ARIZONA STATE HUMAN RESOURCES DIVISION

100 N. 15th Ave. #103
Phoenix, AZ 85007

Request for Disability Preference

In accordance with A.R.S. 38-492, an INDIVIDUAL WITH A DISABILITY who indicates interest in employment with Agencies served by the State Human Resources Division shall be given preference.

For the purpose of this preference, INDIVIDUAL WITH A DISABILITY means anyone who has a physical or mental impairment, which substantially limits one or more of his/her major life functions, or has a record of such impairment or is regarded as having such impairment.

Preference will be awarded ONLY upon receipt of this signed and dated "Request for Disability Preference" form. The completed form is intended for use solely in connection with A.R.S. 38-492. The information is requested on a voluntary basis and will be kept confidential and used only in accordance with "Americans with Disabilities Act". Refusal to provide the requested information will not result in any adverse treatment.

Requests for reasonable accommodation in the testing process must be made on a separate form entitled "Request for Reasonable Accommodation in Testing".

Once you have completed the form, please fax it to the Human Resources Division at (602) 542-2084.

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I hereby request preference. I affirm/certify that I meet the above definition of an INDIVIDUAL WITH A DISABILITY, and am eligible for preference. I understand that the preference will be added only after I have met the requirements of the job.

NAME:_____

Last Name First Name M.I.

Address:_____

_____

City State Zip code

Phone Number: Home_____ Work: _____

_____ _____

Signature Date