

## CAMPBELL COUNTY

### APPLICANT ACCOMMODATION REQUEST

Please type or print information and return to the Campbell County Mayor’s Office/ADA Coordinator. Information contained on this form is classified as CONFIDENTIAL to the extent permitted by law. Information obtained or generated in the processing of this Accommodation Request may be released to individuals or agencies participating in the evaluation or provision of this accommodation. Please complete per instruction on back of form and note that this accommodation request can not be processed unless the requested position description and medical documentation are attached. For further information contact ADA Coordinator at 423-562-2526.

1. \_\_\_\_\_  

Full Name
Social Security Number
2. \_\_\_\_\_  

P.O. Box or Street
City
State
Zip
3. \_\_\_\_\_  

Phone Number Home or Cell
Work
4. What is the position for which you are applying? \_\_\_\_\_
5. Describe the portion(s) of the employment test or the position for which you are requesting an accommodation. Please be specific. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_
6. Describe any accommodations you believe would be of benefit in this portion of the testing process, on the job, or accommodations successfully used in the past. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_
7. Describe the nature of your disability. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_
8. How does this disability prevent you from performing the employment testing function or essential job function listed in number five? \_\_\_\_\_

\_\_\_\_\_
9. \_\_\_\_\_  
Date Submitted
10. \_\_\_\_\_  
Applicant Signature

