



Self-Identification Form

RISE, in compliance with the City of Madison’s Affirmative Action Ordinance, requests the following information. Your information is voluntary; it 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.

First name	Middle initial	Last name
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Date _____

Position applying for _____

Program or Department _____

GENDER:

- Male
- Female
- Non-binary

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.

DISABILITY: Do you have a disability?*

- Yes No

RISE considers a person with a disability anyone who meets the definition under either the American with Disabilities Act or the Wisconsin Fair Employment Act. If you need reasonable accommodation(s) during the application process due to disability related functional limitations, please notify the Human Resources Manager, Keri Cavitt, at 608-210-0118 or via email at keri.cavitt@commpart.org.

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):

HOW DID YOU LEARN OF THIS VACANCY? (please check all that apply)

- Agency Websites (www.community-partnerhsips.org OR www.centerforfamilies.org)
- Community bulletin board
- School or University Bulletin Board
- Word-of-mouth (family, friend, employee, etc.)
- Indeed.com
- Craigslist
- Madison365.com
- Other (please specify) _____

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