



EMPLOYEE RELATIONS

602.7FA – APPLICANT REQUEST FOR SPECIAL TESTING  
ACCOMMODATION (ADA) FORM

Completion of this form is voluntary. This form is to be completed by applicants who feel that they may need special testing arrangements due to a physical or mental disability. This form should be submitted for EACH job title for which you have concerns regarding test participation. Do NOT attach this form to your application. Submit it to East Fork Fire Protection District Administration office receptionist or mail to:

East Fork Fire Protection District  
District Office  
1694 County Road  
Minden, NV 89423

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Name (Please print)

Applicant ID Number

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Address

City, State, Zip Code

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Home Phone Number

Business/Message Phone

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Applied for (Job Title)

Date

**Description of Disability:**

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**Accommodation Requested:**

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Signature

Date

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**Please list anyone who may be of assistance in providing special services**

Name

Title

Phone Number

**\*\*THE SECTION BELOW IS TO BE COMPLETED BY EXECUTIVE OFFICE MANAGER (HUMAN RESOURCES).\*\***

\_\_\_\_\_ APPROVE      \_\_\_\_\_ DENY

Comments:

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Accommodations:

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Signature

Date

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**PROCTORS REPORT**

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Date of Examination Accommodation Made

Comments:

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Signature (Print Name) Signature

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Date

**\*\*ORIGINAL TO EXECUTIVE OFFICE MANAGER (HUMAN RESOURCES) , COPY TO APPLICANT\*\***