

NEW HAVEN LATERAL POLICE OFFICER APPLICANT HANDBOOK



2019-20 Recruitment Process

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**NEW HAVEN
DEPARTMENT OF POLICE SERVICE**



Otoniel Reyes
Interim Chief of Police

Toni N. Harp
Mayor

December 20, 2019

Dear Applicant:

On behalf of the Board of Police Commissioners and the New Haven Department of Police Service, we encourage you to begin the process that is required to join the ranks of the department.

Our mission is to provide pro-active, community police services to the public by furthering the partnership with our community to protect life and property, prevent crime and resolve problems.

We are looking for committed individuals to assist us in fulfilling our responsibilities to the people of New Haven. We hope you'll join us!

Very truly yours,
Police Chief Otoniel Reyes

CITY OF NEW HAVEN
DEPARTMENT OF HUMAN RESOURCES
200 ORANGE STREET, NEW HAVEN, CT 06510
www.cityofnewhaven.com

POSTED: December 20, 2019
REMOVAL DATE: Extended to February 21, 2020

POSITION: POLICE OFFICER (M-0808) (TESTED)
DEPARTMENT: POLICE SERVICE
SALARY: \$ Up to 5 year police experience \$57,356 ANNUALIZED
\$ More than 5 year police experience \$74,290 ANNUALIZED
HOURS: 40 HOURS PER WEEK
FUNDING: GENERAL FUNDS

*Position is subject to a **NON-REFUNDABLE** Application Fee.¹ There will be \$50.00 charge for New Haven residents, and a \$100 charge for non-resident applicants. Fee waiver is available*

TO APPLY:

- 1) Go to www.policeapp.com/newhaven
- 2) Download and read the New Haven Lateral Police Officer Applicant Handbook. Follow all instructions for completing and submitting your application. **Applicants are responsible for reading all instructions on how to apply** as well as other important information on the application and testing process contained in the handbook. The handbook is also available at the reception window at the Dept. of Human Resources, 200 Orange Street Room 102 New Haven, CT 06510.
- 3) Click Apply Now button at www.policeapp.com/newhaven and complete your application. Submit your **ON-LINE** application and application fee (or fee waiver) **no later than extended deadline of Friday, February 21, 2020 by 11:59 pm.**

APPLICATIONS ONLY ACCEPTED ON-LINE at www.policeapp.com/newhaven Internet access is available to applicants without computers or internet service at the following locations:

- **Dept of Human Resources 200 Orange St. Room #102 New Haven, CT 06510 Mon- Fri 9:00 am - 4:00 pm**
- **Any of the New Haven Free Public Library locations. Please visit www.nhfpl.org for the location and hours convenient for you. Ask library staff for assistance.**

NATURE OF WORK:

This is general duty police work. Work involves responsibility for the protection of life and property, prevention of crime, general enforcement of laws and ordinances as well as providing traditional and non-traditional service to the community. Work involves an element of danger and employees must be able to act without direct supervision and to exercise independent discretion. Work is performed in accordance with Department rules and regulations, the constitution of the United States of America and the State of Connecticut. Work is reviewed through reports, personal inspection and discussion.

MINIMUM REQUIREMENTS TO APPLY:

Graduation for this classification must be able to meet and maintain throughout the course of employment established physical, medical and psychological requirements.

Possess and maintain a valid Connecticut driver's license.

Satisfactory completion of the Basic Police Officer's Training program as established by the Police Officer Standards & Training Council and maintain certification during course of employment.

Candidate must be willing to enter into a partnership with the Department to undertake a course of study in an approved field at an institute of higher learning, leading to an Associate's Degree within five (5) years after completing his or her probationary period.

Minimum age requirement is 21 years of age at the time of application.

Must have been employed and certified as a police officer in the State of Connecticut, AND NOT have had more than 2 years of separation from a law enforcement unit.

Must hold a valid State of Connecticut POST (Police Officer) certification, which must be current at time of appointment.

Position is subject to background/credit check, polygraph, psychological, medical and drug test upon conditional offer of employment.

¹ Non-refundable Application Fee may be waived in cases if applicant meets eligibility criteria and will be considered on a case-by-case basis. Instructions for waiving fees are included in the New Haven Lateral Police Officer Applicant Handbook available at www.policeapp.com/newhaven **PLEASE READ APPLICANT HANDBOOK BEFORE APPLYING!**

This position is included in a collective bargaining agreement with Elm City Local of the CT Alliance of City Police, formerly Local 530, Council 15, American Federation of State, County and Municipal Employees, AFL-CIO. As a condition of continued employment, a person appointed to an Elm City Local bargaining unit position will be required to obtain union membership at the completion of 90 working days.

AN EQUAL OPPORTUNITY EMPLOYER M/F/D

LATERAL POLICE OFFICER

NATURE OF WORK

This is general duty police work. Work involves responsibility for the protection of life and property, prevention of crime, general enforcement of laws and ordinances as well as providing traditional and non-traditional service to the community. Work involves an element of danger and employees must be able to act without direct supervision and to exercise independent discretion. Work is performed in accordance with Department rules and regulations, the constitution of the United States of America and the State of Connecticut. Work is reviewed through reports, personal inspection and discussion.

ILLUSTRATIVE EXAMPLES OF WORK

Patrols assigned beat via radio equipped patrol vehicle or on foot.

Observes and handles physical hazards taking appropriate action.

Uses communications equipment to include two-way radio and telephone.

Makes written and/or verbal reports in accordance with department directives and law on forms provided for such purpose.

Enforces traffic laws and maintains traffic flow.

Handles calls for emergency service.

Handles calls for service criminal or non-criminal in nature.

Observes and handles as required problems of an emergency, criminal or non-criminal nature coming to his/her attention.

Investigates traffic accidents.

Makes arrests in accordance with law and department procedure.

Collects evidence, makes service in criminal and civil proceedings, testifies as a witness in court or other official proceedings.

Conducts follow-up investigations using support services as required.

Handles problems concerning juveniles.

Identifies and solves community problems. Officer must be able to gain a thorough knowledge of the community he/she serves and be able to effectively deal with that community at large.

Performs related work as required.

REQUIREMENTS OF WORK

Graduation from high school or possess a GED; and possess the following abilities and skills:

Ability to solve problems.

Ability to instruct others, to help others learn how to do or understand something.

Ability to use dangerous equipment or material or work in dangerous surroundings.

Ability to spend a major portion of time out of doors without regard to weather conditions, possess physical stamina, be able to lift, walk long distances, and stand or sit for long periods of time.

Ability to work with detail using technical terms.

Ability to read and understand written material.

Ability to write clearly, in detail, using technical terms.

Ability to respect the rights of others and to cope with situations firmly, courteously and tactfully.

Ability to carry out oral and written instructions.

Ability to establish and maintain good working relationships with fellow employees and the general public.

SPECIAL REQUIREMENTS

Graduation for this classification must be able to meet and maintain throughout the course of employment established physical, medical and psychological requirements.

Possess and maintain a valid Connecticut driver's license.

Satisfactory completion of the Basic Police Officer's Training program as established by the Police Officer Standards & Training Council and maintain certification during course of employment.

Candidate must be willing to enter into a partnership with the Department to undertake a course of study in an approved field at an institute of higher learning, leading to an Associate's Degree within five (5) years after completing his or her probationary period.

Minimum age requirement is 21 years of age at the time of application.

LATERAL:

- Must have been employed and certified as a police officer in the State of Connecticut, AND NOT have had more than 2 years of separation from a law enforcement unit.
- Must hold a valid State of Connecticut POST (Police Officer) certification, which must be current at time of appointment.

**STATE OF CONNECTICUT
POLICE OFFICER STANDARDS & TRAINING COUNCIL (POST)
Requirements for Police Officer**

(New Haven Police Department Candidates Must Meet These Requirements)

The following are current standards mandated by the Police Officer Standards and Training (POST) Council for entry to the police academy:

- Candidate must be a United States citizen, be at least 21 years of age and possess at least a high school diploma or GED.
- Candidate must successfully complete a validated written test designed to evaluate predictors of job-related skills and behaviors.
- Candidate must appear for oral interview before a panel which includes one or more POST-certified law enforcement officers who will evaluate predictors of job-related skills and behaviors, including interpersonal and communication skills.
- Candidate must be fingerprinted and investigated for the existence of a criminal history record in Connecticut and in any other state in which the candidate has resided.
- Candidate must not have been convicted under federal or state law for any felony, or Class A or Class B misdemeanor, or domestic violence, or have committed an act which would constitute perjury or false statement.
- Candidate must be the subject of a background investigation by the appointing authority to include a personal history, motor vehicle record, and polygraph examination (administered after a conditional offer of employment).
- Candidate must undergo psychological examination by licensed psychologist or psychiatrist who will provide a written opinion of the candidate's overall profile to his/her psychological stability to be a law enforcement officer.
- Candidate must be screened for controlled substances and the result must indicate no presence of any controlled substance not prescribed for the candidate.
- Candidate must sign a statement acknowledging that the candidate understands that the falsification of any part of the information required during the application process constitutes grounds for termination whether discovered prior to or subsequent to appointment.
- Candidate must pass each component of a physical ability test, consisting of sit-ups, 300 meter run, push-ups, and 1.5 mile run.

For additional information on selection standards (including those relating to the physical ability test), you are encouraged to visit POST's website at <http://www.ct.gov/post/site/default.asp>

INFORMATION on the APPLICATION PROCESS POLICE OFFICER

If you are interest in becoming a Lateral Police Officer you must first apply on-line at www.policeapp.com/newhaven

The information in this handbook is a general description of the application and testing process. Please note that any and/or all of the components of this process may be changed by the City of New Haven with or without notice. Additionally, the City of New Haven reserves the right to modify the order sequence of testing as may be appropriate.

IMPORTANT NOTE: All correspondence and information concerning the application and testing process will occur through email and postings at www.policeapp.com/newhaven Please be sure to check your email and the PoliceApp.com website on a regular basis to ensure receipt of critical information.

Application Process:

- 1) After reading this Applicant Handbook in its entirety, go to www.policeapp.com/newhaven and click on the “Apply Now” button.
- 2) If you are already a member of PoliceApp.com, simply log-in. Otherwise you will need to create a new account. Creating a new account is free.
- 3) Complete all application questions.
- 4) Submit your application fee on-line by using a credit or debit card. Please note that the on-line payment page will ask you for credit card information. However, a debit card can also be used. The application fee may be waived in cases of hardship. See section titled ELIGIBILITY for REQUESTING a FEE WAIVER in this handbook for instructions on how to request a waiver of the application fee.

Please note that the application fee is non-refundable regardless of whether you complete all phases of the application, testing and hiring process.

It is highly recommended that applicants do not wait until the last day of the application period to complete an on-line application. You should allow yourself enough time to complete all of the application questions. **The system will automatically close the application period at 12:00 am immediately following February 21, 2020.** If you wait until late on the last day of the period to apply, the system may shut you out before you have a chance to complete your application. Therefore, applications should be completed and submitted as soon as possible after the application period opens. Only applications with the application fee (or waiver) submitted on time by applicants meeting all minimum requirements will be accepted.

All correspondence and information concerning the application and testing process will occur through email and postings at www.policeapp.com/newhaven Please be sure to check your email and the PoliceApp.com website on a regular basis to ensure receipt of critical information. **ADJUST YOUR EMAIL SETTINGS SO THAT OUR EMAIL NOTIFICATIONS DO NOT END UP IN YOUR SPAM OR JUNK FOLDER.**

Please contact NHPDJobs@newhavenct.gov if you need assistance or have any general questions.

INFORMATION on PAYMENT of the APPLICATION FEE

The New Haven Human Resources Department charges an application fee to defray the cost of recruiting, testing and hiring police officer applicants. The application fee is **NON-REFUNDABLE** regardless of whether applicants complete all phases of the application, testing and hiring process.

The non-refundable application fee must be paid at the time the application is submitted on-line through PoliceApp.com. The on-line application system will only accept credit/debit card payments. Although the payment page of the on-line application system prompts for credit card information, it will accept payment by use of a debit card.

ELIGIBILITY for REQUESTING a FEE WAIVER

The New Haven Human Resources Department will waive the application fee in cases of financial hardship based on HHS Poverty Guidelines. One of the phases of the hiring process will include a thorough background investigation in where certain documents will be required including income tax forms. If the Department learns at that time that an applicant did not meet the eligibility guidelines, had the ability of paying the application fee and that a request to waive the fee was fraudulent, the candidate will be dropped from further consideration in the selection process.

Following are the Eligibility Guidelines for requesting a Fee Waiver. If you are eligible, you may select the Fee Waiver option when submitting your on-line application.

2019 Waiver Eligibility Guidelines

The following figures are the 2019 HHS poverty guidelines published in the *Federal Register* January 2019.

2019 Poverty Guidelines for the 48 Contiguous States and the District of Columbia	
Persons in family/household	Poverty guideline
1	\$12,490
2	\$16,910
3	\$21,330
4	\$25,750
5	\$30,170
6	\$34,590
7	\$39,010
8	\$43,430

For families/households with more than 8 persons,
add \$4,420 for each additional person.

For all states (except Alaska and Hawaii) and for the District of Columbia.

Source: <https://aspe.hhs.gov/2019-poverty-guidelines>

Read the Waiver Eligibility Guidelines carefully so that you don't make an error in choosing a fee waiver when you don't qualify for one. Also, if you make an error in choosing a fee waiver when you don't qualify for one, you may not submit another application to correct that error.

YOU MAY ONLY SUBMIT ONE APPLICATION! So, pay attention when choosing your payment method.

INFORMATION on APPLYING FOR RESIDENCY POINTS

YOU MUST FOLLOW THE INSTRUCTIONS BELOW TO APPLY FOR RESIDENCY PREFERENCE POINTS.

YOU MUST SUBMIT THE REQUIRED DOCUMENTATION AS INDICATED WHEN YOU REPORT FOR YOUR SCHEDULED WRITTEN EXAMINATION.

If eligible at the time of application and by following all applicable instructions, as a New Haven resident you can have ten points (10) added to your FINAL PASSING SCORE.

To apply for these points, you must complete the Preference Points Form located in the Forms Section at the end of this Handbook. Bring the completed form along with the required items to prove domicile/residency when you report to the written examination.

Proof of Domicile/Residency

To prove your domicile/residency in the city of New Haven, you must bring to the written examination 3 items to prove your domicile. All 3 items must show the same New Haven address.

- **PICTURE IDENTIFICATION showing current New Haven address (bring original, not copy); AND**
- **COPIES OF TWO (2) ITEMS SUCH AS:**
 - current utility bills (gas, electric, etc.) other bills (insurance, credit card, etc.), or
 - other official business mail (bank statements, etc.) that you received within the last 60 days prior to the date of the written examination.
- **IF YOUR PICTURE IDENTIFICATION DOES NOT SHOW YOUR CURRENT NEW HAVEN ADDRESS, THEN IN ADDITION TO YOUR PICTURE ID, YOU MUST BRING COPIES OF THREE (3) ITEMS SUCH AS:**
 - current utility bills (gas, electric, etc.) other bills (insurance, credit card, etc.), or other official business mail (bank statements, etc.) that you received within the last 60 days prior to the date of the written examination.

Note: Bills or other correspondence you attempt to submit as proof of domicile/residency cannot be more than two (2) months old. Submitted copies must clearly show name, address and date on items you are submitting. You may blacken out information such as account numbers, etc. Personal hand-written mail is **NOT VALID AND WILL NOT BE ACCEPTED**

APPLICANTS WHO ARE UNABLE TO PROVIDE PROOF OF DOMICILE/RESIDENCY IN THE CITY OF NEW HAVEN ARE NOT ELIGIBLE TO APPLY FOR RESIDENCY PREFERENCE POINTS.

PLEASE NOTE THERE WILL BE NO ACCESS TO A PHOTOCOPIER MACHINE AT THE WRITTEN EXAMINATION SITE. YOU MUST FOLLOW ALL INSTRUCTIONS SPECIFICALLY AS OUTLINED. NO CLAIMS FOR DOMICILE/RESIDENCY IN THE CITY OF NEW HAVEN WILL BE HONORED WITHOUT DOCUMENTED PROOF OF ELIGIBILITY AS INSTRUCTED.

INFORMATION on APPLYING FOR VETERAN POINTS

Veteran's Preference Points

If you are an honorably discharged war-time veteran, you can have five (5) points added to your FINAL PASSING SCORE. If you are an honorably discharged disabled war time veteran, you can have ten (10) points added to your FINAL PASSING SCORE.

To apply for these points, you must bring a copy of your DD-214, (and your VA issued rating letter if disabled) to the Written Examination. Please bring copies we can keep. There will be no access to a photocopier machine at the test site. No claims for veteran preference points will be honored without documented proof of eligibility.

PLEASE NOTE ALL COMBINATIONS OF PREFERENCE POSITS WHETHER FOR RESIDENCY, VETERAN OR DISABLED VETERAN WILL BE CAPPED AT A MAXIMUM OF 15 ADDITIONAL POINTS.

INFORMATION on REQUESTING an ADA ACCOMMODATION in the TESTING PROCESS

The Americans with Disabilities Act (ADA) enables qualified applicants with substantial impairments that affects one or more major life activities the opportunity to request a reasonable modification to the City's policies, practices and procedures to enable them to apply and/or test for a position with the City. We will need from the applicant information related to his or her disability to determine what accommodation if any may be best for the applicant.

To apply for an ADA accommodation, you must complete and submit an ADA Accommodation Request Form per the instructions contained in said form. This form is located in the Forms Section of this Handbook. Accommodation requests must be filed with the Department of Services for Persons with Disabilities **immediately upon submission of the on-line application.**

NEW HAVEN POLICE DEPARTMENT TESTING & SELECTION PROCESS TIMELINE – 2020

The testing process for the position of Lateral Police Officer will include physical ability, written and oral tests. Applicants must meet all minimum requirements and submit all applicable fees (or waiver) in order to participate in the Civil Service testing process. **It is the applicant's responsibility to adhere to the City's testing schedule. Unless otherwise stated, there will be no make-up tests or alternate test dates.** Any and/or all of the components of this process may be changed by the City of New Haven and the City of New Haven reserves the right to modify the order sequence of testing as may be appropriate.

1. CHIP Card Requirement

If you don't presently have a CHIP Card, then you will be required to register to obtain a CHIP Card. Information on how to do this is available at <https://www.certifyfit.com/> While you may proceed in the application, civil service testing and selection process for the position of Lateral Police Officer, you will not be considered for hire until you have obtained a CHIP Card. Further, any subsequent offers may be withdrawn and your name may be removed from any resulting eligibility list for not meeting the CHIP Card requirement.

2. Written Test

Only applicants who submit a completed application, submit the application fee or request fee waiver, and meet all minimum requirements will be invited to take the written test. You will receive details on date, time and location of this test by email through your PoliceApp.com account. **Applicants will be required to present for testing on the date and time assigned.**

**LATERAL POLICE
OFFICER APPLICATION
HANDBOOK
FORMS SECTION**

- New Haven Residency Preference Points Application Form
- ADA Testing Accommodation Request Form

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CITY OF NEW HAVEN CIVIL SERVICE

APPLICATION FOR PREFERENCE POINTS – CITY OF NEW HAVEN DOMICILED

A person domiciled in the City of New Haven may have 10 points added to his or her passing score on an open competitive examination. In order to qualify for preference points in accordance with Civil Service Rules and Regulations, the Civil Service Division of the City of New Haven Department of Human Resources requires that you provide irrefutable evidence to substantiate that you were domiciled in the City of New Haven at the time of the announcement of the open competitive exam to which you request to have the residency points applied.

As the intention of the applicable Civil Service Rule is to give those domiciled in the City of New Haven preference points on open competitive examinations, the Personnel Director is authorized to require proof that an applicant meet all the conditions of domiciliary status set forth above.

For the purpose of this Application for Preference Points, “**DOMICILED**” is defined as “that place where an individual has his or her true, fixed, and permanent home and principal establishment, and to which whenever he or she is absent, he or she has the intention of returning. The permanent residence of a person or the place to which he or she intends to return even though he or she may actually reside elsewhere.”

You are required to complete and submit this form in order to apply for preference points. You must follow all instructions and answer all questions listed on this form. You must provide copies of the items proving you are domiciled in the City of New Haven as instructed in this form, and you must be prepared to submit any additional documentation as the Personnel Director may require. Application for preference points will not be honored without proof. In the case of insufficient proof, your application for preference points will be rejected.

NOTE: The applicant bears the burden to show legal domicile. The information and responses you provide on this form are subject to verification by the Civil Service Division. Any false or misleading statements will result in immediate disqualification or dismissal if hired.

Please note that these points will only be added to final passing scores and applied up to the maximum score on a scale of one-hundred (100) points. The final passing score for any civil service examination is 70%.

YOU MUST COMPLETE THE FOLLOWING SECTION:

Title of Open Competitive Exam You Applied For: _____
(PLEASE PRINT)

Name of Applicant: _____
(PLEASE PRINT)

I, _____, hereby attest that I am a bona fide resident of the City of New
(Name of Applicant)

Haven, who as of the date of the announcement of the open competitive examination indicated above, was domiciled within the City of New Haven at the address shown below.

(APPLICANT ADDRESS)

I have been domiciled at the above address since: : _____ / _____ / _____
Mo. Day Year

I have been domiciled in New Haven since: _____ / _____ / _____
Mo. Day Year

LIVING ARRANGEMENT

YOU MUST CHECK ONE (1) OPTION THAT APPLIES TO YOU:

[] I own and I am domiciled at the address shown above.

[] I rent and I am domiciled at the address shown above. My Landlord’s address and telephone number is:

(Name and Address of Landlord)

(Landlord Phone Number)

[] I do not own or rent at the address shown above. The following explains my current living arrangement:

(Explain) _____

Eligibility: You must provide a minimum of 3 items to show you are domiciled within the City of New Haven.

YOU MUST CHECK ONE (1) OPTION THAT APPLIES TO YOU IN EACH SECTION BELOW.

PICTURE IDENTIFICATION - Evidence to substantiate my claim for preference points is provided as follows:

YOU MUST CHECK ONE (1) OPTION THAT APPLIES TO YOU:

- I have an Elm City Resident Card and **I am still domiciled at the address shown on my Elm City Resident Card.** I have attached a copy to this form. I understand I still need to supply two (2) more items proving my domicile.
- I have an unexpired driver's license and **I am still domiciled at the address shown on my unexpired driver's license.** I have attached a copy to this form. I understand I still need to supply two (2) more items proving my domicile.
- I have a valid picture ID and **I am still domiciled at the address shown on my valid picture ID.** I have attached a copy to this form. I understand I still need to supply two (2) more items proving my domicile.
- I have a valid picture **ID that does not show my current address.** I have attached a copy to this form. I understand I need to supply three (3) more items proving my domicile.

ADDITIONAL ITEMS PROVING DOMICILE - Evidence to substantiate my claim for preference points is provided as follows:

YOU MUST CHECK ONE (1) OPTION THAT APPLIES TO YOU:

- I checked-off above that I am providing Picture Identification showing the address where I am currently domiciled. Attached are copies of two (2) items such as current utility bills (gas, electric, etc) other bills (insurance, credit card, etc.), or other official business mail (bank statements, etc.) that I have received within the last 60 days.**
- I checked-off above that the Picture Identification that I am providing does not show the address where I am currently domiciled. Attached are copies of three (3) items such as current utility bills (gas, electric, etc) other bills (insurance, credit card, etc.), or other official business mail (bank statements, etc.) that I have received within the last 60 days.**

Note: (Bills or other material you have received in the mail and want to submit as proof of domicile cannot be more than two (2) months old. Submitted copies must clearly show name, address and date on item you are submitting. You may blacken out information such as account numbers, etc. Personal hand-written mail IS NOT ACCEPTED.)

Applicants, who are unable to provide proof of domicile, are not eligible to apply for Preference Points.

Attach this form to the copies of the items you indicated above to prove residency. **WE CANNOT MAKE COPIES OF ITEMS FOR YOU AT THE TEST SITE.** Photocopies of a total of three (3) items are required and all three (3) items must show your name and all items must show the same current address.

Special Note

This form and the items for verification of domicile must be presented at time of the test.

PLEASE READ CAREFULLY BEFORE SIGNING BELOW

I hereby certify that ALL statements made by me on this Application for Preference Points are true, complete and correct; that the address listed above is my domicile as of the date of the job announcement for the position to which I am applying; and that I currently live at this address on a continuous basis. I understand and agree that if I provide false or inaccurate information regarding my domicile, I will be subject to immediate disqualification, removal of my name from the Eligibility list, or dismissal if employed, and to such other penalties prescribed by law. I hereby request ten (10) points be added to my final passing score. I understand that preference points will be added to my final score if I pass the examination process with a score of 70% or higher, and that the ten (10) points will be added only up to the maximum score of 100%.

Signature

Date

Office Use Only:

Accepted _____

Rejected _____



**DEPARTMENT OF SERVICES FOR
PERSONS WITH DISABILITIES**

**CITY OF NEW HAVEN
165 CHURCH STREET
NEW HAVEN, CONNECTICUT 06510
(203) 946-8122 - VOICE (203) 946-8582 -
TTY/TT
(203) 946-6934 - FAX**



Applicant ADA Accommodation Request Form (2019)

**Accommodation Requests Must Be Filed with the Department of Services for Persons with Disabilities
Immediately Upon Submission of the On-Line Application**

APPLICANT'S NAME: _____ DATE: _____

ADDRESS: _____

PHONE: _____

TEST DATE: _____

POSITION: _____

The Americans with Disabilities Act (ADA) enables qualified applicants with substantial impairments that effects one or more major life activities the opportunity to request a reasonable modification to the City's policies, practices and procedures to enable them to apply and/or test for a position with the City. We will need from the applicant information related to his or her disability to determine what accommodation may be best for the applicant.

What you need to know about the accommodation process:

1. All information provided to the Department of Services for Persons with Disabilities is confidential and will only be used to provide an appropriate accommodation to applicants with disabilities whom have requested an accommodation.
2. Most applicants who request an accommodation will be asked to submit medical documentation to verify that they are a person with a disability as defined in the ADA.
3. Individuals requesting an accommodation for a learning disability will need to provide documentation from a health care provider describing the type of learning disability.
4. All information and documentation submitted from a health care provider must be written within the previous twelve (12) months to the date of application to insure that the accommodation meets the current needs of the applicant.
5. Any health care provider used to support this application must be willing and able to speak knowledgeably about the disability and willing to work with our staff in determining the best accommodation for the applicant.
6. All supporting documentation must be presented upon request of the Office of Disability Services.

To process your request for an accommodation we need the following information:

DESCRIBE YOUR HEALTH ISSUE, DIAGNOSIS OR IMPAIRMENT: _____

DESCRIBE HOW YOUR HEALTH ISSUE OR IMPAIRMENT AFFECTS YOUR LIFE: _____

DESCRIBE WHAT ACTIVITIES IN YOUR DAILY LIFE ARE RESTRICTED BY YOUR HEALTH ISSUE OR IMPAIRMENT: _____

WHAT ACCOMMODATIONS DO YOU FEEL WILL ENABLE YOU TO APPLY FOR AND/OR TEST FOR THIS POSITION WITH THE CITY. PLEASE DESCRIBE IN DETAIL. _____

PLEASE PROVIDE THE NAME AND PHONE NUMBER OF YOUR CURRENT TREATING HEALTH CARE PROVIDER THAT CAN SPEAK TO YOUR CURRENT LIMITATIONS. BE SURE TO CONTACT YOUR HEALTH CARE PROVIDER TO SIGN THE NECESSARY RELEASES OF INFORMATION SO THAT THIS DEPARTMENT MAY DISCUSS WITH THEM YOUR CONDITION AND WHAT ACCOMMODATIONS WILL WORK BEST. ALL MEDICAL INFORMATION PROVIDED TO THE DEPARTMENT OF SERVICES FOR PERSONS WITH DISABILITIES IS STRICTLY CONFIDENTIAL AND WILL ONLY BE USED IN EVALUATING THIS ACCOMMODATION REQUEST.

HEALTH CARE PROVIDER'S NAME: _____

PHONE: _____

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS REQUEST IS A TRUE AND ACCURATE.

APPLICANT'S SIGNATURE

DATE: _____

Please Direct ALL Questions and Return this Form to:

Michelle Duprey, Director
(203) 946-7651
TTY 946-8582
FAX 946-6934
Department of Services for Persons with Disabilities
165 Church Street, New Haven, CT 06510

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