

Fold Line

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**DO NOT WRITE OR TYPE
YOUR NAME OR ADDRESS**

State of New Jersey

INTEROFFICE MAIL

Civil Service Commission -- EEO/AA

Department

Division of Bureau

PO BOX 315

TRENTON, N.J. 08625-0315

Street Address or Name of Building

City

EMPLOYEE SURVEY ON DISABILITIES

CONFIDENTIAL

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New Jersey State Employee Survey On Disabilities

Civil Service Commission
Division of Equal Employment Opportunity and Affirmative Action
PO BOX 315
Trenton, New Jersey 08625-0315

Is this the first time you are completing the New Jersey Employee Survey on Disabilities?

YES NO

YOUR SOCIAL SECURITY NUMBER: - -

DATE:

1. DO YOU HAVE A DISABILITY?

- NO IF NO, PLEASE **STOP HERE** AND RETURN THIS SURVEY AS DIRECTED.
 YES IF YES, PLEASE CHECK ANY OF THE FOLLOWING WHICH APPLY TO YOU.

2. **BLINDNESS/VISUAL IMPAIRMENT** (such as blindness, blindness in one eye, uncorrectable restricted vision, etc.)
3. **DEAFNESS/HEARING IMPAIRMENT** (such as deafness, limited hearing, use of hearing aid, etc)
4. **ORTHOPEDIC DISABILITY** (such as limited use of limbs, one or more limbs missing; problems with hips, back, pelvis, or other bone structure, etc.)
5. **HEART OR CIRCULATION DISABILITY** (such as heart disease, stroke, hypertension, etc.)
6. **NEUROLOGICAL DISABILITY** (such as cerebral palsy, multiple sclerosis, mental retardation, learning disability, epilepsy, convulsions, etc.)
7. **RESPIRATORY DISABILITY** (such as tuberculosis, emphysema, asthma, etc.)
8. **SPEECH IMPAIRMENT** (such as inability to speak, or speak clearly)
9. **EMOTIONAL OR PSYCHIATRIC DISABILITY** (such as anxiety, nervous breakdown, depression, etc.)
10. **OTHER DISABILITIES** (such as diabetes, kidney problems, cancer, facial disfigurement, history of alcohol/drug abuse, immunodeficiency virus [HIV infection], etc.)

PLEASE SPECIFY: _____

IF YOU CHECKED ANY OF THE DISABILITY GROUPS ABOVE, ITEMS 2 TO 10 AND YOU NEED A JOB RELATED ACCOMMODATION FOR YOUR DISABILITY, YOU SHOULD FIRST CONTACT YOUR HUMAN RESOURCE OFFICE. IF YOU HAVE ANY QUESTIONS OR PROBLEMS WITH RECEIVING THE ACCOMMODATION, YOU SHOULD CONTACT YOUR EQUAL EMPLOYMENT OFFICER.

CUT ALONG THIS LINE BEFORE MAILING