

West Virginia Division of Personnel
Eligibility Certification of Individuals with Severe Disabilities
 (To be completed by a representative of the Division of Rehabilitation Services.)
 (Questions may be directed to the Test Research Unit (304) 558-3950 ext. 510.)

Name of Applicant:		SSN:	
Address of Applicant:			
City, State, Zip Code:			
Title of Vacant Position:			
Name of Agency:			
Division / Unit:			
Position Location:			
Agency Contact Person:			
Contact Person's Title:		Phone:	
Job Analysis Completed:	<input type="checkbox"/>	↔ Yes ("✓")	Date: <input type="text"/>
General Description of Position:			

I have reviewed the job requirements and the job location and certify that the above named applicant has a severe disability. I certify that the disability may effect his or her opportunity to compete in the regular selection process, or is likely to result in significant attitudinal or procedural barriers in the regular hiring process. This may include: application, assessment, and/or interview.

Enter Severe Disability Code:	
I further certify that the above named applicant: (Check "X" all that apply.)	
<input type="checkbox"/>	has the ability to perform the essential duties of the position;
<input type="checkbox"/>	is able to maintain self in a work environment, either independently, or with assistance;
<input type="checkbox"/>	can reasonably be expected to meet the normal standards of job performance of the position
Comments:	

DRS Representative:	Signature:
Title:	
Address:	
City, State, Zip:	
Phone:	Date:
(DRS) Approved By:	Signature:

