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All information will be treated as confidential, and no enquiries will be made at your present employer without your consent				
1. SURNAME				
2. FIRST NAME(S)				
3. ETHNICITY [for statistical reasons only]				
4. RELATIONSHIP STATUS & DEPENDANT(S)				
4. ADDRESS: HOME		POSTAL		
EMAIL ADDRESS				
5. TEL NO: CELL		OFFICE		
Additional contact nr				
6. DRIVERS LICENSE AND EXPIRY DATE		ID NR		
7. Name and contact number of a relative in case of emergency				
8. Do you have any family members currently employed by BPAS?			YES	NO
If YES, please indicate name & relation to the person(s)				
9. Are you a South African citizen? (✓ applicable)			YES	NO
If not, state nationality		Work Permit	YES	NO



10. Language proficiency (state GOOD, FAIR, POOR)			
	SPEAK	READ	WRITE
English:			
Afrikaans:			
Other:			
11. Qualifications obtained (Please attach certified copies of certificate/degree/diploma)			
Educational Centre	Qualification Obtained	Year Obtained	
SACAP REGISTRATION NUMBER			
12. SOFTWARE SKILLS	YEARS EXPERIENCE	OUT OF 10	
Microsoft Office			
BIM			
Revit			
13. EMPLOYMENT HISTORY/EXPERIENCE			
Employer	Position	Period Employed	Reason for leaving



14. SALARY & BENEFITS		
	CURRENT	EXPECTATION
Salary – Cost to Company		
Benefits		
Annual Leave		
Other		
15. GOALS & DNA		
What is your Short Term Goals		
What is your Medium to Long Term Goals		
What is your Long Term Goals		
What is your understanding of <i>Work Ethics</i> ?		
Summary of your character in a professional environment?		
Describe what would occur in a typical social weekend?		

16. Do you suffer from <u>any</u> medical conditions, chronically disease or disabilities?	Y	N
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Please List:

17. REFERENCES

Name of Referee	Position	Company	Tel No

18. Have you had any criminal or civil offences against you? If YES, please furnish further details.

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19. Is there any information you should disclose to us, which may have a material impact on the employment relationship (e.g., interest in competing company, medical condition, criminal record, etc.)?

Y N

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20. May the company contact the references listed?

Y N

Applicant declaration: I declare that the above particulars are complete and correct and hereby give permission to BPAS to conduct any criminal, credit or other relevant tests and/or checks they may deem necessary or which may be required for statutory compliance. Protection of Personal Information

By completing and signing BPAS Application Form, I expressly give BPAS permission to process any of my personal information as defined in the Protection of Personal Information Act 4 of 2013 ("Popi Act"):

For any purposes connected with my application which "*inter alia*" includes,

- reference checks with my current and former employers;
- verifying my educational qualifications;
- verifying my residential address;
- checks on whether I have any previous criminal records in order to protect BPAS legitimate interests in respect of criminal offences which have been, or can reasonably be expected to be, counted against my employment;
- credit or other relevant tests and or checks they may deem necessary, or which may be required for statutory compliance, or
- any other information that is required for my application.

For purposes of this clause, "processing" refers to processing as defined in the Popi Act and includes but is not limited to collecting, receiving, recording, organising, collating, storing, updating, retrieving, altering, using, disseminating, distributing, merging, linking, blocking, degrading, erasing or destroying of any personal information.

I warrant that any and all personal information provided by me to BPAS shall at all times be true and correct.

Full name(s)			
Signature		Date	
Reviewed by		Date	

