

**Workforce Escarosa Inc.
dba CareerSource Escarosa**

ADA FACILITY ACCESSIBILITY ASSURANCE FORM

This verifies that my organization, _____,
meets the requirements as outlined in the Facility Accessibility Survey
requirements provided by the United States Department of Labor (USDOL) and
the Office of Civil Rights and Minority Affairs (OCRMA), regarding the American
Disabilities Act.

Signature

Date