



...where volunteers make a difference

Dear Applicant,

The City of Madison has asked us for the following information to comply with Federal law regarding Affirmative Action. The information requested below is voluntary.

**VOLUNTARY INFORMATION**

The City of Madison has adopted an Affirmative Action Ordinance in compliance with Federal law. In an attempt to judge the effectiveness of our recruitment efforts, we request you provide the following information. This information will, in no way, be used in the decision to hire or promote.

<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth:</b>	<b>Race: (indicate):</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic	<b>HOW DID YOU LEARN OF THIS VACANCY?</b>
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**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 Relations, 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:

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

Please check the appropriate box:

- I feel I **DO** qualify as an individual with a disability.       I **DO NOT** qualify as an individual with a disability.

What special assistance/modification would help you compete in the employment process? (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.

Sincerely,

Deborah Speckmann  
President