

Candidate Self-Declaration as a Person with a Disability

Please respond to the following questions.

	Yes	No
Do you have a persistent physical, intellectual, mental, psychiatric, sensory or learning condition?	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Does your disability require a technical device and/or personal support or service which enables you to perform essential functions of a job? Please elaborate.	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Does your disability require some form of accommodation such as extra rest breaks, or time off/leave to obtain treatment as necessary, or modifications to job responsibility, job site or work hours? Please elaborate.	<input type="checkbox"/>	<input type="checkbox"/>

FOR CANDIDATES WHO HAVE SELF-DECLARED FOR PURPOSES OF OBTAINING EMPLOYMENT

If you answered “yes” to any of the questions above, please provide evidence documenting that status, as directed on the e-mail, in order to receive preference as a Person with a Disability for this competition.

By signing below, you are confirming that the information provided is correct and true to the best of your knowledge, and that you understand that any misrepresentation may disqualify you from employment.

Name (please print)

Competition Number

Signature

Date