



**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 Address & Phone	Reason For Leaving
	From	To		
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: