



MANDATORY APPLICANT QUESTIONNAIRE BUSINESS MANAGEMENT

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)
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- This form is a program entrance requirement 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.

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 years 10+ years

How many years of volunteer experience do you have?

<1 year 1-2 years 3-4 years 5-10 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 part-time or all part-time

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 some supervisory or management experience

5–10 years’ experience: full-time with some supervisory or management experience

5–10 years’ experience: full-time with the majority as supervisory or management experience

GENERAL WORK EXPERIENCE

Do you have any experience? Please list below:

POSITION 1 Type of position DROP DOWN BOX	Start Date	End Date
	Position Title	Company Name
	City	Province

Main responsibilities of this position

- 1.
- 2.
- 3.

Main skills and abilities required in this position

- 1.
- 2.
- 3.

POSITION 2 Type of position DROP DOWN BOX	Start Date	End Date
	Position Title	Company Name
	City	Province

Main responsibilities of this position

- 1.
- 2.
- 3.

Main skills and abilities required in this position

- 1.
- 2.
- 3.

POSITION 3 Type of position DROP DOWN BOX	Start Date	End Date
	Position Title	Company Name
	City	Province

Main responsibilities of this position

- 1.
- 2.
- 3.

Main skills and abilities required in this position

- 1.
- 2.
- 3.

ACADEMIC OR COURSE WORK

Have you done any course work relevant to this program of study (outside of program pre-requisites)?

Yes No

If yes, briefly describe and attach corresponding transcripts to your online application

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, community involvement)

As a participant Yes No (If yes, briefly describe below.)

As a leader Yes No (If yes, briefly describe below.)

As a team member Yes No (If yes, briefly describe below.)

SPECIAL AWARDS AND CITATIONS

Have you received any special awards or recognition for your accomplishments?

Yes No

If yes, list here:

ADDITIONAL INFORMATION

Briefly discuss any additional information you feel is important for the Admissions Committee to know in considering your application.

OUTSTANDING ACCOMPLISHMENTS

Are there any outstanding accomplishments you would like to share? If yes, briefly describe.