CITY OF MADISON

Self-Identification Form

The City of Madison has adopted an Affirmative Action Ordinance and the following information is voluntary and allows us to meet government-reporting requirements and evaluate the effectiveness of our recruitment efforts. The information will be kept confidential and when reported, data will not identify any specific individual. Refusal to provide this information will not subject you to any adverse treatment in accordance with City of Madison policies and ordinances, which forbids discrimination-based on this information.

Last name (print clearly) First name Middle name Date

Application for position of: _____ Department/Division: _____

VETERAN STATUS: (please check one)

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

ETHNICITY: (SELECT ONE)

☐ Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
☐ Not Hispanic or Latino

RACE: (SELECT ONE OR MORE)

☐ American Indian or Alaskan Native - A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
☐ Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
☐ Black or African American - A person having origins in any of the Black racial groups of Africa.
☐ Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
☐ White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

GENDER: ☐ Male ☐ Female

DATE OF BIRTH: _ _/_ _/_ _ _ _
Month Day Year

If you should become a finalist in the hiring process, the City of Madison will require your date of birth. This information is intended for the sole use of a background investigation process for candidates.

SOCIAL SECURITY NUMBER: _____

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 your SS# at this time, the Human Resources Department will provide you an arbitrary nine-digit number.

DISABILITY: Do you have a disability? ☐ Yes ☐ No

The City of Madison considers a person with a disability anyone who meets the definition under either the American With Disabilities Act or the Wisconsin Fair Employment Act. You may contact the Occupational Accommodations Specialist at the number listed below if you need additional information.

If you need reasonable accommodation(s) during the application process due to disability related functional limitations, please notify City of Madison Human Resources Occupational Accommodations Specialist at (608) 267-1156; TTY/Textnet (866) 704-2340; sseverson@cityofmadison.com

I need an accommodation in the hiring/examination process: ☐ Yes ☐ No

If yes, accommodation requested is (i.e., extended time, reader, alternative test format, other):

_____

**You will be required to provide written verification from a doctor or other authorized person confirming your disability and indicating reasonable accommodation.

HOW DID YOU LEARN OF THIS VACANCY?

☐ City Website (www.cityofmadison.com)
☐ Human Resources Bulletin Board (HR office, walk-in)
☐ Human Resources Job Opportunity Line
☐ Madison City Channel
☐ City Agency Bulletin Board
☐ Word of Mouth (family, friend, employee, etc.)
☐ Local Newspapers
☐ Other: _____