



# Department of Civil Rights

Norman Davis, Director  
 City-County Building, Room 523  
 210 Martin Luther King, Jr. Boulevard  
 Phone: (608) 266-4910  
 Fax: (608) 266-6514  
[raise@cityofmadison.com](mailto:raise@cityofmadison.com)  
[www.cityofmadison.com/dcr](http://www.cityofmadison.com/dcr)

**Affirmative Action Division**  
 Madison, Wisconsin 53703



## Client Action Form

SEX:		RACE (Indicate):			
<input type="checkbox"/> Male		<input type="checkbox"/> White	<input type="checkbox"/> Black	<input type="checkbox"/> Asian/Pacific Islander	
<input type="checkbox"/> Female		<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian/Alaskan Native		
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	

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**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.**

<b>GRAMMAR &amp; HIGH SCHOOL:</b> (Circle highest year completed) 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 <input type="checkbox"/>		Do you have a GED or a High School Equivalency Diploma?  <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>NAME AND LOCATION OF HIGH SCHOOL:</b>	<b>YEAR GRADUATED:</b>		
<b>TRAINING BEYOND HIGH SCHOOL</b> 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		CREDITS EARNED	MAJOR FIELD	GPA/BASE	DEGREE CONFERRED & YEAR
	FROM	TO				
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.	

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		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.	
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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: