Request for Testing Accommodation
By Applicants with Disabilities

Napa County Human Resources

It is the policy of Napa County to provide equal employment opportunities to all persons, regardless of physical or mental disability, concerning any position for which they are qualified. The Americans with Disabilities Act (ADA) defines an applicant with a disability as a person who has a physical or mental condition, which limits one or more major life activities, has a history of such a condition, or is regarded as having such a condition. Applicants should use this form to request testing accommodations due to a disability. Submit the completed request with a current certification from a medical provider or the State Department of Rehabilitation, noting specific limitation(s) that make(s) it difficult to take the test under standard accommodations. The documents must be received in the Human Resources Department by the final filing date of the applicable recruitment; every effort will be made to provide reasonable testing accommodation. Human Resources will maintain the form separately from your employment application.

If you require assistance completing the form or have questions, please call (707) 253-4303, Mon-Fri 8:00 AM - 5:00 PM

Title of Position: ______________________________________________________

Final Filing Date: ______________________________________________________

Name: _______________________________ Telephone #: _______________________________

Email Address: _______________________________

Please describe the type of accommodation(s) you are requesting below.

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

________________________________________________________________________________________________________

Are you currently using the services of the State Department of Rehabilitation? Yes _____ No_____

If yes, what office: _______________________________ Telephone: _______________________________  

________________________________________________________________________________________________________

Applicant Signature _______________________________ Date _______________________________

A staff member from Human Resources will contact you after we have received and reviewed your request.

Submit to: Napa County Human Resources Department

1195 Third Street, Suite 110

Napa, CA. 94559