

**Americans with Disabilities Act (ADA)  
Applicant Accommodation Request Form**

Applicant's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Position for which you are applying: \_\_\_\_\_

1. Describe how your condition affects your ability to perform a major life activity. Which major life activity(s) is/are most significantly affected? Examples of major life activities are: seeing, hearing, breathing, walking, smelling, caring for yourself, thinking, concentrating, or working.

\_\_\_\_\_

2. Describe how your condition limits your ability to complete the application process.

\_\_\_\_\_

3. Describe the accommodation you are requesting. Be as specific as possible.

\_\_\_\_\_

4. Explain how the accommodations you are requesting will enable you to complete the application process. Be specific.

\_\_\_\_\_

5. Will you be able to complete the application process if you receive the requested accommodation? If not, describe the specific functions you will not be able to perform.

\_\_\_\_\_

6. Is there any other information that would help us evaluate your request? If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date