

Special Notice to Applicants With Disabilities

Voluntary Information

If you are a disabled person, **YOU ARE INVITED TO VOLUNTEER** Information concerning any personal physical or mental disability. The purpose is to provide information concerning proper placement and appropriate accommodations to enable you to safely and effectively perform the job(s) for which you are applying. This information will be kept confidential. **FAILURE TO SUPPLY THIS INFORMATION WILL NOT JEOPARDIZE OR ADVERSELY AFFECT ANY CONSIDERATION YOU MAY RECEIVE FOR EMPLOYMENT OR LATER ADVANCEMENT IN EMPLOYMENT.** If you desire, please state below any personal disability you may have, and your suggestions as to how it may be accommodated. This information needs to be disclosed at the time of application in order to make the necessary accommodations in a timely manner. It is the applicant's responsibility to make the above information known prior to any selection process beginning.

Applicant Name _____ Date _____

Position Applied For _____

Which of the following categories apply to you?

Visually Impaired

Mentally Impaired

Hearing Impaired

Speech Impaired

Orthopedic/Mobility Impaired

Seizure Disorder

Learning Disability

Other (Please Explain)

Comments and/or suggested accommodations: _____

VOLUNTARY COMPLETION BY APPLICANT - NOT FOR INTERVIEW PURPOSES
FILE SEPARATE FROM APPLICATION

Veteran of the U.S. Military service? Yes No If Yes, Branch _____

Indicate languages you speak, read, and/or write.

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held.
(You may exclude those which indicate race, color, religion, sex or national origin): _____

Give name, address and telephone number of three references who are not related to you and are not previous employers

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans and Individuals With Physical or Mental Handicaps

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below.

Handicapped Individual

Disabled Veteran

Vietnam Era Veteran

Signed _____

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin.

1	Employer Address Job Title Supervisor Reason for Leaving	Telephone ()	Dates Employed From To	Work Performed
			Hourly Rate/Salary Starting Final	
2	Employer Address Job Title Supervisor Reason for Leaving	Telephone ()	Dates Employed From To	Work Performed
			Hourly Rate/Salary Starting Final	
3	Employer Address Job Title Supervisor Reason for Leaving	Telephone ()	Dates Employed From To	Work Performed
			Hourly Rate/Salary Starting Final	
4	Employer Address Job Title Supervisor Reason for Leaving	Telephone ()	Dates Employed From To	Work Performed
			Hourly Rate/Salary Starting Final	

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special skills and qualifications

Acquired from employment or other experience _____

Education

	Elementary	High	College/University	Graduate/Professional
School Name				
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course Of Study:				
Describe Specialized Training, Apprenticeship, Skills, And Extra-Curricular Activities				
Honors Received:				

State any additional information you feel may be helpful to us in considering your application.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for application for employment as may be necessary in arriving a tan employment decision. I understand that this application is not and is not intended to be a contract of employment.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City.

Signature of Applicant Date

For Personnel Department Use Only

Arrange Interview	Yes	No		
Remarks	_____			
			Interviewer	Date
Employed	Yes	No	Date of Employment	_____
Job Title	_____		Hourly Rate/Salary	_____ Department
	By		_____	_____
		Name and Title		Date

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

Date _____

NOTES:

