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 <u>Confidential File</u> separate from the Application for Employment.

INSTRUCTIONS:						
Please Print in Ink or	Type:	Date:				
Position(s) Applied F	or:					
Referral Source:	□ Advertisement □ Fr	iend Relative	Walk-In			
	☐ Employment Agency ☐ O	her:				
NAME	First	PHONE (
Last	First	Middle	Area Code			
ADDRESS	Street	City	State	Zip Code		
	es require periodic reports on the sifirmative action only. Submission			licants. <u>This data</u>		
□ Male			under 19			
□ Female			20 to 64 65 + over			
Check one of the fol	owing:					
Race/Ethnic	☐ American Indian/A	laskan Native				
	□ Asian/Pacific Islan	der 🗆 Other				
Check if any of the fo	ollowing are applicable:	Check One:				
□ Veteran _ □ Disabled □ Disabled		□ 50% of media	 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	е	Social	Security Number
ailing Address		City		State &	
				Zip	
egal Address		City		State & _ Zip	
elephone Number <u>(</u>)		County_			
osition Applies For:					_
MPLOYMENT HISTORY: (sta	art with present p	osition)			
LAST EMPLOYER	Date of E From	mployment To	Type of Work/B Address & P		Reason For Leaving
1.			7,44,7000 4,1	110110	Loaving
Supervisors					
Name:					
<u>Z.</u>					
Supervisors					
Name: 3.					
Supervisors					
Name [.]					
Name: 4.					
Supervisors					
Name:					
EFERENCES:					
FULL NAME		RESENT BUSIN	ESS OR HOME		BUSINESS
		ADDRESS & PHONE		0	R OCCUPATION
		PT-177		:	

EDUCATION:

TYPE OF SCHOOL	0)F Y	LE EA		NAME & ADDRESS OF SCHOOL	DATES AT	TENDED)	INDICATE DIPLOMA, CREDIT OR DEGREE
Elementary	1 5	2	3 7	4 8					
High School	1	2	3	4					
College or University									
Post Graduate									
Other Schools or Training or Licenses									
ATTACH RESUME IF AVAILABLE									

CERTIFICATIO		rtify that all the statements ne best of my knowledge a			e true, complete and correct de in good faith.
		r	Sig	nature	(Sign in Ink)
			Da	te Signed:	
	APPLI	CANT - PLEASE DO NOT FOR OFFICE I			S LINE
Applicant is: () Approv	ed	() Not Approve	d
Starting Date:_					
Administrator's	Signature				
To Replace or Fill V	acancy Of:	Classification		Salary	Approved By Supervisor: