct result of my pre-employment assessment and physical examination.

Applicant Signature: _____ **Date:** _____

Receipt Stamp-Official Use Only

YATES COUNTY POST-OFFER/JOB PLACEMENT PRE-EMPLOYMENT ASSESSMENT

PART II: PHYSICAL EXAMINATION- TO BE COMPLETED BY EXAMINING PHYSICIAN

In order to comply with "The Genetic Information Nondiscrimination Act of 2008 (GINA)", we are asking that you NOT provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Name of Examinee: _____ **Date of Exam:** _____

General Physical Examination:

Temperature: _____ Height: _____
Pulse: _____ Weight: _____
Respirations: _____ Age: _____
Blood Pressure: _____
Head: _____
Ears: _____
Eyes (Vision): _____
Nose: _____
Throat: _____
Neck: _____
Heart: _____
Lungs: _____
Abdomen: _____
Genitalia: _____
Rectum: _____
Hernia: _____
Extremities: _____
Spine: _____
Reflexes: _____
Urine: _____

Please summarize any medical findings that in your opinion might limit this applicant's ability to perform the essential job functions or that might pose a direct threat to the health or safety of themselves or others. If none, so indicate.

( ) Able to perform the essential job functions without limitation or restriction.

( ) Limiting conditions or restrictions as follows: _____

If applicable, are there any accommodations which might permit the applicant to perform the essential functions of the job? Yes ___ No ___ If Yes, please describe: _____

( ) Not cleared for employment, reasons: _____

Other comments: _____

_____

Physician's Signature: _____ Date: _____

Physicians Name (Print): _____ Phone: _____

Practice Name (Print): _____

Address (Print): _____

Address: _____