

## **020 - RECRUITING AND SELECTION**

### **I. PURPOSE**

To establish the authority and responsibility of Spokane County personnel in recruiting and selecting employees; to maximize Spokane County's efforts and resources in selecting the best employees available. (Also see Policy No. 021, Equal Employment Opportunity.)

### **II. SCOPE**

This policy applies to recruiting and selecting of employees for all positions, except those in elected positions, their Chief Deputies, and other non-represented management positions set forth in Policy No. 011.

### **III. POLICY**

When a personnel vacancy occurs, the appropriate supervisor, manager, or Elected Official/Department Head and the Human Resources Director will conduct a joint recruiting and selection process designed to identify the most suitable individual for the position.

Recruiting is coordinated by Human Resources solely based on ability, merit, qualifications, competence, job fit and/or seniority, without regard to race, color, national origin, religion, creed, sex, age, marital status (employment only), veteran with disability status (employment only), Vietnam era veteran status (employment only), or disability.

NOTE: For more detailed information see Spokane County's Recruitment and Selection Manual.

### **IV. PROCEDURE**

The following steps govern the recruiting and selection process:

#### **A. The supervisor, manager, or Elected Official/Department Head will:**

1. Review the class specification for accuracy, providing Human Resources with a current job description, including essential responsibilities and minimum job requirements. (Attached - Posting Request Form)
2. Review labor agreement, where applicable.
3. Interview candidates on certified eligibility lists and conduct valid, job-related employment selection examinations. For each applicant, determine whether there is:

- a) No further interest;
  - b) Possible further interest: hold pending interviews with other candidates; or
  - c) Definite interest: schedule interviews with appropriate department managers and others on selection panel.
4. Identify the best candidate and conduct reference checks.
  5. Consult with Human Resources on the appropriate starting salary and pre-employment physical. Then, make a job offer to the successful applicant.
  6. Confirm oral job offer in writing (attached – written job offer letter) and arrange for beginning work, including conducting a department new hire orientation on their first day of employment and schedule the County’s New hire Orientation with HR.
  7. Notify all non-selected candidates who were interviewed.
  8. Return the signed certified eligibility list, all applications and all other examination materials to Human Resources for processing and filing.

B. Human Resources will:

1. Upon receipt of the posting request form, discuss with the Department.
  - a. The need for the position.
  - b. The class specification and recruitment.
  - c. All possibilities of promotion or transfer from within the organization.
2. Make sure labor agreements have been followed, when applicable.
3. Prepare and distribute job postings.
4. Activate appropriate outside recruiting source(s).
5. Screen applications to identify qualified candidates who meet the minimum requirements. May conduct examinations including written exams.
6. Prepare a certified eligibility list and forward with qualified applications to the Department.
7. Conduct the New Hire Orientation.

8. Request that the hired applicant furnish:
  - a. Proof of eligibility to work in the U.S.
  - b. Complete the I-9 form within 3 business days from date of hire; and
  - c. Supply certified copies of college transcripts, certificates or credentials, if required, for the position.
9. Applications and related material including interview notes for all interviewed candidates will be maintained in Human Resources for 3 years.

**V. GENERAL INFORMATION:**

- A. Each applicant shall complete and sign an application form before being considered for any position. (See attached employment application.)
- B. Any false or misleading information supplied by an applicant or employee will be justification for immediate termination.
- C. The Human Resources Department is responsible for recruitment and examinations for all non-Civil Service County positions (including but not limited to full-time or part-time, temporary, seasonal, limited-term, extra-help or regular). Pre-employment steps may consist of the completed Spokane County application, resume, any and all supplemental applications, evaluation of training and experience, performance tests, written tests, oral appraisal boards, or any combination of the above.
  1. Examinations may be given as frequently as the needs of County Government may require or justify. Candidates who have taken a written examination may not take the same examination until six (6) months have elapsed from the original examination date.
  2. Recruitments may be posted:
    - a. First in the department or union; and/or
    - b. Offered interdepartmental, County wide; and/or
    - c. To the public.
- D. Residency within Spokane County shall not be a condition of employment with the exception of certain classifications. (See Policy No. 11).
- E. Applicants for positions in which the applicant is expected to operate a motor vehicle must be at least 18 years old and will be required to present and maintain a valid driver's license with any necessary endorsements. Applicants who are required to drive may have their driving record checked. Applicants with poor driving records, as determined by the County, may be disqualified for County employment in positions requiring driving. Certain positions may require a Commercial Driver's License (CDL). In those instances, the CDL may be required as a condition of employment.

- F. After an offer of employment has been made and before commencement of employment, the County may require persons selected for employment to:
1. Have a background investigation.
  2. Provide proof of education or equivalent work experience taking the place of education.
  3. Successfully pass a medical examination, which may include testing for alcohol and controlled substances. The purpose of the examination is to determine if the individual is physically able to perform the essential duties of the job and to ensure that their physical condition will not endanger the health, safety or well being of other employees or the public. The offer of employment shall be conditioned on the results of the examination. (See Safety/Loss Policy Manual for further information.)

Entered in TRAC

\_\_\_\_/\_\_\_\_/\_\_\_\_

**SPOKANE COUNTY HUMAN RESOURCES  
Posting Request Form**

477-5750 FAX 477-5642

Job Number: \_\_\_\_\_

**Instructions:** To initiate a recruitment, please fill out all non-shaded areas, have Department Head sign and send (or FAX) this information to Human Resources for processing. This information will be verified by telephone.

**Requests for a Monday public recruitment should be in Human Resources by the previous Wednesday.**

**POSTING INFORMATION**

Department:		Job Title:	
Requester:		Phone:	FAX:
Class. Specification No.:	Salary Range:	Non-Exempt <u>Hourly</u> Amt:	Hours per week:
Union No.:		Exempt <u>Monthly</u> Amt:	
Reason for vacancy: <b>Promotion</b>		Incumbent:	No. of Vacancies:
Vacant Position No.		Estimated date of hire:	<b>LIST NUMBER:</b> _____
			<b>Vet. Pref.:</b> Yes No
Special Requirements/Comments:			

**CLASS SPECIFICATION**

**REQUESTED APPLICANT INFORMATION**

Is there a position analysis on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Supplemental Application
<input type="checkbox"/> New position	<input type="checkbox"/> Resume
<input type="checkbox"/> Class specification appears to be accurate	<input type="checkbox"/> Cover Letter
<input type="checkbox"/> Class specification needs a few changes	<input type="checkbox"/> References
<input type="checkbox"/> Extensive changes are needed to the classification	<input type="checkbox"/> Other (Specify)

**POSTING DATES**

**COMMENTS**

OPEN:	CLOSE:	<b>5:00 P.M.</b>
WHERE:		
Departmental		
Reemployment List		
Union or County Departments		

**ADVERTISING**

Do you want to approve ad copy before publication? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you want the County logo at the top of your ad? <input type="checkbox"/> Yes <input type="checkbox"/> No
(Cost for supplemental ads to be paid by your department)	(Cost for the logo adds approximately \$10 to the ad.)
Ad dates:	
<input type="checkbox"/> Spokesman-Review (\$1.71/line)	<input type="checkbox"/> Seattle Times (\$15.83/line)
<input type="checkbox"/> Jobs Available (contact H.R. for rate)	<input type="checkbox"/> Portland Oregonian (\$8.97/line)
<input type="checkbox"/> Professional Journals/Publications/Other: (Specify)	

**SELECTION/EXAMINATION PROCESS (Check all that apply)**

**Human Resource Action**

**Department Action**

Screen for minimum requirements	Screen for minimum requirements ( <i>H.R. must screen final candidate for minimum requirements <b>before</b> job offer is made</i> )
<input type="checkbox"/> Conduct training & experience supplemental examination	<input type="checkbox"/> Evaluate application materials and rank
<input type="checkbox"/> Conduct written examination	<input type="checkbox"/> Conduct performance exercise(s)
<input type="checkbox"/> Conduct performance examination	<input type="checkbox"/> Conduct interview
<input type="checkbox"/> Conduct oral board examination	<input type="checkbox"/> Polygraph
<input type="checkbox"/> Other (Specify) :	<input type="checkbox"/> Other (Specify):

Department Head/Division Head Signature only

Date

Department

Head/Division Head Signature only

Date As of: 9/1/99

Example Employment Application



# EMPLOYMENT APPLICATION

**RETURN BY MAIL TO:**  
**Spokane County**  
**Human Resources Dept.**  
**1229 W. Mallon Ave.**  
**Spokane, WA 99260-0230**  
or fax to (509) 477-5642

**EQUAL OPPORTUNITY EMPLOYER - DRUG-FREE WORK ENVIRONMENT**

**PLEASE READ:** Read the complete job posting before filling out this application. Type or print legibly in ink. This application must be completed in full. **A resume does not replace any section of this application.** All statements are subject to verification. Keep a copy of your completed application and attachments as they will not be returned. **DEADLINES FOR SUBMITTING APPLICATIONS:** All application materials must be received by the Human Resources Department **by 4:30 p.m.** on the closing date of the recruitment. No additional materials will be accepted after the closing date. No postmarks will be accepted.

**APPLICATION FOR**

Title of Position:	Posting No.:
--------------------	--------------

**APPLICANT INFORMATION**

*(Social Security information is optional)*

Last Name:	First:	M.I.:	Social Security #:
Mailing Address:	City:	State:	Zip Code:
Home Phone: ( )	Daytime Phone: ( )	Email:	
Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you possess a valid driver's license? (only if required for position) Issuing State:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**PREVIOUS EMPLOYMENT**

Have you previously been employed by Spokane County? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates:	Title:
---	--------	--------

**RELATIVES EMPLOYED BY SPOKANE COUNTY**

**WORK AVAILABILITY**

(Information used for nepotism policy only)	Will you accept?	<input type="checkbox"/> Regular	<input type="checkbox"/> Extra Help	<input type="checkbox"/> Seasonal
Name	Will you accept?	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> On Call
Dept.	Shifts you will accept?	<input type="checkbox"/> Day	<input type="checkbox"/> Swing	<input type="checkbox"/> Graveyard

**CRIMINAL CONVICTIONS** (A non-job related conviction does not necessarily bar you from employment - WAC 162.12.140)

Have you been convicted by a court of law within the past ten years? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, please explain:</b>

**LICENSES AND CERTIFICATES** (List professional or trade licenses that are related to the position, i.e. ICBO, ICC, CDL)

Description	Issued By	Expiration Date

**EDUCATION**

Circle highest grade completed: 8 9 10 11 12 GED <input type="checkbox"/>	College 1 2 3 4	Grad Work? Yes <input type="checkbox"/> No <input type="checkbox"/>
---	-----------------	---

Spokane County Personnel Policy Manual

POST-HIGHSCHOOLEDUCATION/TRAINING NAME AND LOCATION	ACADEMIC MAJOR, SKILL OR TRADE	CREDITS EARNED		DEGREE LEVEL (BA/BS, AA/AAS)
		SEM	QTR	

**If you need accommodation in order to complete or participate in the process because of an impairment or disability, please notify Human Resources at 509/477-5750.**

**EMPLOYMENT HISTORY:** Respond completely to the information requested. Attempt to cover all the requirements listed in the job posting. List your most recent employment first. List all experience, paid and voluntary, related to the position for which you are applying. Include months, days, and years. Failure to provide all information required may result in rejection of application. **Supplemental pages may be used to expand on work history and/or education using the application format. Because resumes may contain unfair pre-employment inquiry information, resumes will not be accepted in place of completing this application.**

COMPANY NAME:	DATES EMPLOYED (Mo/Day/Yr)  <b>FROM:</b>  <b>TO :</b>  AVERAGE HOURS WORKED/  _____  FINAL SALARY: \$ _____	JOB TITLE:	NO. EMPLOYEES SUPERVISED:
ADDRESS:		SPECIFY DUTIES:	
PHONE:			
SUPERVISOR NAME:			
REASON FOR LEAVING:			
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No			
COMPANY NAME:	DATES EMPLOYED (Mo/Day/Yr)  <b>FROM:</b>  <b>TO :</b>  AVERAGE HOURS WORKED/  _____  FINAL SALARY: \$ _____	JOB TITLE:	NO. EMPLOYEES SUPERVISED:
ADDRESS:		SPECIFY DUTIES:	
PHONE:			
SUPERVISOR NAME:			
REASON FOR LEAVING:			
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No			
COMPANY NAME:	DATES EMPLOYED (Mo/Day/Yr)  <b>FROM:</b>  <b>TO :</b>  AVERAGE HOURS WORKED/  _____  FINAL SALARY: \$ _____	JOB TITLE:	NO. EMPLOYEES SUPERVISED:
ADDRESS:		SPECIFY DUTIES:	
PHONE:			
SUPERVISOR NAME:			
REASON FOR LEAVING:			
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Example Employment Application (Page #1)	Example Employment Application (Page #1)	

Spokane County Personnel Policy Manual

ADDRESS:	<b>FROM:</b>  <b>TO:</b>  AVERAGE HOURS WORKED/  _____  FINAL SALARY: \$ _____	SPECIFY DUTIES:
PHONE:		
SUPERVISOR NAME:		
REASON FOR LEAVING:		
MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No		

*List further job duties and employment history on additional sheets using application format.*

**ADDITIONAL INFORMATION** You may include any comments that may show further qualifications for this position.

---



---



---

**AGREEMENT:** All of the information I have provided in this application and in any attachments or supporting documents is true, correct, and complete. I understand that if I have provided false or incomplete statements, it will be justification for termination or refusal of employment. I understand that reference checks and/or job-related background checks may occur and I release the County of Spokane, all employers, all those that provide background information and all references (except as noted above) from any and all liability and/or damages for receiving or releasing information. If a conditional job offer is made, I agree I may be requested to undergo job-related medical examinations, inquiries and/or a drug/alcohol screening test, and understand that employment is contingent upon satisfactory outcome of those examinations and inquiries.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**EXAMPLE EMPLOYMENT APPLICATION**

**EQUAL OPPORTUNITY EMPLOYMENT INFORMATION**  
*(This information is voluntary and in no way affects the outcome of your application.)*

Spokane County is an Equal Opportunity Employer. We are required by the state and federal governments to maintain certain statistical information on our job applicants and employees. We appreciate your *voluntary* cooperation in answering the questions on both sides of this questionnaire. *This form will be detached from your application and will be kept separate and confidential.*

Name: \_\_\_\_\_ Position applying for: \_\_\_\_\_ Posting No.: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Female  Male Disabled veteran status:  Yes  No Vietnam Era  Are you disabled?  Yes  No  
 Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ethnic Origin:  
 White - persons of European descent.  
 Black - persons of African descent as well as Jamaican, Trinidadian and West Indian.  
 Hispanic - persons of Mexican, Puerto Rican, Cuban, Latin American or Spanish descent.  
 Asian American - persons of Japanese, Chinese, Korean, Filipino, Malayan, Thai, Vietnamese, Polynesian, Pakistani or East Indian descent.  
 Native American - persons who identify themselves as American Indian, Aleuts, Eskimos.

**HOW DID YOU HEAR ABOUT THIS JOB?**  
*(Please fill this out for statistical purposes)*

Phone contact - walk in  Advertisement (newspaper/periodical)  
 Job Interest Card  Informed/referred by a Spokane County employee  
 Job Fair  Internet  
 Job Line  Other: \_\_\_\_\_

**DEADLINES FOR SUBMITTING APPLICATIONS:** Must be received by the Human Resources Department by 5:00 p.m. on the closing date or postmarked by the closing date, unless otherwise indicated on the posting. No additional materials will be accepted after the closing date.

**SPOKANE COUNTY HUMAN RESOURCES**  
 1229 WEST MALLON  
 SPOKANE, WA 99260-0230  
 (509) 456-5750 (TDD AVAILABLE) JOB HOTLINE: (509) 328-0590 [www.spokanecounty.org](http://www.spokanecounty.org)  
*(This form is in compliance with and has been approved by the Washington State Human Rights Commission, 9/96)*



---

**EXAMPLE JOB OFFER LETTER**

\_\_\_\_\_ (Date)

\_\_\_\_\_ (Name & Address)

\_\_\_\_\_  
\_\_\_\_\_

Dear \_\_\_\_\_,

I am pleased to make this formal job offer to you. I would be glad for you to join Spokane County's \_\_\_\_\_ (Orgn) as a \_\_\_\_\_ (Job Title). This will be effective on \_\_\_\_\_ (Start Date).

As an "at will" exempt/non-exempt (Pick the one that applies) employee, you work at the pleasure of the Elected Official. You are being offered a valuable position, assisting in \_\_\_\_\_ (explain some key duties). It is a position that requires trust, attention to detail, and confidentiality.

The starting salary for a \_\_\_\_\_ (Job Title) is \$ \_\_\_\_\_ per month. This is at Step 1 of the current salary range \_\_\_\_\_. After successfully completing the six-month review period, you will get a pay increase to Step 2.

I am very pleased to have you part of the \_\_\_\_\_ (Organization) staff.

\_\_\_\_\_  
(Name/Title of EO, DH or Division Leader)

I accept/decline the position of \_\_\_\_\_ (Job Title).

\_\_\_\_\_  
(Typed Name)

\_\_\_\_\_  
DATE

CC: HR (personnel file)

**SPOKANE COUNTY NEW  
EMPLOYEE CHECKLIST**

Employee \_\_\_\_\_ SSN \_\_\_\_\_

Department \_\_\_\_\_ Position \_\_\_\_\_

Hire Date \_\_\_\_\_

\_\_\_\_\_ *Extra-help*

\_\_\_\_\_ *Regular*

\_\_\_\_\_ *Seasonal*

**Human Resources Paperwork**

\_\_\_\_\_ W-4

\_\_\_\_\_ Date for Benefits Orientation

\_\_\_\_\_ I-9 (Verify 2 Pieces of Identification)

\_\_\_\_\_ Date for Worker's Comp. Orientation

\_\_\_\_\_ Medical/Dental Insurance

\_\_\_\_\_ Date for Sexual Harassment Training

\_\_\_\_\_ Life Insurance

\_\_\_\_\_ Retirement

\_\_\_\_\_ Percentage Agreement

\_\_\_\_\_ Confirmation of Extra-help Status

\_\_\_\_\_ Background (if required)

\_\_\_\_\_ Statement of Understanding (if required)

**Safety/Loss Control Paperwork**

\_\_\_\_\_ Medical Examination Authorization Form (Occ. Health Unit/OMA)

\_\_\_\_\_ Request For Service

\_\_\_\_\_ Medical Questionnaire

\_\_\_\_\_ Drug Screen (w/booklet) (if req.)

\_\_\_\_\_ TB Test (w/booklet) (if req.)

**\*\*EXTRA-HELP ONLY\*\***

**NOTE:** Each Extra-help employee should be provided a copy of the Drug/Alcohol Policy and Accident Reporting Policy. They should be instructed to read through each policy and its contents and sign off on this sheet that they have received them.

I \_\_\_\_\_, have read, understand and will comply with the Drug/Alcohol and Accident Reporting policies and have been instructed to read each prior to my beginning work for Spokane County.

\_\_\_\_\_  
Signature

## ***21 - EQUAL EMPLOYMENT OPPORTUNITY***

### **I. PURPOSE**

To preserve an employment environment free from illegal discrimination.

### **II. SCOPE**

This policy applies to all employees and applicants for employment of Spokane County.

### **III. POLICY**

Spokane County maintains a policy of non-discrimination with employees and applicants for employment. No aspect of employment within Spokane County will be influenced in any manner by race, color, religion, sex, age, national origin, veteran status, mental or physical disability, or any other basis prohibited by statute.

Spokane County is an equal employment opportunity employer. The County employs, trains, retains, promotes, terminates, and otherwise treats all employees and job applicants based on merit, qualifications, and competence.

## 22 - *AMERICANS WITH DISABILITIES ACT*

### I. PURPOSE

To comply with the Americans with Disabilities Act.

### II. SCOPE

This policy applies to all employees and applicants for employment of Spokane County.

### III. POLICY

Spokane County's policy and practice is to comply with the Americans with Disabilities Act and ensure equal employment opportunity for all qualified persons with disabilities.

“Disability” includes a physical or mental impairment that substantially limits one or more life activities, a record of such impairment, or being regarded as having such an impairment. “Physical or mental impairment” includes orthopedic disorders, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, HIV infection, cancer, heart disease, mental retardation, emotional illness, specific learning disabilities, drug addiction, and alcoholism.

Spokane County is committed to ensuring non-discrimination in all terms, conditions and privileges of employment. Reasonable accommodation is available to all employees and applicants, including work site accessibility, as long as the accommodation doesn't cause undue hardship on the County. Individuals should contact their supervisor, manager, Elected Official/Department Head or Human Resources concerning an accommodation. All final approvals for accommodations will be jointly approved by the Department and Human Resources.

It is the policy of Spokane County to provide reasonable accommodation for qualified individuals for services, programs or employment. Spokane County will adhere to all applicable federal, state and local laws, regulations and guidelines with respect to providing reasonable accommodations as required to afford equal opportunity to qualified individuals with disabilities. See ADA Attachment.

## ADA ATTACHMENT

### THE REASONABLE ACCOMMODATION OBLIGATION

#### Overview of Legal Obligations

- An employer must provide a reasonable accommodation to the known physical or mental limitations of a qualified applicant or employee with a disability unless it can be shown that the accommodation would impose an undue hardship on the business.
- Reasonable accommodation is any modification or adjustment to a job, an employment practice, or the work environment that makes it possible for an individual with a disability to enjoy an equal employment opportunity.
- The obligation to provide a reasonable accommodation applies to all aspects of employment. This duty is ongoing and may arise any time that a person's disability or job changes.
- An employer cannot deny an employment opportunity to a qualified applicant or employee because of the need to provide reasonable accommodation, unless it would cause an undue hardship.
- An employer does not have to make an accommodation for an individual who is not otherwise qualified for a position.
- Generally, it is the obligation of an individual with a disability to request a reasonable accommodation.
- A qualified individual with a disability has the right to refuse an accommodation. However, if the individual cannot perform the essential functions of the job without the accommodation, s/he may not be qualified for the job.
- If the cost of an accommodation would impose an undue hardship on the employer, the individual with a disability should be given the option of providing the accommodation or paying that portion of the cost which would constitute an undue hardship.

#### SOME EXAMPLES OF REASONABLE ACCOMMODATION

- making facilities readily accessible to and usable by an individual with a disability;
- restructuring a job by reallocating or redistributing marginal job functions;
- altering when or how an essential job function is performed;
- providing part-time or modified work schedules;
- obtaining or modifying equipment or devices;
- modifying examinations, training materials or policies;
- providing qualified readers and interpreters;
- reassignment to a vacant position;
- permitting use of accrued paid leave or unpaid leave for necessary treatment;
- providing reserved parking for a person with a mobility impairment;
- allowing an employee to provide equipment or devices that an employer is not required to provide.

#### EVALUATIONS, DISCIPLINE AND DISCHARGE AND THE ADA

- An employer can hold employees with disabilities to the same standards of production/performance as:
- Other similarly situated employees without disabilities for performing essential job functions (with or without reasonable accommodation).
- Other employees regarding marginal job functions, unless the disability affects the ability to perform the marginal functions. If the ability to perform marginal functions is affected by the disability, the employer must provide some type of reasonable accommodation such as job restructuring (unless to do so would be an undue hardship).

- A disabled employee who needs an accommodation (that is not an undue hardship for an employer) in order to perform a job function should not be evaluated on his/her ability to perform the function without the accommodation, and should not be downgraded because such an accommodation is needed to perform the function.
- An employer should not give employees with disabilities “special treatment.” They should not be evaluated on a lower standard or disciplined less severely than any other employee. This is not equal employment opportunity.
- An employer must provide an employee with a disability with reasonable accommodation necessary to enable the employee to participate in the evaluation process (for example, counseling or an interpreter).
- If an employee with a disability is not performing well, an employer may require medical and other professional inquiries that are job-related and consistent with business necessity to discover whether the disability is causing the poor performance, and whether any reasonable accommodation or additional accommodation is needed.
- An employer may take the same disciplinary action against employees with disabilities as it takes against other similarly situated employees, if the illegal use of drugs or alcohol use affects job performance and/or attendance.
- An employer may not discipline or terminate an employee with a disability if the employer has refused to provide a requested reasonable accommodation that did not constitute an undue hardship, and the reason for unsatisfactory performance was the lack of accommodation.

**REASONABLE ACCOMMODATION FORM**

NAME: \_\_\_\_\_ WK PHONE: \_\_\_\_\_ HM PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SERVICE OR \_\_\_\_\_ PROGRAM \_\_\_\_\_ DESIRED: \_\_\_\_\_

POSITION APPLIED FOR OR CURRENTLY OCCUPYING: \_\_\_\_\_

I am an applicant/employee for/in the service, program or position named above and may require "Reasonable Accommodation." I hereby request that Human Resources contact me regarding reasonable accommodation and authorize Human Resources to verify this request.

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

\_\_\_\_\_  
Date

**DESCRIBE BELOW THE ACCOMMODATION YOU MAY NEED:**

Attachments: \_\_\_\_\_

**PLEASE PROVIDE A MEDICAL STATEMENT DESCRIBING THE DISABILITY, APPLICABLE LIMITATIONS AND WHAT SPECIAL NEEDS ARE MEDICALLY NECESSARY:**

VERIFICATION

CONTACT: \_\_\_\_\_

TITLE: \_\_\_\_\_

AGENCY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

For parking requests, please provide a Washington State approved disabled person parking placard/proof of plate.

**FOR REASONABLE ACCOMMODATION COMMITTEE USE ONLY**

**APPROVED**

**Δ NOT NEEDED**

**Δ DENIED**

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE:

\_\_\_\_\_  
DATE: