



# BOARD, COMMISSION AND/OR COMMITTEE APPOINTMENT APPLICATION

Date: \_\_\_\_\_ Ald. Dist./Ward: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP + 4: \_\_\_\_\_

Home Phone: \* ( ) \_\_\_\_\_ Work Phone: \* ( ) \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

E-mail: \_\_\_\_\_

FAX: \* ( ) \_\_\_\_\_ Cell Phone: \* ( ) \_\_\_\_\_

\*(INCLUDE AREA CODE)

Boards/Commissions/Committees of Interest to You: (List no more than 5.)

Comm. ID (Office Use Only)

1.		_____
2.		_____
3.		_____
4.		_____
5.		_____

Current Committee Service: (List Mayoral appointments only.)

Comm. ID/Pos - Exp. Date

1.		_____
2.		_____
3.		_____

Qualifications for Appointment:

[Empty box for Qualifications for Appointment]

Education, Work Experience and/or Civic Background:

[Empty box for Education, Work Experience and/or Civic Background]

Public Service and/or Civic Involvement:

[Empty box for Public Service and/or Civic Involvement]

Do you reside in the city of Madison?  Yes  No

Do you hold an elected or appointed public position or office?  Yes  No

If "Yes," what position or office? \_\_\_\_\_

How did you learn of this vacancy?

- City Website ([www.cityofmadison.com](http://www.cityofmadison.com))
- Television/Radio
- Referred by City Alder
- Referred by City Employee
- Referred by Board/Commission/Committee Member
- Community Agency, specify: \_\_\_\_\_
- Newspaper, specify: \_\_\_\_\_
- Other, specify: \_\_\_\_\_

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

If available, attach a resume. For more information, visit [www.cityofmadison.com/mayor/mycommit/](http://www.cityofmadison.com/mayor/mycommit/)

<p><b>Please return to:</b>  MAYOR'S OFFICE  210 MARTIN LUTHER KING JR BLVD RM 403  MADISON WI 53703  Phone (608) 266-4611; Fax (608) 267-8671</p>	<p>Annual "Statement of Interests" form required? <input type="checkbox"/> Yes <input type="checkbox"/> No  "Statement of Interests" form filed _____</p>
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**CITY OF MADISON  
Self-Identification Form**

Name: \_\_\_\_\_

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.

**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

**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: specifically, individuals who (1) have a physical or mental impairment which makes achievement unusually difficult or limits the capacity to work; (2) have a physical or mental impairment which substantially limits one or more of such persons' major life activities; (3) are regarded as having a disability; or (4) have a record of such a disability.

(Voluntary) Are you a member of any of these other protected groups: color, religion, national origin or ancestry, arrest or conviction record, marital status, familial status, the fact that an individual is a student, physical appearance, sexual orientation, political beliefs, source of income, or less than honorable discharge from the military?

If you believe this membership will provide you with added insight that will benefit the board, commission or committee you are applying for, please specify the protective group and the reasons why you believe this will be beneficial: