



# MANDATORY APPLICANT QUESTIONNAIRE OCCUPATIONAL HEALTH AND SAFETY

## 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.

Student Name	Student ID Number <b>AO</b>
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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.

### REASONS FOR SELECTING PROGRAM

In your own words, briefly state your reasons for selecting this program:

### TYPE OF WORK / SKILLS EXPECTED

In your own words, briefly describe your expectations for your work environment at the completion of the program (type of work, location, setting, etc.):

### PERSONAL STRENGTHS

Briefly describe up to 3 personal strengths that will help you excel in this program:

**Strength 1**

How will this strength help you in this program?

**Strength 2**

How will this strength help you in this program?

**Strength 3**

How will this strength help you in this program?

**EDUCATIONAL OBJECTIVES**

What are your objectives for pursuing this program?

**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:

<b>POSITION 1</b> Type of Position	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.		
<b>POSITION 2</b> Type of Position	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.		

<b>POSITION 3</b> Type of Position	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.

**TECHNICAL SKILLS**

**Do you have any technical skills relevant to this program of study? If yes, describe below:**

**Skill 1**

How is this skill relevant?

**Skill 2**

How is this skill relevant?

**Skill 3**

How is this skill relevant?

**ADDITIONAL INFORMATION**

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