



Department of Civil Rights, Affirmative Action Division
 210 Martin Luther King, Jr. Blvd., Room 523
 Madison, WI 53703-3346

(608) 266-4910
 FAX (608) 266-6514
 TTY/Textnet (866) 704-2314

City of Madison Affirmative Action Job Skills Bank Client Action Form

Lucía Nuñez, Director

**For Affirmative
 Action Use Only**

| | | | | | | | |
|--|--|---|--|---|---|---|--|
| SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female | | RACE (Indicate): <input type="checkbox"/> White <input type="checkbox"/> Hispanic | | <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native | | <input type="checkbox"/> Asian/Pacific Islander | |
| LAST NAME: | | FIRST NAME: | | MIDDLE NAME: | | | |
| PRESENT ADDRESS (Number, Street, City, State, Zip Code): | | | | HOME PHONE NUMBER: | | | |
| MAILING ADDRESS - IF DIFFERENT THAN ABOVE (Number, Street, City, State, Zip Code): | | | | BUSINESS PHONE NUMBER: | | | |
| EMAIL ADDRESS (IF AVAILABLE): | | | | | Would prefer to receive weekly list by: <input type="checkbox"/> Email <input type="checkbox"/> Mail | | |
| Date Available: _____ | | <input type="checkbox"/> Permanent (FULL-TIME) | | <input type="checkbox"/> Limited Term, or Hourly (FULL-TIME) until: _____ | | | |
| | | <input type="checkbox"/> Permanent (PART-TIME) | | <input type="checkbox"/> Limited Term, or Hourly (PART-TIME) until: _____ | | | |
| What hours are NOT available for work? | | What days are no NOT available? | | Are you at least 18 years of age? | | | |
| PLEASE CHECK ALL AREAS OF EXPERIENCE: | | | | | | | |
| <input type="checkbox"/> SKILLED TRADES | | <input type="checkbox"/> OFFICE/CLERICAL | | <input type="checkbox"/> PROFESSIONAL/TECHNICAL | | | |
| <input type="checkbox"/> GENERAL LABOR | | <input type="checkbox"/> HEALTH CARE | | <input type="checkbox"/> RETAIL SALES | | | |
| Describe your career objective(s): | | | | | | | |
| DO YOU HAVE A RESUME? | | ARE YOU A U.S. CITIZEN, OR DO YOU HAVE AN ENTRY PERMIT WHICH ALLOWS YOU TO WORK? | | | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| DO YOU HAVE A VALID DRIVER'S LICENSE? | | DO YOU HAVE A VALID COMMERCIAL DRIVER'S LICENSE? | | DO YOU HAVE ACCESS TO A CAR? | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |

Special services are available for persons with disabilities (special testing, accommodations, readers, tape recorders, Braille applications, etc.). If you wish to know more about these services, please let us know.

| | | | | | |
|---|---|---|------------------------|-----------------|------------------------------------|
| GRAMMAR & HIGH SCHOOL: (Circle highest year completed) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 | Do you have a GED or a High School Equivalency Diploma? <input type="checkbox"/> YES <input type="checkbox"/> NO | NAME AND LOCATION OF HIGH SCHOOL: | YEAR GRADUATED: | | |
| TRAINING BEYOND HIGH SCHOOL College or University, Nursing, Business College, or other schools you have attended. | | CHECK THE NUMBER OF YEARS IN COLLEGE OR UNIVERSITY: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 | | | |
| NAME & LOCATION OF INSTITUTION | DATES ATTENDED FROM TO | CREDITS EARNED | MAJOR FIELD | GPA/BASE | DEGREE CONFERRED & YEAR |
| | | | | | |
| | | | | | |
| Education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, in-service training. Also include relevant licenses or certificates. | | | | | |

WORK HISTORY

| | | |
|---------------------|--|---|
| EMPLOYER: | KIND OF BUSINESS: | LOCATION (City & State): |
| YOUR TITLE: | REASON FOR LEAVING: | NAME, ADDRESS & PHONE # OF SUPERVISOR: |
| YOUR DUTIES: | TOTAL LENGTH OF TIME EMPLOYED: FULL-TIME: Hrs. p/wk. _____ # of Yrs. _____ Mos. _____ PART-TIME: Hrs. p/wk. _____ # of Yrs. _____ Mos. _____ FROM (Month & Year): _____ TO (Month & Year): _____ MONTHLY SALARY: Beginning: \$ _____ Ending: \$ _____ | |
| EMPLOYER: | KIND OF BUSINESS: | LOCATION (City & State): |
| YOUR TITLE: | REASON FOR LEAVING: | NAME, ADDRESS & PHONE # OF SUPERVISOR: |
| YOUR DUTIES: | TOTAL LENGTH OF TIME EMPLOYED: FULL-TIME: Hrs. p/wk. _____ # of Yrs. _____ Mos. _____ PART-TIME: Hrs. p/wk. _____ # of Yrs. _____ Mos. _____ FROM (Month & Year): _____ TO (Month & Year): _____ MONTHLY SALARY: Beginning: \$ _____ Ending: \$ _____ | |
| EMPLOYER: | KIND OF BUSINESS: | LOCATION (City & State): |
| YOUR TITLE: | REASON FOR LEAVING: | NAME, ADDRESS & PHONE # OF SUPERVISOR: |
| YOUR DUTIES: | TOTAL LENGTH OF TIME EMPLOYED: FULL-TIME: Hrs. p/wk. _____ # of Yrs. _____ Mos. _____ PART-TIME: Hrs. p/wk. _____ # of Yrs. _____ Mos. _____ FROM (Month & Year): _____ TO (Month & Year): _____ MONTHLY SALARY: Beginning: \$ _____ Ending: \$ _____ | |

| | | |
|--------------|---------------------|--|
| EMPLOYER: | KIND OF BUSINESS: | LOCATION (City & State): |
| YOUR TITLE: | REASON FOR LEAVING: | NAME, ADDRESS & PHONE # OF SUPERVISOR: |
| YOUR DUTIES: | | TOTAL LENGTH OF TIME EMPLOYED: |
| | | FULL-TIME: Hrs. p/wk. _____ # of Yrs. _____ Mos. _____ PART-TIME: Hrs. p/wk. _____ # of Yrs. _____ Mos. _____ |
| | | FROM (Month & Year): _____ TO (Month & Year): _____ |
| | | MONTHLY SALARY: Beginning: \$ _____ Ending: \$ _____ |
| EMPLOYER: | KIND OF BUSINESS: | LOCATION (City & State): |
| YOUR TITLE: | REASON FOR LEAVING: | NAME, ADDRESS & PHONE # OF SUPERVISOR: |
| YOUR DUTIES: | | TOTAL LENGTH OF TIME EMPLOYED: |
| | | FULL-TIME: Hrs. p/wk. _____ # of Yrs. _____ Mos. _____ PART-TIME: Hrs. p/wk. _____ # of Yrs. _____ Mos. _____ |
| | | FROM (Month & Year): _____ TO (Month & Year): _____ |
| | | MONTHLY SALARY: Beginning: \$ _____ Ending: \$ _____ |
| EMPLOYER: | KIND OF BUSINESS: | LOCATION (City & State): |
| YOUR TITLE: | REASON FOR LEAVING: | NAME, ADDRESS & PHONE # OF SUPERVISOR: |
| YOUR DUTIES: | | TOTAL LENGTH OF TIME EMPLOYED: |
| | | FULL-TIME: Hrs. p/wk. _____ # of Yrs. _____ Mos. _____ PART-TIME: Hrs. p/wk. _____ # of Yrs. _____ Mos. _____ |
| | | FROM (Month & Year): _____ TO (Month & Year): _____ |
| | | MONTHLY SALARY: Beginning: \$ _____ Ending: \$ _____ |

PROFESSIONAL REFERENCES: (Optional for non-professional positions.)

| | | |
|-------|----------|------------|
| NAME: | ADDRESS: | PHONE NO.: |
| NAME: | ADDRESS: | PHONE NO.: |
| NAME: | ADDRESS: | PHONE NO.: |

LANGUAGE SKILLS

| Do you speak or read a language other than English (include sign language)? | | | | | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|---|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|-----------------------------|
| LANGUAGE(S) | CAN PREPARE & GIVE LECTURES | | CAN SPEAK & UNDERSTAND | | CAN TRANSLATE ARTICLES | | CAN READ ARTICLES FOR OWN USE | |
| | Fluently | With Difficulty | Fluently | Passably | Into English | From English | Easily | With Difficulty |
| 1) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | |
|-------------------------|-------|
| SIGNATURE OF APPLICANT: | DATE: |
|-------------------------|-------|

Kev nrhia hauj lwm? The Affirmative Action Division muaj kev pab npaj nej txog txoj kev nrhia hauj lwm kom nej mus nkag tau hauj lwm ua rau hauv City, County, State, Federal Government, University hauv Wisconsin, Madison Area Technical College, Madison Metropolitan School District, thiab lwm ghov chaw muaj hauj lwm. Txoj kev no muaj pab rau tsoom pej xeeb sawv daws txog kev nrhia hauj lwm, sau tseg tej hauj lwm tau ua los (Resume), xa mus thiab pab taug qab tej hauj lwm qhib rau sawv daws ua, coj neeg mus nrhia hauj lwm, ua ntaub ntawv, xeeb thiab nug txog hauj lwm pab rau cov neeg tsis muaj peev xwm ua tau. Pab txhais lus Spanish thiab lus Hmong. Thov hu tuaj teem caij rau Harper thiab los puas cia li tuaj ntsib nkawd rau lub caij nkawd xyeej siab los tau.

THOV QHIA TUAJ RAU PEB YOG:

Koj muaj chaw nyob thiab xov tooj tshiab
Koj yuav xav sau koj cov ntaub ntawv ua hauj lwm (Resume) dua
Koj muaj kev nyuaj txog ua ntaub ntawv thiab tej kev luab nug txog hauj lwm
Koj xav tau neeg txhais lus mus pab koj nrhia hauj lwm
Koj tua txais ntaub ntawv luag tsis yuav koj ua hauj lwm
Koj yuav mus nrog luag sib tham txog hauj lwm
KOJ MUS NTSIB TSIS TAU LUAG RAU LUB CAIJ TAU TEEM RAU KOJ MUS THAM TXOG HAUJ LWM
Koj tau hauj lwm lawm
Koj tsis tos kev pab ntawm peb lawm

¿Busca Trabajo? La Oficina de Acción Afirmativa le ofrece un archivo de destreza para empleos para dar asistencia en buscar oportunidades del empleo con los gobiernos de la Ciudad de Madison, Condado de Dane, del Estado de Wisconsin y Federal, la Universidad de Wisconsin, Colegio Técnico de Madison (MATC), el Distrito Escolar Metropolitano de Madison, y también del sector privado de Madison. Los Servicios para el público incluyen: consejos para la carrera; preparación de resumen; referencias y apoyo para seguimiento; listas de empleo para oportunidades iguales de trabajo; acomodaciones de aplicaciones, exámenes, y entrevistas para personas con impedimentos físicos y mentales; y la asistencia de interpretaciones/traduccionen en los idiomas de Español y Hmong. Para más información o hacer una cita, por favor llame a Harper.

LLAME A ESTA OFICINA:

Se cambia su número de teléfono o dirección.
Si necesita actualizar su resumen.
Si tiene problemas en el proceso de entrevista y aplicación.
Si necesita la asistencia de un traductor.
Si recibe una carta de rechazo.
Si lo llaman para una entrevista.
SI NO PUEDE CUMPLIR CON LA CITA DE LA ENTREVISTA.
Si consigue trabajo!
Si no necesita más nuestra ayuda.

Looking for a job? The Affirmative Action Division offers a JOB SKILLS BANK to assist you in obtaining employment with the City, County, State, and Federal government, University of Wisconsin, Madison Area Technical College and Madison Metropolitan School District, as well as the private sector. Services provided to the public include career counseling, resume development, referral and follow-up support, job listings for equal opportunity employers, client advocacy, application, exam and interview accommodations for persons with disabilities, and Spanish and Hmong interpretation and translation. Please call Harper for an appointment or stop in to look at the current vacancies.

PLEASE CONTACT US IF:

You have a new telephone number or address.
You need to update your resume.
You are having difficulty with the application/interview procedure.
You need an interpreter to assist you in your job search.
You get a letter of rejection.
You get an interview.
YOU WON'T BE ABLE TO KEEP YOUR SCHEDULED INTERVIEW APPOINTMENT.
You get a job!
You no longer need our services.