Company Name: _____ Employee ID: _____

POSITION DESCRIPTION ACKNOWLEDGMENT

I, _____ acknowledge by my signature below that I have
Print Name

received a copy of my position description. I have read and understand my job duties and responsibilities

as _____ .
Position Title

I further understand that I am responsible for the satisfactory execution of all the duties described therein, under any and all conditions as described.

Can you perform the essential functions of this position with or without reasonable accommodations?

Check one: ( ) Yes ( ) No

I certify that the information provided by me in regards to this form is true, complete, and I understand that any false statements made as part of this form may result in denial of employment or dismissal.

Employee Signature _____ Date _____