

INTERVIEW SKILLS (64)

State–2012

TOTAL POINTS _____ (500)

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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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	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 (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		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		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

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 _____.