

City of Saint Paul

Request for Employment Testing Accommodation

Exam Title: _____

If you have a physical or mental impairment that substantially limits a major life activity, you may be eligible for accommodation in the testing process. In order to allow us to evaluate your request, please complete the information below and also submit a "Certification of Need for Accommodation" (to be completed by an appropriate professional). The information requested below, and any documentation regarding your disability or your need for accommodation in testing will be considered strictly confidential, maintained separate from your application file, and will not be shared with any outside source without your written permission.

Name: _____
Please print

Address: _____

Phone No. _____ Social Security No. _____

Need for Accommodation (to be completed by applicant)

List all of the test behaviors which you cannot perform (e.g., "cannot read blue ink on white paper," or "cannot complete test in scheduled time limit"). Information about the test can be found on the official job announcement. If you need more information or have questions, please contact the Human Resources Consultant listed on the announcement. Attach additional pages as needed.

1. _____
2. _____
3. _____
4. _____

Accommodation Requested (to be completed by applicant)

List all or the accommodations that you are requesting for this test. Be specific in requesting required accommodations. For example, "Test should be copied in high contrast black/white ink," or "Additional time should be allowed to complete the examination."

1. _____
2. _____
3. _____
4. _____

I certify that all the information I have provided on this document is true and complete to the best of my knowledge. I understand that giving false information or omitting requested information could result in rejection of my request or dismissal if I am hired.

Applicant's Signature

Date

Certification of Need for Accommodation

(to be completed by an appropriate professional, e.g., doctor, rehabilitation counselor, et. al.)

This applicant has discussed with me the nature of the test to be administered, and it is my opinion that because of this applicant's disability, he/she should be accommodated in the manner described in the Request for Accommodation.

Print Name

Title/Occupation, Place of Employment

Signature

Date

If the previous section has not been completed by an appropriate professional, the applicant may submit documentation which verifies the disability. This documentation must be current and relevant; the Human Resources Consultant will determine if the submission is adequate or if additional information will be requested.

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