Contestant Number:

Time:

Rank:

**ADVANCED INTERVIEW SKILLS (520)**

**Employment Application**

**2014**

***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.**

Property of Business Professionals of America.

May be reproduced only for use in the Business Professionals of America

*Workplace Skills Assessment Program* competition.

|  |  |
| --- | --- |
| 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.**  **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. |

|  |  |
| --- | --- |
| Last Name First Name Middle Name | |
| Street Address City State ZIP Telephone Number | |
| Are you 18 years of age or older? \_\_\_\_\_\_Yes \_\_\_\_\_\_No | E-mail Address |
| Describe the type of employment you desire: \_\_\_\_\_\_Part-Time \_\_\_\_\_\_Full-Time | |
| What hours are you available to work: ­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Weekend \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 | | | | | |
|  | | | | | |

|  |  |  |
| --- | --- | --- |
| 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 | | |
| 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 (listed by date) |
|  |
|  |
|  |
|  |

|  |  |  |
| --- | --- | --- |
| 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 \_\_\_\_\_\_\_.**