

**Okeechobee County School Board
Employment Application Supplement**

Name _____

Position _____

Physical Condition

Do you have or have you ever had any of the following physical conditions, ailments, or diseases? If YES, give details as to time, duration of treatment and names of doctors on reverse of this form.

- | | | |
|---|---|--|
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Rheumatism or Gout | <input type="checkbox"/> Heart Trouble |
| <input type="checkbox"/> Silicosis | <input type="checkbox"/> Rupture or Hernia | <input type="checkbox"/> Varicose Veins |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Back Trouble or Injury | <input type="checkbox"/> Arteriosclerosis |
| <input type="checkbox"/> Emphysema | <input type="checkbox"/> Neck Trouble or Injury | <input type="checkbox"/> Mental Troubles |
| <input type="checkbox"/> Lead Poisoning | <input type="checkbox"/> Osteomyelitis | <input type="checkbox"/> Nervousness |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dermatitis | <input type="checkbox"/> Nervous Disorders |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Allergy | <input type="checkbox"/> Hearing Defect |
| <input type="checkbox"/> Venereal Disease | <input type="checkbox"/> Hemophilia (Bleeder) | <input type="checkbox"/> Eye Trouble |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Wear Glasses |

Have you ever been in the Armed Services? Yes No

Are you collecting any federal benefits due to service or non-service connected disability? Yes No

Give details _____

Have you ever been hurt on the job? Yes No

Give details including amount of settlement _____

Were you ever rated as having a permanent disability? Yes No

Give details _____

Were you ever injured while not working? Yes No

Give details including settlement _____

Do you have any physical disability or impairment? Yes No

Give details _____

Do you have any condition which could restrict the type of work you can do? Yes No

Give details _____

Did you complete this form yourself? Yes No

If NO, enter name and address of person completing form

Name _____

Address _____

I swear/or affirm that all answers and/or information given on this form are true and correct and that this information was requested and is being provided following an offer of employment.

Signature of Applicant

Date