

CITY OF TORRANCE HUMAN RESOURCES DEPARTMENT

POLICY ON REASONABLE ACCOMMODATION OF APPLICANTS WITH DISABILITIES

The City of Torrance supports equal opportunity of employment for individuals with disabilities. It is the City's policy to provide a reasonable accommodation to qualified individuals with a disability in the application and examination process. A qualified individual with a disability is defined as an individual with a disability who meets the skill, experience, education, and other job-related requirements of a position held or desired, and who, with or without a reasonable accommodation, can perform the essential functions of a job.

Reasonable accommodations will be made for the known physical or mental limitation of an otherwise qualified individual unless an undue hardship, direct threat to health and safety or other job-related consideration exists.

Applicants who notify the Human Resources Department prior to the final filing date for an examination by voluntarily completing a "Request for Reasonable Accommodation" form shall be considered for accommodation. Experience has shown that accommodations are most effective when the individual with the disability participates in the solution. Therefore, applicants will be invited to suggest accommodations, which they feel would allow them to effectively compete in the examination process.

Medical certification may be required, on a case-by-case basis, where necessary to reach a determination of the need to provide an accommodation or to assist in the determination of an appropriate accommodation.

CITY OF TORRANCE

HUMAN RESOURCES DEPARTMENT
3231 Torrance Boulevard
Torrance, CA 90503

REQUEST FOR REASONABLE ACCOMMODATION

NOTE TO APPLICANT:

The City of Torrance supports equal employment opportunity for people with disabilities. It is the City's policy to provide reasonable accommodation to qualified individuals with disabilities. You may request assistance in the application and testing process by completing this form and returning it to the Human Resources Department. Any information you provide is strictly confidential.

Your Name: _____

What job are you applying for? _____

In what part (s) of the application or testing process are you seeking accommodation?

Completing Application Form Written Test
Performance Test Interview Other: _____

What accommodation should be made? (If you are unsure or need more information, please contact the Human Resources Department at 310-618-2915.)

(Please use an additional sheet of paper if necessary)

We may require certification from a licensed physician, other professional or agency. You may wish to have your doctor, or other professional, complete the back of this form before you return it to the Human Resources Department. If you have existing documentation for the same or similar accommodation which was provided to you in another test, you may submit those documents instead of having the back of this form completed.

Signature: _____ Date: _____

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CERTIFICATION OF NEED FOR REASONABLE ACCOMMODATION

NOTE TO LICENSED PHYSICIAN, OTHER PROFESSIONAL OR AGENCY:

We may require certification by a licensed physician, other professional or agency when an applicant requests a reasonable accommodation in the application and examination process. The applicant who is identified on the front of this form has decided to provide certification in advance.

Please describe any accommodations in addition to those listed on the front of this form that you recommend.

CERTIFICATION: The applicant has discussed with me the nature of the test to be administered and it is my opinion that because of this applicant's disability, the accommodation which is requested on this form should be made.

Signature

Title (please print)

Name (please print)

Telephone number

Agency Name (if applicable)

Date

Address

Date the applicant was last examined
by you.