

# ADVANCED INTERVIEW SKILLS

## (520)

### Employment Application

  

## Regional – 2015

**TOTAL POINTS** \_\_\_\_\_ (60)

**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.**  
**BE SURE TO SIGN THIS APPLICATION ON THE LAST PAGE.**

|   |            |                            |
|---|------------|----------------------------|
| Last Name   | 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 (be specific) | GPA | Degree/Diploma | Date Received or Expected |
|-------------------------------|----------------------------|------------------------------|-----|----------------|---------------------------|
|                               |                            |                              |     |                |                           |
|                               |                            |                              |     |                |                           |
|                               |                            |                              |     |                |                           |

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

|                         |
|-------------------------|
| _____<br>_____<br>_____ |
|-------------------------|

## Employment History

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 employer for references?      _____yes      _____no<br>May we contact you at your present place of employment?      _____yes      _____no<br>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.) |

|                                      |
|--------------------------------------|
| <b>Achievements (listed by date)</b> |
|                                      |
|                                      |
|                                      |
|                                      |

|  |                            |                  |
|--|----------------------------|------------------|
| <b>References</b>  |                            |                  |
| List three (3) persons familiar with your work ability that we may contact. Exclude relatives. |                            |                  |
| Name (Last, First)   | Address (City, State, ZIP) | Telephone Number |
|  |                            |                  |
|  |                            |                  |
|  |                            |                  |

|                                    |              |
|------------------------------------|--------------|
| <b>U.S. Military Service</b>       |              |
| Service Branch: _____              | Dates: _____ |
| Specialty Training Received: _____ |              |
| _____                              |              |
| _____                              |              |

|   |                       |
|---|-----------------------|
| <b>Personal</b>   |                       |
| 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 \_\_\_\_\_.**