

STRATEGIC HUMAN RESOURCES MANAGEMENT PRE-ENTRY ASSESSMENT

Admissions

3700 Willingdon Avenue, Burnaby, BC, Canada V5G 3H2

Instructions: 1) Save this PDF to your desktop, 2) Open with Adobe Reader or Adobe Acrobat, 3) Complete all required fields, 4) Save, 5) Close PDF then re-open to ensure the content you filled in has saved, 6) Submit to BCIT.

Your BCIT ID Number A0	Legal First Name (given name)	Legal Last Name (family name)				
■ This form is a program entrance requirement ar	l and submission with your application is mandatory.					
■ You must save this form to your computer and upload the completed version to your online application.						
■ The program area will evaluate your answers; please use proper English, grammar and punctuation.						
REASONS FOR SELECTING PROGRAM In your own words, briefly state your reasons for selecting this program:						
CAREER OBJECTIVES						
Briefly describe your career goals upon completion	of this program:					
YEARS OF WORK EXPERIENCE						
How many years of work experience do you have in	general?					
□ <1 year □ 1-2 years □ 3-4 years □ 5-10	0 years □ 10+ years					
How many years of volunteer experience do you ha						
□ <1 year □ 1-2 years □ 3-4 years □ 5-10	0 years □ 10+ years					
WORK AND VOLUNTEER EXPERIENCE						
Select the statement that best describes your work	and volunteer experience					
Less than 1 year; combination of full-time and p	part-time or all part-time					
\prod 1–2 years' experience; combination of full-time	and part-time or all part-time					
3–4 years' experience; mostly full-time						
3–4 years' experience; mostly full-time with sor	ne supervisory or management experience					
☐ 5—10 years' experience: full-time with some supervisory or management experience						
	rity as supervisory or management experience					

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GENERAL WORK EXPERIENCE

Do you have any experience? Please list below:

POSITION 1	Start Date	End Date
Type of position	Position Title	Company Name
	T Goldon Had	Sompany Name
	City	Province
Main responsibilities of this position		
1.		
2.		
3.		
Main skills and abilities required in this position 1.		
1.		
2.		
3.		
POSITION 2	Start Date	End Date
Type of position		
	Position Title	Company Name
	City	Province
	City	Province
Main responsibilities of this position	City	Province
Main responsibilities of this position 1.	City	Province
	City	Province
1. 2.	City	Province
1. 2. 3.	City	Province
1. 2.	City	Province
 2. 3. Main skills and abilities required in this position 1. 	City	Province
 2. 3. Main skills and abilities required in this position 	City	Province

POSITION 3	Start Date	End Date		
Type of position	Position Title	Company Name		
	1 osition ritie	Company Name		
	City	Province		
Main responsibilities of this position				
1.				
2.				
3.				
Main skills and abilities required in this position				
1.				
2.				
3.				
PERSONAL INTERESTS / EXTRA-CURRICULAR ACTIVITIES AND HOBBIES				
Do you participate in any extra-curricular activities (now or in the past)? (e.g.	volunteering, clubs, sports, communit	y involvement)		
As a participant O Yes O No (If yes, briefly describe below.)				
As a leader O Yes O No (If yes, briefly describe below.)				
As a leader O les O NO (II yes, briefly describe below.)				
As a team member O Yes O No (If yes, briefly describe below.)				

SPECIAL AWARDS AND CITATIONS Have you received any special awards or recognition for your accomplishments? O Yes If yes, list here: **OUTSTANDING ACCOMPLISHMENTS** Are there any outstanding accomplishments you would like to share? If yes, briefly describe. **ADDITIONAL INFORMATION** Briefly discuss any additional information you feel is important for the Admissions Committee to know in considering your application. Recommend to Apply ☐ Yes □ No

PRIVACY NOTICE

Approved by

BCIT collects personal information that you chose to provide through this questionnaire under the authority of section 26 of the Freedom of Information and Protection of Privacy Act (RSBC. 1996, c. 165) and the College and Institute Act, (RSBC. 1996, c.52).

Date

Your personal information is used to assess your eligibility for admission, registration, decisions on your academic status and for other BCIT purposes that are directly related and consistent with BCIT's mandate and its programs and the administration and operation of BCIT pursuant to the College and Institute Act and other applicable legislation.

Some of this personal information may also be disclosed to the BCIT Student Association, the BCIT Alumni Association and the BCIT Foundation. For individuals who are granted awards, BCIT release personal information to award donors and funding agencies. Information on admission, enrollment and academic achievement is disclosed and used for statistical and program research and evaluation purposes by BCIT, other post-secondary educational institutions (in such cases, individual identities are not disclosed) and as required by provincial and federal government authorities or authorized by law.

Questions about the collection, use and disclosure of personal information by BCIT may be directed to the Associate Director, Privacy, 3700 Willingdon Ave., Burnaby, BC V5A 3H2; Tel: 604.432.8508, email: Cynthia_Kent@bcit.ca

By completing and submitting this questionnaire with your application for admission to BCIT, you consent to the collection, use and disclosure of your personal information as described above.

Signature