

VTC ENTERPRISES SUPPLEMENT DISABILITY FORM

The position that is currently open is one that is set aside for individuals with documented disabilities. This is due to the requirement of the government contract. Therefore, it is necessary to request information concerning the applicant's specific disability. Please complete the following:

Print Name: _____

Position applying for: _____

Disabilities come in many different forms for different people. Also, certain life experiences can be the result of a disability including receiving special education in school, support services from a government agency such as Vocational Rehabilitation or financial assistance such as Social Security Disability Income (SSDI). Here s a brief list of some forms of disabilities.

Learning Disability	Mental Health Issues	Physical Limitations	Hearing or Vision Loss
Chronic Disease or Illness	Congenital Disorders	Seizure Disorders	

Do you believe you are a person with a disability? Yes No

If "Yes", what is the nature of your disability?

If "Yes", what reasonable accommodations might be necessary to enable you to perform the essential functions of the position for which you are applying?

I can provide written documentation of my disability as noted above from one of the following agencies:

Department of Rehabilitation Veterans Administration Social Security Administration
Licensed Physician Other _____

I understand that I am providing the above information voluntarily and that it will be treated confidentially except as required by law. This information will be used in assessing and better understanding the accommodations needed to be successful in training and the workplace.

Signature

Date