

**t**: +27 (0) 21 914 5960 **s**: 0861 r-gitek

e: info@bpas.co.za w: www.bpas.co.za office f14, first floor willowbridge shopping centre 39 carl cronje drive tygervalley 7530

All information will be	confidential, and no enquirie	es will be	e made at your pres	sent employer without your c	onsent.	
SURNAME						
FIRST NAME(S)						
ETHNICITY [for statistical reasons only]						
RELATIONSHIP STATUS & DEPENDANT(S)						
ADDRESS: HOME		POST	AL			
EMAIL ADDRESS						
TEL NO: CELL	L HOME		E			
DRIVERS LICENSE	DRIVERS LICENSE		R			
IN CASE OF EMERGENCY (ICE), CONTACT						
Do you have any family members currently employed by			by BPAS?	YES	NO	
If YES, please indicate the	e name & relation to the p	person(	s)			
Are you a South African citizen? (✓ applicable)				YES	NO	
If not, state nationality	ationality		Work Permit	YES	NO	
Language proficiency (state GOOD, FAIR, POOR)						
	SPEAK	READ		WRITE		
English:						
Afrikaans:						
Other:						
Qualifications obtained (Please attach certified copies of certificate/degree/diploma)						

Educational Centre			Qualification	on Obtained	Year Obtained	
SACAP REGISTRATION NUMBER						
SOFTWARE SKILLS			YEARS EXPERIENCE		OUT OF 10	
Autodesk Suite						
BIM						
Site Experience						
EMPLOYMENT HISTOR	Y/EXPERIENCE					
Employer	Position	Period	eriod Employed Reas		on for leaving	
SALARY & BENEFITS						
			CURRENT		EXPECTATION	
Salary – Cost to Company (Gross Salary, including Benefits)						
Other Benefits + Perks						
Annual Leave - Days						
Other						

GOALS & DNA		
What are your Short-Term Goal(s)  0-1 Years		
What is your Medium-Term Goal(s)  2-3 Years		
What is your Long Term Goal(s)		
3+ Years		
Describe your understanding or interpretation of Work Ethics		
Provide a summary of your character in a professional working environment.		
Describe what your ideal and typical weekend looks like.		

Please List:							
REFERENCES							
Name of Refer	ree	Position	Со	mpany	Tel No		
Have you had any	crimina	l or civil offences against y	ou? If YES, pl	ease furnish	further de	etails.	
Is there any information you should disclose to us that can impact the employment							
relationship, e.g. an interest in a competing company, medical condition, or criminal					Υ	N	
record?							
20. May the company contact the references listed?				Υ	N		
Applicant declaration: I declare that the above particulars are accurate and correct and hereby give permission to BPAS to conduct any criminal, credit or other relevant tests and/or checks they deem necessary or which may be required for statutory compliance.							
Protection of Personal Information - By completing and signing BPAS Application Form, I expressly permit BPAS 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 to protect BPAS Architects' 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 personal information provided by me to BPAS shall at all times be true and correct.							
Full name(s)							
Signature				Date			
Reviewed by				Date			

Do you suffer from medical conditions, chronic diseases or disabilities?