



**Applicant Name:** \_\_\_\_\_

Please tell us whether you can do the following essential functions in our positions at Teel:

**Bending and twisting:**

I Can do this                       I Can't do this                       I Can do this with the following accommodation:  
\_\_\_\_\_

**Finger manipulation:**

I Can do this                       I Can't do this                       I Can do this with the following accommodation:  
\_\_\_\_\_

**Carrying:**

I Can do this                       I Can't do this                       I Can do this with the following accommodation:  
\_\_\_\_\_

**Lifting up to 50#:**

I Can do this                       I Can't do this                       I Can do this with the following accommodation:  
\_\_\_\_\_

**Wearing eye & hearing protection and other personal protective equipment, as needed for the job:**

I Can do this                       I Can't do this                       I Can do this with the following accommodation:  
\_\_\_\_\_

**Working in a hot, humid environment:**

I Can do this                       I Can't do this                       I Can do this with the following accommodation:  
\_\_\_\_\_

**Working in a dusty environment with the smell of styrene in the air:**

I Can do this                       I Can't do this                       I Can do this with the following accommodation:  
\_\_\_\_\_

**Standing or walking for most of an 8 hour shift:**

I Can do this                       I Can't do this                       I Can do this with the following accommodation:  
\_\_\_\_\_

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