

City of Hendersonville

Applicant Accommodation Request

Please type or print information and return to the Human Resources Department. Information contained on this form is classified as CONFIDENTIAL to the extent permitted by law. Information obtained or generated in the processing of this accommodation request may be released to individuals or agencies participating in the evaluation or provision of this accommodation. For further information, contact Human Resources at 615-264-5314 or the ADA Coordinator at personnel@hvilletn.org.

CONTACT INFORMATION

Full Name:	
Address:	
City, State, Zip Code:	
Phone:	Alternate Phone:
Email:	

What is the position for which you are applying?
--

Describe the portion(s) of the employment test or the position for which you are requesting and accommodation. Please be specific.
--

Describe any accommodations you believe would be a benefit in this portion of the testing process, on the job, or accommodations successfully used in the past:

Describe the nature of your disability:

How does the disability prevent you from performing the employment testing function or essential job function listed in #5?

CERTIFICATION: I hereby certify that the information and statements above are true.

Signature

Date

Attach additional pages as necessary. If you need assistance, require an accessible format, or have questions about this form, please contact the City of Hendersonville ADA Coordinator, Peter Voss at: personnel@hvilletn.org or (615) 263-5314.