

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 \_\_\_\_\_ PHONE ( \_\_\_\_\_ ) \_\_\_\_\_  
Last First Middle 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 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: \_\_\_\_\_

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

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Applicant is: ( ) Approved ( ) Not Approved

Starting Date: \_\_\_\_\_

Administrator's Signature \_\_\_\_\_

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