

BCMWM COMMUNITY SERVICES, INC.

Applicant Data Record

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As an employer, we comply with federal and state regulations and affirmative action responsibilities.

To help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation. This data is for periodic government reporting and will be detached and kept in a Confidential File separate from the Application for Employment.

INSTRUCTIONS:

Please Print in Ink or Type: _____ Date: _____

Position(s) Applied For: _____

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other: _____

NAME _____ PHONE (____) _____
Last First Middle Area Code

ADDRESS _____
Street City State Zip Code

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a handicap is voluntary.

Check One:

- Male
- Female

Check One:

- Age: 21 & under
 22 to 44
 45 to 59
 60 & Over

Check one of the following:

- Race/Ethnic Group: White Black Hispanic
 American Indian/Alaskan Native
 Asian/Pacific Islander Other

Check if any of the following are applicable:

- Vietnam Era Veteran
- Disabled Veteran
- Handicapped Individual

**BCMW COMMUNITY SERVICES, INC.
909 EAST REXFORD
P. O. BOX 729
CENTRALIA, IL 62801**

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

Instructions:

Complete in Ink or Type
Mail to Address Listed Above

BACKGROUND INFORMATION:

Last Name _____	First _____	Middle _____	Social Security Number _____
Mailing Address _____		City _____	State & Zip _____
Legal Address _____		City _____	State & Zip _____
Telephone Number () _____		County _____	
Position Applies For: _____			

EMPLOYMENT HISTORY: (start with present position)

LAST EMPLOYER	Date of Employment From	To	Type of Work/Business Address & Phone	Reason For Leaving
1.				
Supervisors Name:				
2.				
Supervisors Name:				
3.				
Supervisors Name:				
4.				
Supervisors Name:				

REFERENCES:

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS & PHONE	BUSINESS OR OCCUPATION

EDUCATION:

TYPE OF SCHOOL	CIRCLE NO. OF YEARS COMPLETED	NAME & ADDRESS OF SCHOOL	DATES ATTENDED		MAJOR OR FIELD	INDICATE DIPLOMA, CREDIT OR DEGREE
			FROM	TO		
Elememtry	1 2 3 4	-----			-----	-----
	5 6 7 8	-----			-----	-----
High School	1 2 3 4					
College or University						
Post Graduate						
Other Schools or Training or Licenses						

*ATTACH RESUME IF AVAILABLE

CERTIFICATION -

I certify that all the statements in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

Signature _____
(Sign in Ink)

Date Signed: _____

APPLICANT - PLEASE DO NOT WRITE BELOW THIS LINE
FOR OFFICE USE ONLY

Applicant is: () Approved () Not Approved

Starting Date: _____

Administrator's Signature _____

To Replace or Fill Vacancy Of:	Classification	Salary	Approved By Supervisor: