SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR APPOINTMENT IN AN ADVERTISED POST



THIS FORM IS ONLY APPLICABLE TO POSTS ADVERTISED, ON SALARY LEVELS 1-12 (both Public Service Act and South African Police Service Act appointment)

SURNAME

INITIALS

Post for which you are applying (as it was advertised):

POST NUMBER / REF NUMBER / REF NUMBER THAT WILL BE REGISTERED)

Current employer and post that you occupy:

EMPLOYER

DID YOU APPLY FOR ANY OTHER POST IN THIS ADVERTISEMENT?

YES NO

IF YES, SPECIFY THE POST NUMBERS:

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Initial:

PLEASE ATTEND TO THE FOLLOWING IMPORTANT DIRECTIVES:

- The application form must be completed in your own handwriting. All instructions on the application form must be adhered to. Failure to do so may result in the application being turned down.
- An original application form and CV must be submitted. Copies will not be accepted.
- This form must be sworned to or affirmed and then be signed in the presence of a Commissioner of Oath.
- The CV must contain full particulars of all boards on which an applicant serves, remunerated work outside the public service, career promotions/appointments, career developments, career history, current studies and qualifications.
- Certified copies of an applicant's ID document, motor vehicle driver's licence, all educational
 qualifications obtained and service certificates of previous employers stating the post occupied,
 must also be submitted and be attached to every application.
- Verification of qualifications will be done and the appointment will be subjected to confirmation of the qualifications.
- Applicants will be subjected to a vetting process which will include security screening and fingerprint verification.
- Applications must be mailed timeously, prior to the due date. Late applications will not be accepted
 or considered. Applications that do not meet these requirements will not be considered. **
- Correspondence may be conducted with successful candidates only.
- Short-listed candidates will be interviewed only on the date and time specified by the relevant selection committee.
- In filling the above post, an applicant whose appointment will promote representivity may receive preference.
- The South African Police Service is not under any obligation to fill a post after it has been advertised.
- Although the post is advertised, the National Commissioner may withdraw the post from the advertisement, re-advertise the post or fill the post by transferring a person at the same level where this is deemed to be in the interest of service delivery.
- The appointment of the successful applicant will come into effect on the first day of the month following the date on which the National Commissioner approved the appointment.
 - Enquiries can be directed to the contact person mentioned in the advertisement.

** (MAIL YOUR APPLICATION AS SOON AS POSSIBLE, AND PREFERABLY 14 DAYS BEFORE THE DUE DATE.IN SOME INSTANCES POSTAL
ITEMS TAKE MORE THAN 21 DAYS TO REACH US. IF YOU SEND YOUR APPLICATION BY COURIER, SEND IT TO OUR DOOR ADDRESS.
EACH APPLICATION, CURRICULUM VITAE (CV) AND REQUIRED DOCUMENTS MUST EITHER BE STAPLED AT THE TOP LEFT-HAND CORNER OR
BOUND ON THE LEFT SIDE. DO NOT USE PAPER CLIPS OR STRINGS.)

	A. PERSONAL PARTICULARS																	
	PERSONAL INFORMATION																	
PERSAL/ FORCE NUMBER (currently in SAPS, SANDF or another Public Service Department)															Ì			
SURNAME																		
FIRST NAMES	S																	
IDENTITY NUMBER	IDENTITY NUMBER																	
DATE OF BIRTH												AGE						
RANK (SAPS or SANDF	TITLE																	
ARE YOU A SOUTH AFRICAN CITIZEN? YES NO																		
Initial:						Page :	2 -											

POSTAL ADDRESS								WORK /	ADDRESS												
	STAL CO	DE																			
CODE							TEL	EPHO	NE (HOM	E)											
CODE							TEL	EPHO	NE (WOR	K)											
CODE							TEL	EPHO	NE (FAX)												
CELLPHONE									EMA	AIL											
AFRICAN	М	F	1	WHIT	ΓE	М	F		COL	OURED		М	F		INE	DIAN		М	F		
MARITAL STATUS							N	//ARRII	ED		SIN	IGLE				DIV	'ORCI	ΞD			
									ALIFICA	TIONS		_									
HIGHEST GRADE PA	SSED	IN S	CHOO	L (PL			WITH	H AN X	():			-									
BELOW GRADE 10					GRA	DE 10						GR.	ADE 1	12							
SPECIFY NAME OF S												1									
POST SCHOOL QUALIFICATION (IF APPLICABLE, SPECIFY THE FOLLOWING):																					
INSTITUTION																					
DEGREE OR DIPLOMA																					
MAIN SUBJECTS 1. 2.																					
DRIVER'S LICENSE																					
DO YOU HAVE A DRI	VER'S	S LICE	ENCE?	?	YES		•		N	0	appe	e (as i earing	on th	е							
					-						l	ice ca									
DATE THAT THE DRI'	VER'S	SLICE	NCE		DAY:				. MONTH	ł:			. YEA	R:							
EXPIRY DATE					DAY:				. MONTH	MONTH:YEAR:											
PLACE WHERE LICE	NCE V	NAS I	SSUE	D																	
							LANG	UAGE	PROFICI	ENCY											
LANGUAGE PROFICI	ENCY	′ — sp	ecify I	level:	- goo	od / fair	/ poor														
LANGUAG (1)	ENC	GLISH					(2)		(3)												
SPEAK																					
WRITE																					
READ																					
								N T5	DEL												
								DISA	BILLITY						l		l	_			
ARE YOU PHYSICALI	LY DIS	SABLE	ED? (S	SPEC	SIFY)										YES		N	0			
ļ.									AI TI												
								HE	ALTH												
ARE YOU IN GOOD HEA	LIH?																				
Initial:								— Рэ	ge 3												

PHYSICALLY	YES	NO	MENTALLY				YES	NO
IF YOUR ANSWER TO ANY OF THE ABOVE IS NO, SP	ECIFY							
ANY OTHER COMMENT(S) CONCERNING YOUR HE	ALTH							
PRE\	/IOUS T	ERMINAT	ION OF SERV	/ICE (DISCH	ARGE)			
HAVE YOUR SERVICE PREVIOUSLY BEEN T	ERMINA	TED?		YES		NO		
IF YES, SPECIFY THE FOLLOWING REASON	(SELEC	T ONE WIT	TH AN X):					
RETRENCHMENT MISCONDUCT	N	MEDICAL L	JNFITNESS	SEVERAN	CE PACKAGE	VOLUNTAR	RY RESIG	NATION
DATE OF TERMINATION:								
IN INSTANCE OF VOLUNTARILY RESIGNATI	ON, WAS	THERE A	DISCIPLINAR	Y CASE PEN	DING?			
YES			NO	> (
(IF <u>YES</u> ABOVE, PROVIDE DETAILS IN A SEI	PARATE	SHEET)						
EMPLOYER:						-		
		CONFLIC	CT OF INTER	EST				
ARE YOU INVOLVED IN ANY OUTSIDE BUSII LIKELY TO CONFLICT WITH THE EXECUTION POST?								
YES					NC)		
HAVE YOU EVER BEEN DECLARED INSOLV	ENT?		YI	ES .		NO		
		CRIMINI	NAL / OFFE	NCES				
HAVE YOU EVER BEEN FOUND GUILTY OF	A CRIMIN	IAL OFFEN	NCE?	YES			NO	
DOES YOUR PARTICULARS APPEAR IN PAR REGISTER (SECTION 126 OF THE CHILDREI NATIONAL SEX OFFENDERS REGISTER (SE OFFENCES AND RELATED MATTERS) AMEN PARTICULARS MUST BE ATTACHED.	N'S ACT, CTION 42	2005) (AC ² 2 OF THE	T NO 38 OF 20 CRIMINAL LA	005) OR THE W (SEXUAL	YES,	YES	١	10
HAVE YOU EVER BEEN REFERRED TO A PSYCHIATRIC HOSPITAL IN TERMS OF SECTION 77(6) /OR FOUND NOT TO HAVE HAD THE NECESSARY CRIMINAL CAPACITY AND REFERRED TO A PSYCHIATRIC HOSIPITAL IN TERMS OF SECTION 78(6) OF THE CRIMINAL PROCEDURE ACT? IF YES. PARTICULARS MUST BE ATTACHED.								
IF YES, SPECIFY THE FOLLOWING:								
CASE NUMBER: NAME OF POLICE STATION	:				CAS/MON	ITH/YEAF	₹	
OFFENCE: (e.g. assault):								
SENTENCE IMPOSED (MARK ONE WITH AN	X):							
IMPRISONMENT		SU	ISPENDED		ADMISSION	OF GUILT		
	PERIO	D: FROM .		(DATE)		_		
PERIOD: (eg 2 years)		TO		(DATE)	AMOUNT:	R		
HAVE YOU EVER BEEN FOUND GUILITY IN A	A DISCIPI	LINARY M	ATTER?				YES	NO
IF YES, SPECIFY THE FOLLOWING:								
MISCONDUCT: (eg absence without leave):								
SANCTION IMPOSED:								
Initial:								
muai.			Page 4 —					

	CRIMINAL, CIVIL OR DISCIPLINARY AC	CTION PENDING AGAINST YOU?	YES	NO
IF YES, SPECI			1.20	1
		N:CAS/MONTH/Y		
YEAR	B. CAREE APPOINTMENT/PROMOTIONS	R PROMOTIONS/APPOINTMENTS		
	C. CAREE	R DEVELOPMENT (Training Courses)		
YEAR	INSTITUTION	COURSE PARTICULARS		

D. DESCRIBE THE DUTIES THAT YOU ARE PERFORMING IN YOUR PRESENT POST.																						
			F	. PF	EV	'IOI	us v	wc	ORK	EXP	FRIENCE (From	n ind	entic	on to	date	*)						
											(INSTITUTION)	(From inception to date) (ION) REASON FOR LEAVING										
	END DATE CONTRA										- CALLAVINO											
			F	PAF	TIC	CUI	LAF	2S	OF \	NORI	K REFERENCE	S (N	IOT F	RFI A	TIVE	:S)						
NAME:		7	<u></u>			1			<u> </u>		NAME:					,						
ADDRESS OF COM	PAN	Y:									ADDRESS OF COMPANY:											
POSTAL CODE			-	,							POSTAL CODE											
E-MAIL						l		<u> </u>			E-MAIL							1	1	1		
Tel. WORK											Tel. WORK										T	
FAX											FAX											
CELLPHONE											CELLPHONE											
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Initial:

2	After *attestation/appointment in the South African Police Service, I shall perform my duties as an employee of the South African Police Service to the best of my ability. I undertake to abide by the provisions and regulations of the Police Service Act, 1995 (Act no 68 of 1995) or Public Service Act, 1994 (Act no 103 of 1994), as applicable. I shall also obey any lawful order or instruction issued in terms of these regulations.
3	I realise that -
3.1 3.2 3.3 3.4 3.5 3.6 3.7	The National Commissioner is under no obligation to fill an advertised post; I may have to submit myself to any medical or other tests that are an inherent requirement for the post, and that may be required to finalise my application for an appointment; I have to provide full particulars about my obligations to employers and debts if my application receives further consideration; The South African Police Service will verify my residential address and qualifications as well as citizenship. Reference checks will be conducted on all short listed applicants If my application does not meet the requirements set out in the advertisement, my application will be turned down; I may be subjected to a security clearance; and
3.8	Interviews with short-listed applicants will take place on the date, time and place determined by the
3.9	interviewing panel. For appointment in a post which forms part of certain identified categories, I will be subjected to a vetting process in terms of the prescripts of the Sexual Offences Act, 2007 (Act no 32 of 2007) and the Children's Act, 2005 (Act no 38 of 2005). If my name appears on either one of the national registers the appointment will not be considered and deemed as null and void.
4.	I certify that the information supplied by me on this *application/statement was made in my own handwriting and words and that it is in all respects correct and true.
* Delet	e which is not applicable and initial and date.
	I know and understand the content of this statement (application form).
	I have (no) objection(s) to taking the prescribed oath.
	I (do not) consider the prescribed oath to be binding on my conscience.
	I affirm that the content of this statement (application form) is true.
DATE:	
	SIGNATURE OF APPLICANT
	y that the deponent has acknowledged that he/she knows and understands the content of this statement which yorn to/affirmed before me and the deponent's signature was placed thereon in my presence.
ON TH	E DAY OF 4T (year) 20 AT
PLACE	:
	SIGNATURE OF COMMISSIONER OF OATHS
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