



2950 PERALTA OAKS COURT • OAKLAND • CALIFORNIA • 94605-0381 • T: 1-888-EBPARKS • F: 510-569-4319 • TRS RELAY: 711 • EBPARKS.ORG

### FORM A APPLICANT REQUEST FOR REASONABLE ACCOMMODATION IN TESTING

To request a reasonable accommodation for an examination, please complete the following form and submit it, **along with medical certification from a health care provider (attached)**, to [Risk@ebparks.org](mailto:Risk@ebparks.org) at least three (3) working days prior to the examination. If the accommodation request involves wheelchair access or sitting in the front of the room, it is not necessary to complete this form or advise the assigned Human Resources Analyst in advance of the examination.

NAME: \_\_\_\_\_ ID#: \_\_\_\_\_  
(Last/First/Middle)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_  
(Work) (Home)

POSITION APPLIED FOR: \_\_\_\_\_  
(Classification Title)

**Please respond to the following:**

My disability impairs my ability to accurately exhibit my knowledge and skill on the examination in the following manner:

**The reasonable accommodation(s) I am requesting is:**

- Separate testing area (This is required if there will be verbalization either by the applicant or by the reader/recorder.)
- Sign language interpreter
- Large print materials
- Written instructions as accommodation for hearing impairment
- Reader
- Scribe
- Specified breaks during testing (Also available for lactating mothers)
- Additional Testing Time (Specify)
- Special Chair/Table (Specify)
- Special Lighting (Specify)
- Other (Specify)

COMMENTS:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I certify that I agree to the modified testing condition(s) authorized by the Park District and I will not discuss the exam content with anyone other than authorized representatives of the Park District. I give permission for the Park District to contact my health care provider to verify my need for testing accommodations or to discuss my work restrictions, if necessary.

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Applicant Signature

Date