

# INTERVIEW SKILLS (515)

## Employment Application

### Regional– 2015

*TOTAL POINTS* \_\_\_\_\_ (380)

*Failure to adhere to any of the following rules will result in disqualification:*

- 1. Contestant must hand in this test booklet and all printouts. Failure to do so will result in disqualification.*
- 2. No equipment, supplies, or materials other than those specified for this event are allowed in the testing area. No previous BPA tests and/or sample tests or facsimile (handwritten, photocopied, or keyed) are allowed in the testing area.*
- 3. Electronic devices will be monitored according to ACT standards.*

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*Workplace Skills Assessment Program* competition.

# Professional Business Associates

5454 Cleveland Avenue  
 Columbus, OH 43231-4021  
 614-895-7277

# Employment Application

The law prohibits discrimination because of age, race, color, gender, religion and national origin, and requires affirmative action in the hiring of minorities, women, the handicapped, and veterans.

**EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER**  
**PLEASE PRINT ALL INFORMATION IN BLACK OR BLUE INK.**  
**IF N/A IS NEEDED FOR A SECTION USE ONLY ONCE FOR THAT SECTION.**  
**BE SURE TO SIGN THIS APPLICATION ON THE LAST PAGE.**

Last Name <small>Click here to enter text.</small>	First Name	Middle Name
Street Address	City	State ZIP Telephone Number
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	E-mail Address	
Describe the type of employment you desire: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time		
What hours are you available to work: <input type="checkbox"/> Weekend <input type="checkbox"/> Weekday		
Position sought: _____		
When would you be available for employment? _____		

## Academic Training

Institution Name and Location	Attended From To (Mo./Yr.)	Major Subjects	GPA	Degree/Diploma	Date Received or Expected

## List Other Education, Professional Certification, Licensure, Accreditation

_____ _____ _____
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## Work History/Experience

List your past three (3) jobs, activities, and/or other experience, including volunteer work, part-time employment while in school, U.S. Military Service, and self-employment.

Employer/Organization (present or most recent)			Supervisor (name and title)		
Street Address, City, State ZIP			Your Job Title		
Description of your duties:					
Reason for leaving:			From (Mo./Yr.)	To (Mo./Yr.)	
May we contact your present supervisor for references?      _____yes      _____no					
May we contact you at your present place of employment?      _____yes      _____no					
If yes, please list employment telephone number _____					
Employer/Organization			Supervisor (name and title)		
Street Address, City, State ZIP			Your Job Title		
Description of your duties:					
Reason for leaving:			From (Mo./Yr.)	To (Mo./Yr.)	
Employer/Organization			Supervisor (name and title)		
Street Address, City, State ZIP			Your Job Title		
Description of your duties:					
Reason for leaving:			From (Mo./Yr.)	To (Mo./Yr.)	

## Achievements

<b>Achievements</b>

## References

List three (3) persons familiar with your work ability that we may contact. Exclude relatives.

Name (Last, First)	Address (City, State ZIP)	Telephone Number

## U.S. Military Service

Service Branch: \_\_\_\_\_ Dates: \_\_\_\_\_

Specialty Training Received: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Personal

Do you have the legal right to work in the U.S.? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted under your current name or any other name of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give date, court, nature of offense, and disposition: \_\_\_\_\_

**I certify that the answers I have given to the foregoing questions and statements are true and correct, without mental reservation of any kind. If employment is obtained under this application, I will comply with all orders, rules and regulations of the company. I agree to submit to a physical examination. I also authorize my former employers and educational institutions to give any information they may have regarding me. I release them and their organizations from all liability for any damage whatsoever for issuing same. If, upon investigation, anything in this application is found to be untrue, I understand that I will be subject to dismissal at any time during the period of my employment.**

**Applicant — please sign and date here** \_\_\_\_\_  
*Signature* *Date*

**If electronic signature is unavailable, please check here \_\_\_\_\_ to signify agreement and type applicant's initials here \_\_\_\_\_.**