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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			
8.1 Do you have any family members currently employed by BPAS?		YES	NO
If YES, please indicate name & relation to the person(s)			
8.2 Do you have any family members employed by Curro Holdings?		YES	NO
If YES, please indicate name & relation to the person(s)			



<b>9. Are you a South African citizen? (✓ applicable)</b>			YES	NO
If not, state nationality		Work Permit	YES	NO
<b>10. Language proficiency (state GOOD, FAIR, POOR)</b>				
	SPEAK	READ	WRITE	
English:				
Afrikaans:				
<b>11. Qualifications obtained (Please attach certified copies of certificate/degree/diploma)</b>				
Educational Centre		Qualification Obtained	Year Obtained	
SACAP REGISTRATION NUMBER				
<b>12. SOFTWARE SKILLS</b>		YEARS EXPERIENCE	OUT OF 10	
Microsoft Office				
BIM				
Revit				
<b>13. EMPLOYMENT HISTORY/EXPERIENCE</b>				
Employer	Position	Period Employed	Reason for leaving	



14. SALARY & BENEFITS (THIS HAS TO BE COMPLETED)		
	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?		

<b>16. Do you suffer from <u>any</u> medical conditions, chronically disease or disabilities?</b>		Y	N
Please List:			
<b>17. REFERENCES</b>			
Name of Referee	Position	Company	Tel No

<b>18. CRIMINAL AND OR PENDING CRIMINAL CASE</b>
<b>18.1 Have you had any criminal or civil offences against you? If YES, please furnish further details.</b>
<b>18.2 Are there any criminal proceedings against your name? If YES, please furnish further details.</b>
<b>18.3 Are you on any sexual offenders list or pending case pertaining to sexual offences as per the Criminal Procedure Act 51 of 1977, If YES, please furnish further details?</b>
_____
<b>I, declare hereby that the above information is true (Please sign)</b>

<b>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.)?</b>	Y	N
<b>20. Are you fully vaccinated against COVID-19?</b>	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	

