



A requirement of employment at Fox Construction, Inc. is a post offer screen (POS) to assure the health and safety of prospective employees. Job offers from Fox Construction are conditional upon the successful completion of the POS. The POS consists of: job specific questions and testing to evaluate the conditional hire's ability to safely complete the essential functions of the job. Any job offer is contingent upon the following:

1. You must have completed the questions on the application, and we must verify that your answers are complete and correct.
2. You must complete the Health and Fitness Questionnaire, Post Offer Screen Form, Medical Record Release Form, Waiver and Consent and Workers' Compensation Claim History Check.

We will verify that your answers are complete and correct on all of these forms. Inaccurate and incomplete forms will not be processed. This information is considered personal and medical in nature, and will be treated as such by handling it confidentially in strict compliance with the Americans with Disabilities Act and all state laws.

If a conditional job offer is made, it will not be rescinded unless:

1. You choose not to complete any of the tests or questionnaire presented to you.
2. You choose not to provide necessary medical information or releases.
3. A medical review reveals that you cannot perform one or more of the essential functions of the job (with accommodation if you so request); and/or
4. You present a direct safety or health risk to yourself or others which cannot be eliminated or minimized to an acceptable level by a reasonable accommodation; and/or
5. The accommodations you are requesting to perform the job safely are not reasonable and/or will create an undue hardship on the employer; and /or
6. You have given us false or misleading statements at any stage of the hiring process including your application or interview.

A conditional job offer is valid only if it is signed by a company representative.

If, during the post-offer screen, a medical condition warrants medical attention, the conditional hire will be responsible for all costs thereafter. If a medical release is needed to complete the screen, the potential employee has five (5) business days from the original offer date to obtain a medical release and complete the screen. Refusal of the post-offer screen is grounds for rescinding this offer or termination of your employment.

### AFFIRMATION

I understand all the requirements to complete the job application process with Fox Construction. I also understand that if I receive a conditional job offer, it is contingent upon completion of the above documents and screening.

I understand that if I am given a start date, I will enter into an employment relationship with Fox Construction, Inc. voluntarily, and acknowledge that there is no specified length of employment. Accordingly, either Fox Construction, Inc. or I can terminate the relationship at will, with or without cause, at any time. This document does not constitute a contract of employment, either express or implied.

I understand that I will be contacted if I am selected to receive a conditional job offer. Upon successful completion of the above review, I would then be given a start date.

### MINIMUM TOOL REQUIREMENTS & PERSONAL PROTECTIVE EQUIPMENT (PPE)

I understand that Fox Construction requires personal protective equipment (PPE) to be worn at the appropriate times including but not limited to a hardhat, work boots, clothing to fit the task, gloves and safety glasses. Safety glasses and sunglasses must be OSHA approved code Z87. Fox Construction provides a hardhat, safety glasses and hearing protection. I understand that it is my responsibility to provide the basic PPE that is not provided by Fox Construction or to replace what was issued if it is lost. Failure to wear the appropriate PPE could result in the termination of my employment.

I have also read the attached minimum tool list and understand that it is my responsibility to have the required tools upon hire.

I, \_\_\_\_\_, agree to the above terms.  
(Printed Name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_