



Department of Civil Rights

Lucia Nunez, Director
Marcus Miles, Division Manager

Equal Opportunities Division
210 Martin Luther King, Jr. Boulevard, Room 523
Madison, Wisconsin 53703
PH 608 266 4910
FAX 608 266 6514
TTY/Textnet 866 704 2314
www.cityofmadison.com

EOC Committee Membership Application

Individuals interested in becoming a member of a Committee of the Madison Equal Opportunities Commission (MEOC) are required to complete this application, attach their resume and submit the form to the Commission for its consideration.

Rule 1.5 of the Commission requires that committee membership "be representative of advocacy groups, residents, protected classes as contained in the [Equal Opportunities] Ordinance, private sector representatives and social service agencies may have concern with the subject matter of the committee, and shall be committed to the principle of equal opportunities."

Section 3.27 of the Madison General Ordinance requires that EOC Employment Subcommittee members be a city residents or a representative of a company located within the City of Madison.

This application has been formulated to assure diversity on the MEOC committees as well as to determine that applicants meet eligibility requirements.

Please fill in the application and forward it to:

Annie Weatherby-Flowers, Investigator/Conciliator
Madison Equal Opportunities Division
210 Martin Luther King, Jr. Blvd., Room 523
Madison, WI 53703

Date 9/12/13 Madison Ald. Dist. _____ Ward _____

Name Kathy Hansen

Home Address 216 Heather Dr

Cottage Grove, WI 53527

Employer Access Community Health Centers

Job Title Human Resources Generalist

Address 2901 W. Beltline Hwy, Suite 120

Madison, WI 53713

Home Phone No. 608-438-4021 Office Phone No. 608-443-5521e

Fax No. 608-441-2383 Email Address kathy.hansen@accesshealthwi.org

Application for membership on

EOC Employment Subcommittee

1. Why are you interested in serving on this Committee?

To work with peers in the Madison community + make a difference in eliminating discrimination

2. The Rules of the EOC require that committee members have a demonstrated commitment to equal opportunities. Do you believe that you can advocate for equal protection under to ordinance for all persons without regard to sex, race, religion, color, national origin or ancestry, source of income, arrest or conviction record, less than honorable discharge from the military, physical appearance, sexual orientation, political beliefs or the fact that an individual is a student?

Yes No

3. What work experience or other experience with civic involvement (such as neighborhood associations) do you have which will be beneficial in carrying out the responsibilities of this position?

N/A

4. In addition to attending committee meetings, how much additional time can you commit to work on special projects of the committee if you are appointed?

Varies

5. Please list any addition information about yourself that you believe is relevant to the Commission's consideration of your appointment to an MEOC committee. Include any education or special training you have that you feel particularly fits you for an appointment to this position.

Have worked in Human Resources for over 10 years.
I feel passionate about fair employment practices.

6. Please list any other activities or organizations in which you are involved that you believe are relevant to this appointment.

Affirmative Action Officer for ~~the~~ my current employer

7. Equal Opportunity/Affirmative Action Data

In order to assure representation of all protected classes on MEOC committees, please indicate the protected classes of which you are a member:

RACE (Please specify)

- African American
- Asian
- Hispanic
- White
- Other _____

SEX (Please specify)

- Female
- Male

AGE

- 18-54
- 55+

- Handicap (Please specify nature of disability: _____)
- Arrest or conviction record
- Less than Honorable Discharge from the Military
- Marital Status (Please specify)
 - Single
 - Married
 - Divorced
 - Widowed

- National origin or ancestry _____
- Physical appearance _____
- Religion _____
- Political Beliefs _____
- Sexual Orientation _____
- Source of Income _____
- Student

8. If you are not actually a member of a protected class, but feel that you can represent that group because of your employment or community activities, please provide specifics.

9. If you are disabled and require an accommodation to allow your full participation on the Committee, please describe the accommodation needed.

10. Please list any additional City committees you might be interested in serving on:
(List no more than three - please be specific) *Committee Code (Office Use Only)*

11. Current Committee Service (Please list any *City of Madison* boards, committees or commissions on which you are currently serving - include ad hoc or subcommittee activities.):

Committee Code-Position (Office Use Only)

Term Expires: _____

Term Expires: _____

Term Expires: _____

Are you a City of Madison resident?

Yes

No

Are you a registered voter?

Yes

No

Do you hold an elective or appointed public position or office?

Yes

No

If yes, what position or office? _____

Signature of Applicant

Kathy Hansen



Department of Civil Rights

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EOC Employment Committee Application Supplement Committee Member Characteristics

The EOC Employment Committee requests that you respond to a few additional questions. Your response will allow us to better utilize the skills, knowledge and background of our committee members in the work that we do with the goal of greater effectiveness and higher quality.

Have you ever served on a subcommittee of the EOC Employment Committee?

No

Yes (please list: _____)

Occupation/Background (please check all that apply currently or in the past)

- | | |
|--|---|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Banking/Accounting |
| <input type="checkbox"/> Retiree | <input type="checkbox"/> Engineering |
| <input type="checkbox"/> For Profit Company X Human Resources | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> For Profit Company X Management | <input checked="" type="checkbox"/> Health Care |
| <input type="checkbox"/> Employee Placement/Counseling | <input type="checkbox"/> Government |
| <input type="checkbox"/> Small Business Owner | <input type="checkbox"/> Law |
| <input type="checkbox"/> Sales | <input type="checkbox"/> Utility Company |
| <input type="checkbox"/> Education | <input type="checkbox"/> Publishing/Media |
| <input checked="" type="checkbox"/> Non-Profit/Social Services | <input type="checkbox"/> Other (please indicate: _____) |

Skills/Knowledge/Interest Areas (Check all that apply, even if you are not currently, or have never been, employed in that area)

- | | |
|--|---|
| <input type="checkbox"/> Special Event Planning/Implementation | <input type="checkbox"/> Social Service Delivery/Management |
| <input checked="" type="checkbox"/> Human Resources | <input type="checkbox"/> Marketing/Advertising/Writing/Layout |
| <input type="checkbox"/> Sales | <input type="checkbox"/> Quality Improvement |
| <input type="checkbox"/> Teaching/Education | <input type="checkbox"/> Employee Training/Leadership Development |
| <input type="checkbox"/> Law/Ethics | <input type="checkbox"/> Business Management/Administration |
| <input type="checkbox"/> Accounting/Financial | <input type="checkbox"/> Publishing/Media |
| <input type="checkbox"/> Strategic Planning | <input type="checkbox"/> Speaks Foreign Language |
| <input type="checkbox"/> Art/Design | <input type="checkbox"/> Sign Language Interpreter |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Diversity Training/Awareness |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Engineering/Product Design |
| <input checked="" type="checkbox"/> Health Care | <input type="checkbox"/> Other (please indicate: _____) |



CITY OF MADISON

STATEMENT OF INTERESTS

COMPLETE AND RETURN THIS FORM TO:

CITY OF MADISON
 City Clerk's Office
 210 Martin Luther King, Jr. Blvd., Rm. 103
 Madison, WI 53703

All elected and appointed officials and employees of the City of Madison are expected to carry out their duties in the best interests of the City. The following Statement of Interests is intended to provide information that will identify potential conflicts of interest with those duties. Serving as Officers or Directors on the Board(s) of organizations, as well as certain financial information, may indicate the possibility of a conflict of interest. Notwithstanding this disclosure, all persons holding positions with the City of Madison have the continuing responsibility to avoid conflicts of interest as they carry out their responsibilities. See Madison General Ordinance 3.47(5)(f) "Standards of Conduct" for additional information on disclosure and disqualification. United States Citizenship Required Unless Waived by the Mayor - § 3.27 Madison General Ordinances.

- The filing of this statement is required by section 3.47(9) of the Madison General Ordinances.
- The attached list itemizes by whom disclosure is required by MGO 3.47 (9)(b). Everyone on the attached list must file, however, this list is not all inclusive. In addition, those who perform the duties described in MGO 3.47 (9)(b)(5) are required to file, even though their classifications may not appear on the attached list. (MGO 3.47 (9)(b) is cited in its entirety on the attachment.)
- Everyone required to file must respond to ALL of the items, except as indicated below.

1.

NAME Kathy Hansen	
ADDRESS 216 Heather Dr	
CITY/STATE/ZIP Cottage Grove, WI 53527	TELEPHONE 608-438-4021
OFFICE/COMMITTEE POSITION HELD OR SOUGHT EOC Committee Membership	
CITY EMPLOYEE CLASSIFICATION OR JOB TITLE	

2.

EMPLOYER'S NAME Access Community Health Centers	
EMPLOYER'S ADDRESS(S) 2901 W. Beltline Hwy, Suite 120 Madison, WI 53713	
POSITION(S) HELD WITH EMPLOYER(S) Human Resources Generalist	

3. Identify every organization of which you or an adult member of your immediate family is an officer or director, or of which you or a member of your immediate family owns or controls, directly or indirectly, severally or in the aggregate, at least two percent (2%) of the outstanding equity. Membership ONLY in an organization or the identity of an organization operated to influence voting at any election need not be disclosed.

"Immediate family" means (1) An individual's spouse or designated family or registered domestic partner, or (2) an individual's relative by marriage, lineal descent or adoption who receives, directly or indirectly, more than one-half of his or her support from the individual or from whom the individual receives, directly or indirectly, more than one-half of her or his support.

"Organization" means any public or private, profit or non-profit, religious, educational, charitable or political organization or entity but does not include governmental bodies.

ORGANIZATION	HELD BY FILER OR FAMILY MEMBER?