Company Name

Conditional Job Offer

On behalf of Company Name you are being offered a ______to begin on _____

The offer described above is contingent upon the results of your:

Lift Assessment
CPR Certification
Hepatitis B Vaccine
TB Skin Test/Xray
License Verification
Reference Check
Valid Drivers License

These must be completed at least 30 days after employment commences.

I accept/decline (please circle one) Company Name's offer of employment. I understand that my employment is considered "at will," meaning that either the company or I may terminate this employment relationship at any time with our without cause or notice.

Applicant Signature	Date	_
Company Name Representative	Date	_