**INTERVIEW SKILLS (515)**

**Employment Application**

**Regional– 2016**

***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.

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| Professional Business Associates**5454 Cleveland Avenue****Columbus, OH 43231-4021****614-895-7277****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.** | **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. |

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| --- |
| Last Name First Name Middle NameClick here to enter text. Click here to enter text. Click here to enter text. |
| Street Address City State ZIP Telephone NumberClick here to enter text. City State ZIP Telephone Number |
| Are you 18 years of age or older? [ ] Yes [ ] No  | E-mail AddressClick here to enter text. |
| Describe the type of employment you desire: [ ] Part-Time [ ] Full-Time |
| What hours are you available to work: ­­­­­­­­­­­­ Click here to enter text. Weekend Click here to enter text. Weekday |
| Position sought: Click here to enter text. |
| When would you be available for employment? Click here to enter text. |

# Academic Training

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Institution Name and Location | Attended From To  | Major Subjects | GPA | Degree/Diploma | Date Received or Expected |
| Click here to enter text. | Mo./Yr.Mo./Yr. | Click here to enter text. | GPA | Click here to enter text. | Click here to enter a date. |
| Click here to enter text. | Mo./Yr.Mo./Yr. | Click here to enter text. | GPA | Click here to enter text. | Click here to enter a date. |
| Click here to enter text. | Mo./Yr.Mo./Yr. | Click here to enter text. | GPA | Click here to enter text. | Click here to enter a date. |
| List Other Education, Professional Certification, Licensure, Accreditation |
| Click here to enter text. |

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| Work History/ExperienceList 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 Supervisor (name and title)Click here to enter text. Click here to enter text. |
| Street Address, City, State ZIP Your Job TitleClick here to enter text. Click here to enter text. |
| Description of your duties:Click here to enter text. |
| Reason for leaving:Click here to enter text. | From (Mo./Yr.)Click here to enter text. | To (Mo./Yr.)Click here to enter text. |
| 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 Click here to enter text. |
| Employer/Organization Supervisor (name and title)Click here to enter text. Click here to enter text. |
| Street Address, City, State ZIP Your Job TitleClick here to enter text. Click here to enter text. |
| Description of your duties:Click here to enter text. |
| Reason for leaving:Click here to enter text. | From (Mo./Yr.)Click here to enter text. | To (Mo./Yr.)Click here to enter text. |
| Employer/Organization Supervisor (name and title)Click here to enter text. Click here to enter text. |
| Street Address, City, State ZIP Your Job TitleClick here to enter text. Click here to enter text. |
| Description of your duties:Click here to enter text. |
| Reason for leaving:Click here to enter text. | From (Mo./Yr.)Click here to enter text. | To (Mo./Yr.)Click here to enter text. |

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| --- |
| Achievements |
| Click here to enter text. |

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| ReferencesList three (3) persons familiar with your work ability that we may contact. Exclude relatives. |
| Name (Last, First) | Address (City, State ZIP) | Telephone Number |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

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| U.S. Military Service |
| Service Branch: | Click here to enter text. | Dates: | Click here to enter text. |
| Specialty Training Received: | Click here to enter text. |

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| --- |
| Personal |
| Do you have the legal right to work in the U.S.? |[ ]  Yes |[ ]  No |
|  |

**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  Click here to enter a date.

 *Signature Date*

**If electronic signature is unavailable, please check here** [ ]  **to signify agreement and type applicant’s initials here** Click here to enter text.**.**