

ADA Accommodation Request Form for Applicants



The Chicago Zoological Society strives to ensure that all applicants with disabilities are provided with reasonable accommodations that will enable them to complete the application process. In order to do so, we invite applicants with disabilities who need an accommodation in order to apply for a position or for a C.E.L.O. internship or work-study assignment to complete and submit this ADA Accommodation Request Form as early as possible in the application process. Submission of this information is strictly voluntary. All information contained in this form and any medical statement provided will be considered confidential.

Consideration will be given to providing the specific accommodations requested. If there is another effective way to accommodate the need, however, an alternate accommodation may be provided instead. The Society cannot guarantee that a requested accommodation is available at any specific time. For example, certified ASL interpreters often are not available on short notice. As a result, sufficient advance notice, ideally no less than 14 days, is requested.

The Genetic Information Non-Discrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information on your request for an ADA Accommodation. Genetic information as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

The completed ADA Accommodation Request Form is to be returned to:

Chicago Zoological Society
Attn: Alison Davis, ADA Coordinator
3300 Golf Road
Brookfield, IL 60513

Email: alison.davis@czs.org
Telephone: 708-688-8338
Facsimile: 708-688-8930

(Please print)

Last Name:	First Name:
Home Phone Number:	Cell Phone Number:
Work Phone Number:	Email Address:

Are you applying as an: <input type="checkbox"/> Employee <input type="checkbox"/> C.E.L.O. Intern / Work-Study Participant	How would you prefer to be contacted? <input type="checkbox"/> Home <input type="checkbox"/> Work Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email <input type="checkbox"/> Other (specify): _____
Is your accommodation request time sensitive? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what day and for what period of time do you require the accommodation? Date: _____ Period of time: _____	
What specific limitation(s) interfere with your ability to apply for employment or a C.E.L.O. internship or work-study assignment? What portion of the application process are you unable to perform? What specific accommodation(s) are you requesting? If you are unsure what accommodation(s) is needed, do you have any suggestions about what options we can explore? If "Yes," please explain: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please provide any additional information that might be useful in processing your accommodation request:.	