CHANDLER arızona

DISABILITY PREFERENCE VERIFICATION FORM

For purposes of the Disability Preference, an individual with a disability means a person who has a physical or mental impairment which substantially limits one or more major life activities, or has a record of such impairment, or is regarded as having such impairment.

The preference will be applied only upon receipt by the Human Resources Division of this completed and signed Disability Preference Application form. The completed form is intended solely for use in connection with A.R.S. § 38-492. The information is requested on a voluntary basis, will be kept confidential, and will not be shared with the hiring department. The refusal to provide the requested information will not result in any adverse treatment.

Requests for reasonable accommodation in the interview and testing process should be made directly to the Human Resources Division.

Position applied for: Name of applicant:			Phone Number:	
To be completed by A	applicant's H	Healthcare pi		
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I hereby certify that:				
1. The above-named applicant:		Is a patie	ent of my practice	
		Was see	n by me on	·
2. The applicant has a more major life activiti	es, has a rec	ord of such in	npairment, or is reg	garded as having such
impairment (as those t			ne Americans with [Disabilities Act).
Signature of Healthca	are Provide	r:	ne Americans with [Disabilities Act).
Signature of Healthca Name and Title of He	are Provide	r:	ne Americans with [Disabilities Act).
Signature of Healthca Name and Title of He Address:	are Provide	r:	ne Americans with [Disabilities Act).
Signature of Healthca Name and Title of He	are Provide	r:	ne Americans with [Disabilities Act).
Signature of Healthca Name and Title of He Address:	are Provide althcare Pr ocument wil	r: ovider:	and that I may be a	asked to provide
Signature of Healthca Name and Title of He Address: Phone Number:	are Provide althcare Pr ocument will before the D	r: ovider: Il be reviewed isability Prefe	and that I may be a rence may be applic	asked to provide

Return this form directly to:

City of Chandler, Human Resources Division, PO Box 4008, MS 703, Chandler, Arizona 85244-4008 or fax with a coversheet marked "CONFIDENTIAL" to (480) 782-2366.