

) Email _

The City of Madison has adopted an Affirmative Action Ordinance and the following information is voluntary and allows Madison Children's Museum 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 no subject you to any adverse treatment in accordance with City of Madison policies and ordinances, which forbids discrimination-based on this information.

(Print clearly) Last Name	First name	Middle name	Date
Applying for the position of:		Department:	
VETERAN STATUS: (Please check () Non Veteran () Veteran claiming disability (DE () Veteran (DD214 Form must be () Other (please specify service o	0214 Form and Veterans e attached)	•	ched)
ETHNICITY: (Please check one) () Hispanic or Latino – A person or origin, regardless of race. () Not Hispanic or Latino	of Cuban, Mexican, Pue	rto Rican, South or Central A	merica, or other Spanish culture
RACE: (Please select one or more () American Indian or Alaskan Na America (including Central Americ () Asian – A person having origin subcontinent including, for examp Thailand, and Vietnam. () Black or African American – A () Native Hawaiian or Other Paci Samoa, or Pacific Islands.	ative – A person having ca) and who maintains trust in any of the original pole Cambodia, China, Independent having origins in	ibal affiliation or community a peoples of the Far East, South dia, Japan, Korea, Malaysia, P any of the Black racial group	attachment. neast Asia, or the Indian Pakistan, the Philippine Islands, os of Africa.
() White – A person having origing		peoples of Europe, the Midd	le East, or North Africa.
DATE OF BIRTH:/		y Year	
DISABILITY : Do you have a disabi The City of Madison considers a p With Disabilities Act of the Wiscor application process due to disabil	person with a disability a nsin Fair Employment Ad	ct. If you need reasonable acc	commodation(s) during the
I need an accommodation in the h If yes, accommodation requested			t, other):
** You will be required to provide disability and indicating reasonabl		n a doctor or other authorized	d person confirming your
HOW DID YOU LEARN OF THIS () Word of Mouth (family, friend, () Local Newspaper () Job Board		() Website () Other	