



## City of Knoxville Applicant Accommodation Request

Please type or print information and return to Civil Service Department. Information contained on this form is classified as CONFIDENTIAL to the extent permitted by law. Information obtained or generated in the processing of this Accommodation Request may be released to individuals or agencies participating in the evaluation or provision of this accommodation. Please complete page 1 per instructions on page 3, and note that this accommodation request cannot be processed unless the requested medical documentation is submitted. For further information, please contact Civil Service at 865-215-2106, (TTY) 865-215-2900, or the City's ADA Coordinator at 865-215-2034, (Fax) 865.215.4581. Please fill out form using Internet Explorer if submitting online.

### Applicant Accommodation Information

1. Full Name:

2. Last 4 Digits of Social Security Number:

3. P. O. Box or Street:

4. City:

5. State:

6. Zip Code:

7. Home Phone:

8. Business Phone:

9. What is the position for which you are applying?

10. Describe the portion(s) of the employment test or the position for which you are requesting an accommodation. Please be specific.

11. Describe any accommodations you believe would be of benefit in this portion of the testing process, on the job, or accommodations successfully used in the past:

12. Describe the nature of your disability:

13. How does this disability prevent you from performing the employment testing function or essential job function listed in #10?

14. Date Submitted:

15. Applicant Signature:



<b>Civil Service Response</b>		
Recommendation: (Explanation Required)	Approval:	Denial:
Explanation:		
Copies To: ADA Coordinator Applicant		
	Civil Service Director's Signature	Date
<b>Reasonable Accommodation Committee Response</b>		
Recommendation: (Explanation Required)	Approval:	Denial:
Explanation:		
Copies To: Civil Service Applicant		
	City ADA Coordinator's Signature	Date
<b>Civil Service Final Decision</b>		
Recommendation: (Explanation Required)	Approval:	Denial:
Explanation:		
Copies To: ADA Coordinator Applicant		
	Civil Service Director's Signature	Date

Submit document online now:

If submitting online, you may send supporting documentation to the address below, or have your medical provider email proper documentation to [CivilService@KnoxvilleTN.gov](mailto:CivilService@KnoxvilleTN.gov)

Or Print:

And mail to:

Civil Service  
 City of Knoxville  
 400 Main Street., Ste.569  
 Knoxville, TN 37902

**Instructions for Completing Applicant Accommodation Request**

1. – 9.	Self-explanatory.
10.	In your own words, describe the part(s) of the testing process which your disability prevents you from performing.
11.	Describe what the City can do or provide to help you perform this part of the test or job.
12.	Self-explanatory.
13.	In your own words, describe how your disability prevents you from performing the test or job.
14. – 15.	Date and sign the Accommodation Request. Return to Civil Service with the appropriate medical documentation. Your request cannot be processed without proper medical documentation.