CERTIFICATION OF SIGNIFICANTLY DISABLED INDIVIDUAL FOR SELECTIVE STATE EMPLOYMENT PROGRAM ELIGIBILITY

Date

Name of Applicant or VR Client: __________________________________________

Applicant/VR Client’s Address: __________________________________________

DISABILITY INFORMATION
A. Description of the Applicant/VR Client’s Significant Disability: 

B. Functional Limitations: ____________________________________________

C. Barriers to Obtaining Employment through Normal Civil Service Procedures:

D. Applicant/client’s skills and other information essential to successful job placement if any, including recommended job classes for possible placement: 

I have reviewed the applicant’s history and certify that in my judgment the applicant has a significant physical or mental disability and is unable to compete for a civil service vacancy.

Signature of Authorized VR Staff

Typed or Printed Name of Signer

Address

CONFIRMED / DENIED

Signature of Authorized DHRD Representative

Distribution of Copies: Original – VRSBD Authorizing Office
Copy – Participating Departmental Personnel Offices
Copy – DHRD – ESD (Examination Branch)