

SPECIAL TESTING ACCOMMODATION REQUEST FORM

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 <u>NOT</u>* attach this form to your application.

	Mail or Hand Deliver Form	10:	-ax 10:		
	City of Ontario Human Resources Departme 303 East "B" Street Ontario, CA 91764	ent /	909) 395-2072 Attention: Sr. HR Analyst/Staffing Se	rvices	
Applicant Na	me				_
Mailing Address		City		State	Zip
Home Phone Number		Message Phone Number			
Job Classification Applied For		Г	Date		
General Nature of					
Disability:					
Accommodation Requested (and hor relates to disability):					
Applicant Signature			Date		
Please list anyone w	ho may be of assistance in pr	oviding special	services:		
Name			Phone Number		
Human Resources Accommodation(s)		pprove	Disapprove		
Comments:		Date:			
Signature:		Dal€.			