

SELF-EVALUATION
CITY OF HELENA

January 22, 1993

The City of Helena Americans with Disabilities Act Compliance Committee has completed the Self-Evaluation Checklist pertaining to the Employment Provisions (Titles 1, and 11) and ADA Administration (Subtitle A of Title 11) of the Act.

Attached are the completed checklists and the changes that have been implemented to date. Following are the recommended items and suggested timeframe(s) for implementation:

1. Evaluate every job description within the City of Helena. Identify the "essential functions" for each position and attach it to the job description. Concentrate on being precise and accurate and include the attendance requirements of the job position. Time Frame: Initially At the time a position becomes vacant and advertising for the position is necessary. Goal The Human Resource Manager will complete the assessment of all job descriptions within one year from the date of adoption of the Plan, with the realization that this is an on-going process.
2. Review current union agreements to determine if any of the agreements contain language that could be deemed discriminatory in nature according to the Americans with Disabilities Act. Time Frame: Initially Review agreements and notify unions within the 30 days of any necessary language changes for compliance. Goal The Human Resource Manager will review all agreements, as they are up for negotiation, prior to acceptance by the City to assure proper language is incorporated.
3. Adopt a written policy identifying the process the City will use to determine "reasonable accommodation" according to the ADA's definition. Time Frame: April 1, 1993.
4. When reprinting job application forms include language requesting that applicants advise the City should they require an "accommodation" for any pre-employment test; and instructing the applicant to list the type of accommodation needed. Time Frame: When applications need to be reprinted. However, this information can be placed in job announcements in the newspaper; on the Job Phone Hot Line and in other written material produced in conjunction with a specific job that becomes advertised.
5. Develop a written policy on contagious diseases, and incorporate into the Personnel Policies Handbook. Time Frame: Prior to the reprinting of the Personnel Policies Handbook (no later than April 1, 1993).

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SELF-EVALUATION CHECKLIST

Employment Provisions (Titles I, II)

Developed by the Texas Governor's Committee for Disabled Persons, in conjunction with the Office for Civil Rights at the U.S. Department of Health and Human Services, Region IV.

The questions included in this self-evaluation checklist were designed to help employers, both public and private, come into compliance with Title I of the ADA.

1. Have you reviewed your employment policies (recruiting, hiring, upgrading, promotion, award of tenure, demotion, transfer, layoff, termination, right of return from layoff, and rehiring) to be sure that you and your employees are giving nondiscriminatory treatment to applicants and employees with disabilities?

Yes No Action/Due Date: _____

2. Have you reviewed your employment practices to make sure that they do not limit, segregate or classify job applicants or employees in ways that adversely affect their opportunities or status because of the disability of the applicant or employee.

Yes No Action/Due Date: _____

3. Have you reviewed your employment practices to make sure that you are not participating in a contractual or other arrangement or relationship that subjects your qualified applicant or employee with a disability to discrimination (i.e., relationships with employment or referral agencies, labor unions or organizations that provide fringe benefits, training or apprenticeship programs.

Yes No Action/Due Date: _____

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4. Have you reviewed your employment practices to make sure that you are not using standards, criteria or methods of administration that have the effect of discriminating on the basis of disability or that perpetuate the discrimination against others who are subject to common administrative control?

Yes No Action/Due Date: _____

5. Have you reviewed your employment practices to make sure that you are giving nondiscriminatory treatment to applicants and employees who have a friend, associate or family member with a disability?

Yes No Action/Due Date: _____

6. Have you determined the process you will use to decide at which point "reasonable accommodation" causes an "undue hardship"?

Yes No Action/Due Date: 30d

7. Do you have a policy concerning "reasonable accommodation"?

Yes No Action/Due Date: 30c

8. Do you have a procedure to document decisions not to hire or promote because of "undue hardship"?

Yes No Action/Due Date: 3c

9. Have you reviewed the requirements of your job descriptions, employment tests, or other selection criteria to be sure that no criteria are included that would discriminate against an individual with a disability unless such criteria are job-related and consistent with business necessity?

Yes No Action/Due Date: as
become open
as time allow

- 10.** Are your hiring procedures (applying, testing and interviewing for a job) carried out in wheelchair accessible locations using accessible formats, such as a reader, tactile information, Braille, audio cassette for vision impaired people, written materials, sign language interpreters for hearing impaired people, and personal assistance for people with manual impairments?

Yes No Action/Due Date: _____

- 11.** Have you made sure that employment tests are selected and administered in a way to ensure that test results accurately reflect the skills or aptitude necessary to perform the job rather than reflect the impaired sensory, manual or speaking skills of the applicant or employee, unless the sensory, speaking, or manual ability is necessary to perform critical element(s) of the job?

Yes No Action/Due Date: _____

- 12.** Have you made sure that your employment application forms do not contain questions as to whether an applicant is an individual with a disability?

Yes No Action/Due Date: _____

- 13.** If your business conditions an offer of employment based upon the job applicant's satisfactory completion of a medical examination, do your procedures conform to the requirements of the law prohibiting inquiries as to the nature and severity of disabilities except as they are job-related?

Yes No Action/Due Date: _____

- 14.** Have you reviewed your personnel policies and practices to be sure that an applicant or employee who is a recovering alcohol or drug abuser (not currently using alcohol or drugs) is included in accordance with the law?

Yes No Action/Due Date: _____

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15. Have you posted equal employment opportunity notices in an accessible format (e.g., in large print, Braille, and audio cassette)?

Yes No Action/Due Date: _____

16. Have you reviewed medical, hospital, accident, life insurance, and retirement fringe benefits to ensure that they give nondiscriminatory treatment to people with disabilities?

Yes No Action/Due Date: _____

17. Are your social and recreational activities accessible to all employees and their relatives and associates?

Yes No Action/Due Date: *notification of policy*

18. Do you have a policy on how to handle contagious diseases?

Yes: No Action/Due Date: *must report of person infected man*

19. Have you considered the creation of an ADA employment committee to assist you in making policy decisions?

Yes No Action/Due Date: _____

20. Have you reviewed your interview questions and techniques to determine whether they are nondiscriminatory?

Yes No Action/Due Date: _____