

BCMw 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 disability.

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 Last First Middle PHONE ( ) Area Code

ADDRESS Street City State Zip Code

AFFIRMATIVE ACTION SURVEY

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

Check One:

- [ ] Male [ ] Female

Check One:

- Age: [ ] under 19 [ ] 20 to 64 [ ] 65 + 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:

- [ ] Veteran \_\_\_\_\_ [ ] Disabled Veteran [ ] Disabled Individual

Check One:

- [ ] 80% of median income [ ] 50% of median income [ ] 30% or below median income

**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		Type of Work/Business	Reason For
	From	To	Address & Phone	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		
Elementary	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: