



USA Hire Reasonable Accommodation Request Form

For consideration, this form must be completed and submitted prior to beginning the USA Hire Assessments.

Full Name: _____ Date: _____
Last First Middle Initial

Mailing Address:

Street City State Zip Code

Email Address: _____

Phone: _____
Day Evening Cell

Claimed disability:

How it affects my major life activity:

Accommodation requested: *(describe the specific assessment accommodation that you are requesting)*

Documentation: You must provide documentation from an appropriate professional such as a doctor, rehabilitation counselor, or vocational counselor, concerning your asserted impairment and functional limitations as they pertain to the online assessment process. **Note: Your failure to provide supporting documentation may result in a delay or the inability to grant your request.**

Process: Your request will be evaluated by the Hiring Agency, in cooperation with you, to determine an appropriate accommodation for the USA Hire Assessments for your asserted impairment; however, this will not be a generalized determination that you are a qualified individual with a disability under the Rehabilitation Act and the Americans with Disability Act for purposes of job accommodations. You will be contacted via the email address or phone number you provided above. **Upload this completed form and supporting documentation with your application.** If you need to request a reasonable accommodation after the close of the Job Opportunity Announcement or if you have any questions or concerns about the USA Hire Assessments, please contact Point of Contact(s) listed in the Job Opportunity Announcement.