

SEEKING EMPLOYEE CANDIDATES



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## CITY OF MADISON, WISCONSIN

**OPEN TO:** ALL QUALIFIED APPLICANTS

**JOB TITLE:** ENGINEER 1 OR 2

**DEPT/DIV:** TRAFFIC ENGINEERING DIVISION

**RESIDENCY:** DANE COUNTY RESIDENCY IS REQUIRED FOR THIS POSITION

**SALARY:** \$42,840 to \$55,142 annually

**NOTE:** Level and salary of hire will be dependent on applicant experience and needs of the Traffic Engineering Division.

**GENERAL RESPONSIBILITIES:** **Engineer 1:** This is entry level professional engineering work performed in the office and/or the field in connection with the design, maintenance and installation of streets, bikeways and traffic control devices including signs, traffic signals, street lights, pavement markings and in reviewing plans and other work associated with neighborhood traffic management and control devices. Assignments are received from higher level engineers or other transportation staff who define the scope of the work, review the work in progress and upon completion, certify the results. The work is characterized by the application of professional engineering expertise and the attainment of procedural knowledge through on-the-job training and experience. **Engineer 2:** This is intermediate-level professional engineering work performed in the office and/or field in connection with the design and construction of public works projects and related traffic control devices. Assignments are received from higher level engineers who define the scope of the work, review the work in progress and upon completion, and certify the results. The work is characterized by the application of expanded professional expertise encompassing both theoretical concepts and operational considerations gained through experience.

**EXAMPLES OF DUTIES AND RESPONSIBILITIES:** Preparation and drafting of geometric designs for street improvements including the design and placement of traffic calming devices, and traffic control devices, including signs, traffic signals, street lights, pavement marking and in reviewing plans or other work associated with traffic planning and design. Prepare engineering plans, designs, and specifications. Coordinate design activities with other Engineering Units, City agencies, and other entities as necessary. **DRAFT PLANS AND SPECIFICATIONS USING COMPUTER-AIDED DESIGN AND DRAFTING (CADD).** Perform related work as required. Prepare project and construction cost estimates. Prepare narrative and statistical reports, maps, and other materials as necessary. Conduct basic engineering research. Assist in the review of outside plans and specifications for compliance with City Ordinances and state and federal regulations. Answer technical questions from the public, contractors, property owners, developers and elected officials about engineering considerations and plans. Attend public hearings and other public information meetings and provide project-related information as requested.

**MINIMUM QUALIFICATIONS REQUIRED AT TIME OF APPLICATION**

<b>KNOWLEDGES, SKILLS AND ABILITIES:</b>	Knowledge of the principles, theories, and practices of Civil Engineering, specifically as they relate to the design and construction of transportation projects and the Traffic Engineering field. Knowledge of the methods and techniques associated with the construction and inspection of transportation projects. Ability to make engineering computations and document them. Ability to perform computer-aided design and spreadsheet analysis. Ability to exercise professional expertise in the resolution of engineering problems. Ability to collect, analyze, and compile data and prepare technical reports. Ability to communicate effectively, both orally and in writing. Ability to communicate technical information in a clear and concise manner to contractors, developers, co-workers, the general public, and others. Ability to develop and maintain effective working relationships with supervisors, co-workers, contractors, developers, the general public and other parties. Ability to maintain accurate records. Ability to maintain adequate attendance. <b>Engineer 2:</b> In addition to the above, an Engineer 2 must have knowledge of civil and/or electrical engineering principles, theories and practices. Working knowledge of civil engineering survey, design, and construction practices as applied to the construction of transportation and traffic control facilities. Ability to maintain adequate attendance. Ability to assist in design, administer and supervise construction of public works projects involving traffic control devices. Ability to draft plans and specifications using computer-assisted design processes and techniques.
<b>TRAINING AND EXPERIENCE:</b>	<b>Engineer 1:</b> Graduation from an accredited college or university with a degree in Civil Engineering. <b>Engineer 2:</b> One year of professional engineering experience at the Engineer 1 or equivalent level with the City of Madison. Other combinations of training and/or experience in Traffic and Transportation Engineering which can be demonstrated to result in the possession of the knowledges, skills and abilities necessary to perform the duties of this position will also be considered.
<b>SPECIAL NOTE:</b>	Applications for this position will be reviewed based on a comparative evaluation basis. Only those applicants most closely possessing the knowledge, skills and abilities and training and experience requirements related to civil engineering in a Traffic or Transportation Engineering area will be considered.
<b>NECESSARY SPECIAL QUALIFICATIONS:</b>	Possession of, or eligibility for, a valid certificate of Engineer-in-Training or possession within one-year of employment.
<b>NECESSARY SPECIAL QUALIFICATIONS:</b>	This position requires possession of a valid Driver's License. You are required to complete the form entitled DRIVING SUPPLEMENTAL APPLICATION FOR CITY OF MADISON POSITIONS REQUIRING A COMMERCIAL DRIVER'S LICENSE (CDL) AND/OR DRIVER'S LICENSE.
<b>APPLICATIONS:</b>	Are available at the City Human Resources Department, Room 501, City-County Building, 210 Martin Luther King, Jr. Blvd., Madison, WI 53703; (608) 266-6500; FAX (608) 267-1115; TDD (608) 266-6548 (hearing impaired accessibility); <a href="http://www.cityofmadison.com/hr/jobopen.html">http://www.cityofmadison.com/hr/jobopen.html</a> . Applications will be accepted until 4:30 p.m. on September 30, 2005.  Reasonable accommodations for persons with a known disabling condition will be considered in accordance with State and Federal law. Persons needing assistance with examinations should contact the City of Madison Occupational Accommodations Specialist at (608) 267-1156.

**REPRESENTATION: Non-Represented**

CERT 2005402.DOC; JFC 2E; COMP GROUP 18; RANGE 08; PCN 1236; DEPT #57; 8/31/05; JH:13

In accordance with the Immigration Reform and Control Act of 1986, the City of Madison will hire only United States Citizens and aliens lawfully authorized to work in the United States. ALL applicants offered a City of Madison position will be required to personally present documentation, both to identify themselves and to prove that they are eligible for employment in the United States (Note - this also applies to U.S. Citizens). This MUST be done before employment begins. Further information can be obtained from the Human Resources Department. This information will be kept confidentially, in a separate file, in the Human Resources Department.

AN EQUAL OPPORTUNITY EMPLOYER FUNCTIONING UNDER AN AFFIRMATIVE ACTION PLAN.



# City of Madison Employment Application

<b>FOR OFFICE USE ONLY</b>	
REG NO.	
APP NO.	

Please print or type all information and return to:

HUMAN RESOURCES DEPARTMENT  
210 Martin Luther King, Jr. Boulevard, Room 501, City-County Building  
Madison, Wisconsin 53703  
Phone (608) 266-4615, Job Line (608) 266-6500, TDD/TDY (608) 266-6548, FAX (608) 267-1115; [www.cityofmadison.com/jobs.html](http://www.cityofmadison.com/jobs.html)

Application forms must be received in our office no later than 4:30 p.m. on the closing date. Exceptions are NOT granted. We are not responsible for errors or delays made by the mail system or for mechanical failure of a FAX machine. If you use a FAX machine, the original document must be mailed to our office within 3 days after our receipt of the FAX. A separate application form MUST be submitted for each vacancy posted.

APPLICATION FOR POSITION OF:			DEPARTMENT/DIVISION:		
LAST NAME: (PRINT CLEARLY)		FIRST NAME:		MIDDLE NAME:	
PRESENT ADDRESS (NUMBER, STREET):		CITY:	STATE:	ZIP CODE:	HOME PHONE NUMBER:
MAILING ADDRESS - IF DIFFERENT THAN ABOVE (NUMBER, STREET):		CITY:	STATE:	ZIP CODE:	BUSINESS PHONE NUMBER:
SOCIAL SECURITY NUMBER:*			E-MAIL ADDRESS:		
Are you a U.S. citizen or a legal resident authorized to work in the U.S.?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, do you have an entry permit which allows you to work?					<input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you at least 18 years of age?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed by the City of Madison? When? _____ Dept.? _____					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been terminated for cause by the City of Madison? When? _____ Dept.? _____					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been terminated or discharged from employment or resigned to avoid being discharged? If yes, please explain on a separate sheet of paper. Indicate employer and date.					<input type="checkbox"/> Yes <input type="checkbox"/> No
If the job requires weekends and nights, would you be willing to accept it?		What days are you NOT available for work?		What hours are you NOT available for work?	
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you have a valid driver's license?	IF "YES," GIVE DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE (M/D/Y)	Do you have access to a car?	
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No	
NOTE: If this position requires a valid driver's license or Commercial Driver's License (CDL), you are required to complete a Supplemental Driving Application form. Please obtain this form from the Human Resources Department. This information will be verified.					
Since your 17th birthday, have you ever been convicted of a felony, misdemeanor, or been convicted by military court-martial or any of the ordinance violations listed here: Disorderly Conduct, Damage to Property, Trespass, Retail Theft, Procuring Alcohol for an Underage Person, Criminal Traffic Offenses or Obstructing a Peace Officer?					<input type="checkbox"/> Yes <input type="checkbox"/> No
As a juvenile, have you ever been waived into adult court and convicted of any felony or misdemeanor?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you now subject to a pending charge? (Felony/Misdemeanor/Court Martial Offenses or any of the following ordinance violations: Disorderly Conduct, Damage to Property, Trespass, Retail Theft, Procuring Alcohol for an Underage Person, Criminal Traffic Offenses or Obstructing a Peace Officer)					<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list all convictions and all pending charges. (Felony/Misdemeanor/Court Martial Offenses or any of the following ordinance violations: Disorderly Conduct, Damage to Property, Trespass, Retail Theft, Procuring Alcohol for an Underage Person, Criminal Traffic Offenses or Obstructing a Peace Officer.) Include relevant dates.					
In accordance with federal, state and local law, pending criminal charges or any convictions will not be considered unless they are substantially related to circumstances of the position for which you are applying.					
NOTE: The Human Resources Department routinely verifies conviction, driving and other information listed on this application. If you do not respond correctly or if you commit errors of omission of fact, either intentionally or unintentionally, you will not be eligible for City of Madison employment. Failure to admit convictions <u>will</u> result in disqualification. You will be ineligible to apply for City employment for a period of twelve (12) months from the date of the disqualifying application. If you are a City Employee, you will not be eligible to apply for promotion, competitive demotion or transfer for a period of twelve (12) months from the date of the disqualifying application. Additionally, City employees may be subject to disciplinary action up to and including termination. If you are unsure of how to respond to this or any other question, IT IS YOUR RESPONSIBILITY to check with the Human Resources Department for information/clarification.					

\* The provision of your social security number is not mandatory. It will be used only for applicant tracking purposes. If you choose not to provide it, an arbitrary nine digit number will be assigned to you by the Human Resources Department.

## EDUCATION & TRAINING

GRAMMAR & HIGH SCHOOL (Circle highest year completed) 1 2 3 4 5 6 7 8 9 10 11 12	NAME AND LOCATION OF HIGH SCHOOL	Do you have a GED or a High School Equivalency Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable			
<b>TRAINING BEYOND HIGH SCHOOL</b> (College or University, Nursing, Business College, or other schools you have attended) Under credits earned, indicate "Q" for Quarter Hours and "S" for Semester Hours		CIRCLE THE NUMBER OF YEARS IN COLLEGE OR UNIVERSITY 1 2 3 4 5 6 7 8			
NAME & LOCATION OF INSTITUTION	DATES ATTENDED FROM TO	CREDITS EARNED	MAJOR FIELD	GPA/BASE	DEGREE CONFERRED & YEAR
Describe any education or training not covered above (vocational school, correspondence courses, service schools, in-service training), which you feel is relevant to the job for which you are applying. Include relevant licenses, certificates or other information you feel might be pertinent to the position. (BE SPECIFIC)					

## WORK EXPERIENCE

Provide a complete description of your job duties. This information will be used to determine if you meet the minimum job qualifications. Start with your most recent job. List ALL of your employment history. (Additional employment data may be attached on a separate sheet.) BE CERTAIN TO INCLUDE SERVICE IN THE ARMED FORCES. For all work, show the average number of hours per week. For each job held, be sure to indicate your specific dates of employment to include month and year. Indicate any changes in job title under the same employer as a separate position. VOLUNTEER WORK EXPERIENCE TO BE CONSIDERED MUST INCLUDE NAMES OF INDIVIDUALS TO VERIFY TYPE OF WORK, AVERAGE HOURS PER WEEK, AND DATES.

EMPLOYER	DEPARTMENT/BUSINESS	MAJOR DUTIES	% TIME
YOUR TITLE	REASON FOR LEAVING		
NAME, ADDRESS & PHONE NO. OF SUPERVISOR			
TOTAL LENGTH OF TIME EMPLOYED			
FULL-TIME: HRS. P/WK _____ NO. OF YRS. _____ MOS. _____			
PART-TIME: HRS. P/WK _____ NO. OF YRS. _____ MOS. _____			
FROM: (Month & Year)	TO: (Month & Year)		
SALARY: \$ _____	<input type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUALLY		
EMPLOYER	DEPARTMENT/BUSINESS	MAJOR DUTIES	% TIME
YOUR TITLE	REASON FOR LEAVING		
NAME, ADDRESS & PHONE NO. OF SUPERVISOR			
TOTAL LENGTH OF TIME EMPLOYED			
FULL-TIME: HRS. P/WK _____ NO. OF YRS. _____ MOS. _____			
PART-TIME: HRS. P/WK _____ NO. OF YRS. _____ MOS. _____			
FROM: (Month & Year)	TO: (Month & Year)		
SALARY: \$ _____	<input type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUALLY		
EMPLOYER	DEPARTMENT/BUSINESS	MAJOR DUTIES	% TIME
YOUR TITLE	REASON FOR LEAVING		
NAME, ADDRESS & PHONE NO. OF SUPERVISOR			
TOTAL LENGTH OF TIME EMPLOYED			
FULL-TIME: HRS. P/WK _____ NO. OF YRS. _____ MOS. _____			
PART-TIME: HRS. P/WK _____ NO. OF YRS. _____ MOS. _____			
FROM: (Month & Year)	TO: (Month & Year)		
SALARY: \$ _____	<input type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUALLY		

EMPLOYER	DEPARTMENT/BUSINESS	MAJOR DUTIES	% TIME
YOUR TITLE	REASON FOR LEAVING		
NAME, ADDRESS & PHONE NO. OF SUPERVISOR			
TOTAL LENGTH OF TIME EMPLOYED			
FULL-TIME: HRS. P/WK _____ NO. OF YRS. _____ MOS. _____			
PART-TIME: HRS. P/WK _____ NO. OF YRS. _____ MOS. _____			
FROM: (Month & Year)	TO: (Month & Year)		
SALARY: \$ _____	<input type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUALLY		
EMPLOYER	DEPARTMENT/BUSINESS	MAJOR DUTIES	% TIME
YOUR TITLE	REASON FOR LEAVING		
NAME, ADDRESS & PHONE NO. OF SUPERVISOR			
TOTAL LENGTH OF TIME EMPLOYED			
FULL-TIME: HRS. P/WK _____ NO. OF YRS. _____ MOS. _____			
PART-TIME: HRS. P/WK _____ NO. OF YRS. _____ MOS. _____			
FROM: (Month & Year)	TO: (Month & Year)		
SALARY: \$ _____	<input type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUALLY		
EMPLOYER	DEPARTMENT/BUSINESS	MAJOR DUTIES	% TIME
YOUR TITLE	REASON FOR LEAVING		
NAME, ADDRESS & PHONE NO. OF SUPERVISOR			
TOTAL LENGTH OF TIME EMPLOYED			
FULL-TIME: HRS. P/WK _____ NO. OF YRS. _____ MOS. _____			
PART-TIME: HRS. P/WK _____ NO. OF YRS. _____ MOS. _____			
FROM: (Month & Year)	TO: (Month & Year)		
SALARY: \$ _____	<input type="checkbox"/> HOURLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> ANNUALLY		

**PROFESSIONAL REFERENCES (OPTIONAL FOR NON-PROFESSIONAL POSITIONS)**

NAME	ADDRESS	PHONE NO.
NAME	ADDRESS	PHONE NO.
NAME	ADDRESS	PHONE NO.

**CONFIDENTIALITY**

Candidates for Civil Service positions may request confidentiality of their name and application information. However, names of those certified for final consideration may be released if requested once the selection process is completed. In addition, the names of candidates and application information for positions identified as "local public officials" under 19.42(7w) WI Stats will be released, if requested, if you are "Certified" for appointment. Generally, only positions of Department/Division Heads are considered "local public officials." Please contact the Human Resources Department to inquire if the position is considered a local public official.

- I request confidentiality of my name as a candidate for this position.
- I do not request confidentiality of my name as a candidate for this position.

Failure to indicate your preference will subject your name for release in accordance with the above statement.

**FOR APPLICANTS APPLYING FOR A POSITION WHICH REQUIRES CITY OF MADISON RESIDENCY**

I understand as required by City Ordinance, that as one of the conditions of my employment with the City of Madison, I shall maintain my legal residency within the City of Madison during my employment with the City. Furthermore, I understand that I am to keep my supervisor informed, and advise the Human Resources Department and the Comptroller's Office in writing of all changes of residence. I further understand that if I do not comply with these requirements, my position will be vacated and that my name will no longer be entitled to be on the City payroll.

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**VETERAN STATUS: (PLEASE CHECK ONE):**

- Non Veteran
  Veteran claiming disability (DD214 Form and Veterans Disability Form must be attached)
  Veteran (DD214 Form must be attached)
  Other (specify service dates)

Applications that do NOT have the required forms or materials attached at the time of filing will be considered incomplete and will NOT be eligible to receive Veterans Preference Points.

THE CITY OF MADISON AWARDS VETERAN PREFERENCE POINTS BASED ON THE 1991 WISCONSIN ACT 101. A PREFERENCE SHALL BE GIVEN TO THOSE VETERANS AND TO THOSE SPOUSES OF VETERANS SPECIFIED WHO GAIN ELIGIBILITY ON ANY COMPETITIVE EMPLOYMENT REGISTER AND WHO DO NOT CURRENTLY HOLD A PERMANENT POSITION. VETERANS PREFERENCE MAY BE USED ONLY ONCE TO OBTAIN A PERMANENT POSITION WITH THE CITY OF MADISON. PREFERENCE MEANS THE FOLLOWING: ■ For a veteran, that 10 points shall be added to his or her grade. ■ For a disabled wartime veteran, that 15 points shall be added to his or her grade. ■ For a disabled wartime veteran whose disability is at least 30%, that 20 points shall be added to his or her grade. ■ For the spouse of a disabled wartime veteran whose disability is at least 70%, that 10 points shall be added to the spouse's grade. ■ For the unremarried spouse of a veteran who was killed in action, that 10 points shall be added to the spouse's grade. ■ For the unremarried spouse of a veteran who died of a service-connected disability, that 10 points shall be added to the spouse's grade.

**QUALIFYING DATES OF SERVICE:** I had active service for at least one day during one of the following wartime periods: August 27, 1940, to July 25, 1947; June 27, 1950, to January 31, 1955; August 5, 1964, to January 1, 1977; I served on active duty as a member of the Reserve or National Guard who was ordered to active duty because of the 1961 Berlin Crisis under Section I of Executive Order 10957. I am entitled to the **Armed Forces, Navy, or Marine Corps Expeditionary Medal or the Vietnam Service Medal for participation in the following campaigns that occurred within the inclusive dates indicated.** Berlin: August 14, 1961 to June 1, 1963 ■ Congo: July 14, 1960 to September 1, 1962 ■ Cuba: October 24, 1962 to June 1, 1963 ■ Grenada: October 23, 1983 to November 21, 1983 ■ Laos: April 19, 1961 to October 7, 1962 ■ Lebanon: July 1, 1958 to November 1, 1958 ■ Lebanon: August 1, 1982 to August 1, 1984 ■ Quemoy and Matsu: August 23, 1958 to June 1, 1963 ■ Taiwan Straits: August 23, 1958 to January 1, 1959 ■ Vietnam: July 1, 1958 to August 4, 1964 ■ Middle East Crisis: See S.45.34(2), Wis. Stats. ■ Operation Just Cause-Panama: December 20, 1989 to January 31, 1990 ■ Persian Gulf War/Desert Shield/Desert Storm (August 1, 1990, to date to be determined) ■ Operation Restore Hope-Somalia: December 9, 1992, to date to be determined ■ Bosnia: December 1, 1995, to date to be determined ■ I served for at least two continuous years on active duty under honorable conditions; or the full period of my initial service obligation; or was discharged or released after less than two years due to hardship; a service-connected disability or a reduction in the armed forces. Service did not have to occur during a specified war period or campaign.

APPLICATION CERTIFICATION STATEMENT: (Please sign and date the following statement):  
 I certify that all answers to the questions in this application are true, and I agree that any misstatements or omissions of fact will cause forfeiture on my part of rights to employment in the City service.

\_\_\_\_\_ Date \_\_\_\_\_  
 Applicant's Signature Date Witness to Signature Date

**VOLUNTARY INFORMATION**

The City of Madison has adopted an Affirmative Action Ordinance in compliance with Federal law. The disclosure of the following information is voluntary and allows us to meet federal government reporting requirements and judge the effectiveness of our recruitment efforts. The information will be used in accordance with City of Madison policies and ordinances, and State and Federal law which forbids discrimination based on this information.

GENDER:	DATE OF BIRTH:	RACE OR ETHNICITY (CHECK ONE OR MORE):		How did you learn of this vacancy?
<input type="checkbox"/> Male		<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Hispanic or Latino	
<input type="checkbox"/> Female		<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> White	
		<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other (specify)	

**NONDISCRIMINATION ON THE BASIS OF DISABILITY**

"Qualified individuals with disabilities...shall not solely by reason of their disability be excluded from participation in, or be denied the benefits of, or be subjected to discrimination under any program or activity" (Section 5.04 of the Rehabilitation Act of 1973, 29 U.S.C. 706(8),794). In accordance with the preceding and Section 1630.4, EEOC Americans with Disabilities Act Employment Regulations, the City of Madison invites applicants for employment to indicate whether and to what extent they are disabled. The following information is intended for use solely in connection with our employment record keeping efforts, and is to be provided on a voluntary basis. It will be kept confidential and it will be used only in accordance with the applicable laws. Refusal to provide it will NOT subject you to any adverse treatment.

In accordance with EEOC Americans with Disabilities Act Employment Regulations, 1630.2(g) and Section 504 of the Rehabilitation Act of 1973, a "Disabled Person" means any person who:

- Has a physical or mental impairment which substantially limits one or more major life activities;
- Has a record of such an impairment; or
- Is regarded as having such an impairment.

Based on the above, please check this box if you feel you qualify:

Yes, I feel I DO qualify as an individual with a disability

What special assistance/modification would help you compete in the employment process, i.e, written, performance, oral exam? (For example: sign language interpreter, special aids reader or writer, etc.)

\_\_\_\_\_

You may be required to provide the Human Resources Department with written verification from a doctor, rehabilitation counselor or other authorized person confirming your disability and indicating a reasonable accommodation.