



# ALAMEDA COUNTY REQUEST FOR REASONABLE ACCOMMODATION (APPLICANT)

In accordance with relevant federal, state, and local laws, Alameda County provides equal employment opportunities to qualified individuals with disabilities to participate in civil service examinations and/or in the employment selection process. If you require an accommodation in order to compete in the Alameda County examination process or participate in the departmental interview/hiring process, please complete this form and return it to the appropriate Human Resource Representative/Departmental Personnel Officer (DPO), along with supporting documentation from an appropriate health care or rehabilitation professional (e.g., psychiatrist, psychologist, physical/occupational therapist, vocational rehabilitation specialist, or licensed mental health professional).

**Notice to Applicants:** This form and the information contained within are strictly confidential and will be maintained in a separate confidential file. The information provided will only be used to determine a potential and appropriate accommodation necessary for you to participate in the examination and/or interview process. Access will be limited only to those with a need-to-know basis.

Please note that any accommodation necessary to participate in the departmental selection interview/hiring process must be separately requested from the employing County agency/department. Each agency/department has a designated disability coordinator to receive such requests. Please contact the agency/department's human resources office for more information.

**Please complete the information below, sign and return to the HR representative/DPO.**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I am requesting a reasonable accommodation in order to participate in the examination/selection component due to my disability: *(Check all that apply)*

County Examination for (Classification): \_\_\_\_\_

Department Interview for (JobTitle): \_\_\_\_\_

Written      Multiple Choice      Essay      Oral      Performance

Accommodation requested (be specific):

### APPLICANT CERTIFICATION

I hereby certify that I am disabled as defined by the Federal Americans with Disabilities Act (ADA), California Fair Employment and Housing Act (FEHA) and other applicable statutes and require reasonable accommodation. I understand that I am required to provide documentation of my disability/medical condition and agree to cooperate fully with the reasonable accommodation process. I certify and agree that if at any point it is determined or revealed that at the time I participated in this examination/selection process I did not have a disability/medical condition; it may result in my disqualification or dismissal from employment with Alameda County.

Supporting documentation for my reasonable accommodation request is attached.

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