

Completion of this form is voluntary. This form is to be completed by applicants who feel that they may need special testing arrangements due to disabilities. This form should be submitted for ***EACH*** job classification for which you have concerns regarding test participation. Please submit this form to the Human Resources Department no later than the closing date for the recruitment. ***Do NOT*** attach this form to your application.

Mail or Hand Deliver Form To:	Fax To:
City of Ontario Human Resources Department 303 East "B" Street Ontario, CA 91764	(909) 395-2072 Attention: Sr. HR Analyst/Staffing Services

Applicant Name

Mailing Address City State Zip

Home Phone Number Message Phone Number

Job Classification Applied For Date

General Nature of Disability:

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Accommodation Requested (and how it relates to disability):

Applicant Signature

Date

Please list anyone who may be of assistance in providing special services:

Name

Phone Number

Human Resources Department Use:

Approve ☐

Disapprove ☐

Accommodation(s) Made: _____

Comments: _____

Signature: _____

Date: _____