



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR ENLISTMENT AS ENTRY LEVEL CONSTABLE

2010/2011

SURNAME		INITIALS			
PROVINCE OF RESIDENCE, IE GAUTENG		NEAREST POLICE STATION TO RESIDENCE			

PREFERRED STATION OF PLACEMENT TO BE CONSIDERED FOR: (Information available on website at www.saps.gov.za or your nearest Police Station/Recruitment Office)	
REFERENCE NUMBER:	

YOU ARE ADVISED TO APPLY FOR POSTS WITHIN YOUR PROVINCE AND A POLICE STATION CLOSEST TO YOUR PLACE OF RESIDENCE. (You may apply for a maximum of 3 police stations closest to your residence)

Current employer and post that you occupy:

EMPLOYER		POST	

INSTRUCTIONS

1. THIS APPLICATION FORM MUST BE COMPLETED IN YOUR OWN HANDWRITING, IN BLACK INK AND BLOCK LETTERS. All instructions on the application form must be adhered to. Failure to do so may result in the application being rejected.
2. AN ORIGINAL APPLICATION FORM MUST BE SUBMITTED. COPIES WILL NOT BE ACCEPTED.
3. **CERTIFIED COPIES** OF THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THE LAST PAGE OF THE APPLICATION FORM:
 - YOUR IDENTIFICATION DOCUMENT
 - DRIVER'S LICENCE (if applicable)
 - CERTIFICATES OF ALL QUALIFICATIONS OBTAINED (Grade 12 (Senior) Certificate/equivalent qualifications etc.
 - STUDY RECORDS OF ALL QUALIFICATIONS
 - TESTIMONIAL OF SCHOOL / RELIGIOUS BODY
 - SERVICE CERTIFICATES OF PREVIOUS EMPLOYER/S STATING THE KIND OF POSTS OCCUPIED.
4. THIS FORM MUST BE SWORN TO OR AFFIRMED AND THEN BE SIGNED IN THE PRESENCE OF A COMMISSIONER OF OATH.
5. FULL PARTICULARS OF CAREER HISTORY, CURRENT STUDIES AND QUALIFICATIONS MUST BE INDICATED.
6. APPLICATIONS MUST BE HAD DELIVERED TO YOUR NEAREST RECRUITMENT OFFICE OR LOCAL POLICE STATION.
7. *APPLICATIONS WHICH DO NOT MEET THE ABOVE-MENTIONED REQUIREMENTS WILL BE REJECTED.*

A. PERSONAL PARTICULARS

PERSAL - : PERSONNEL : /FORCE NUMBER - (ONLY, IF APPLICABLE)																						
SURNAME																						
FIRST NAMES																						
IDENTITY NUMBER																						
DATE OF BIRTH												AGE										
RANK									TITLE													
NATIONALITY																						
POSTAL ADDRESS						RESIDENTIAL ADDRESS																
						POSTAL CODE																
CODE						TELEPHONE (HOME)																
CODE						TELEPHONE (WORK)																
CODE						TELEPHONE (FAX)																
CELL						E-MAIL																
AFRICAN		M	F	WHITE		M	F	COLOURED		M	F	INDIAN		M	F							
MARITAL STATUS				MARRIED				SINGLE				DIVORCED										
DRIVER'S LICENCE				YES				NO				Code										

LANGUAGE PROFICIENCY — specify level: good / fair / poor											
LANGUAGE	(1)	ENGLISH	(2)	(3)							
SPEAK											
WRITE											
READ											

ARE YOU PHYSICALLY DISABLED? (SPECIFY)				YES	NO
ARE YOU IN GOOD HEALTH?					
PHYSICALLY	YES	NO	PSYCHOLOGICALLY	YES	NO
IF YOUR ANSWER TO ANY OF THE ABOVE IS NO, SPECIFY					
ANY OTHER COMMENT(S) CONCERNING YOUR HEALTH					
HAVE YOU EVER BEEN DISCHARGED FROM A GOVERNMENT DEPARTMENT OR PREVIOUS EMPLOYER?				YES	NO
IF YES, SPECIFY					
HAVE YOU EVER BEEN FOUND GUILTY OF A CRIMINAL OFFENCE? (IF YES, SPECIFY)				YES	NO
DOES YOUR PARTICULARS APPEAR IN PART B OF THE NATIONAL CHILD PROTECTION REGISTER (SECTION 126 OF THE CHILDREN'S ACT, 2005) (ACT NO 38 OF 2005) OR THE NATIONAL SEX OFFENDERS REGISTER (SECTION 42 OF THE CRIMINAL LAW (SEXUAL OFFENCES AND RELATED MATTERS) AMENDMENT ACT, 2007) (ACT NO 32 OF 2007)? IF YES, PARTICULARS MUST BE ATTACHED.		YES	NO		
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 HOSPITAL IN TERMS OF SECTION 78(6) OF THE CRIMINAL PROCEDURE ACT? IF YES, PARTICULARS MUST BE ATTACHED.		YES	NO		
IF YES, SPECIFY THE FOLLOWING:					
CASE NUMBER: NAME OF POLICE STATION:..... CAS...../MONTH...../YEAR.....					
OFFENCE: (eg assault)					
SENTENCE IMPOSED (MARK ONE WITH AN X):					
IMPRISONMENT PERIOD:(eg 2 years)	SUSPENDED PERIOD: FROM(DATE) TO(DATE)		ADMISSION OF GUILT AMOUNT: R.....		
IS THERE ANY CRIMINAL, CIVIL OR DISCIPLINARY ACTION PENDING AGAINST YOU? (IF YES, SPECIFY)				YES	NO
DO YOU HAVE ANY TATTOOS?				YES	NO
IF YES, SPECIFY (appearance, which part of body etc):					

D. HOW DID YOU LEARN ABOUT CAREER OPPORTUNITIES IN THE SAPS?

(PLEASE MARK WITH "X" This information is for statistical purposes only)

ON VISIT TO SAPS CAREER CENTRE	ON INQUIRY AT RECRUITMENT OFFICE
ADVERTISEMENT SEEN IN THE MEDIA	APPLICATION WAS KEPT ON DATABASE AT RECRUITMENT
OTHER: PLEASE SPECIFY:	

B. PARTICULARS OF REFERENCES (not relatives)

NAME AND ADDRESS										NAME AND ADDRESS									
POSTAL CODE										POSTAL CODE									
Tel. HOME										Tel. HOME									
Tel. WORK										Tel. WORK									
CELL.										CELL.									

C. IF EMPLOYED, DESCRIBE THE FUNCTIONS WHICH YOU PERFORM IN YOUR CURRENT POST

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E. CERTIFICATE

1. *I hereby apply to become a Police Trainee in the South African Police Service. I am aware of the fact that only the required number will be recruited and that no promises have been made to me about an appointment or posting in the South African Police Service.*
2. *On successful application, I shall perform my duties as a member of the South African Police Service to the best of my abilities and shall abide by the provisions of the Police Service Act, 1995 (Act 68 of 1995) and Regulations. I shall also obey any lawful order or instruction issued in terms of the said Regulations.*
3. *I am aware of the fact that:*
 - 3.1 *The National Commissioner is under no obligation to fill an advertised post;*
 - 3.2 *I shall have to submit myself to any medical or other tests which are an inherent requirement for the post that may be required to finalize my application for an appointment;*
 - 3.3 *I have to provide full particulars concerning obligations to employers and debts if my application receives further consideration;*
 - 3.4 *The South African Police Service will verify my residential address and qualifications as well as citizenship.*
 - 3.5 *Reference checks will be conducted on all short listed applicants.*
 - 3.6 *If my application does not meet the requirements stipulated in the advertisement, my application will be rejected;*

- 3.7 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 interviewing panel.
- 3.9 IF I AM FOUND TO BE THE FINAL SELECTED CANDIDATE for appointment, 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 all 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.

**Delete which is not applicable and initial and date.*

- I know and understand the contents 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 contents of this statement (application form) are true.

DATE:

PLACE:

.....
SIGNATURE OF APPLICANT

I certify that the deponent has acknowledged that he/she knows and understand the contents of this statement which was sworn to/affirmed before me and the deponent's signature was placed thereon in my presence.

ON THE **DAY OF** **2010 AT**

PLACE:

.....
SIGNATURE OF COMMISSIONER OF OATH



CONFIRMATION OF RESIDENTIAL ADDRESS:

SECTION A: TO BE COMPLETED BY APPLICANT:

A APPLICANT FOR ENLISTMENT:	
SURNAME AND INITIALS:	
IDENTITY NUMBER:	
RESIDENTIAL ADDRESS:	
SIGNATURE:	

SECTION B: TO BE COMPLETED BY LANDLORD OF PHYSICAL RESIDENTIAL ADDRESS OF APPLICANT:

B LANDLORD CONFIRMING APPLICANT'S RESIDENCE:	
SURNAME AND INITIALS:	
IDENTITY NUMBER:	
RESIDENTIAL ADDRESS:	
<i>I HEREBY CONFIRM THAT THE APPLICANT AS INDICATED IN SECTION A OF THIS FORM, IS RESIDING WITH ME AT THE RESIDENTIAL ADDRESS INDICATED BY ME.</i>	
THE FOLLOWING PROOF OF RESIDENCE, IN MY NAME, IS ATTACHED FOR EASE OF REFERENCE: * Please mark with a cross X and or specify	
ELECTRICITY ACCOUNT*	TELEPHONE ACCOUNT*
LETTER FROM NKOSI / INDUNA* (RURAL AREAS)	OTHER - PLEASE SPECIFY*:
SIGNATURE:	

SECTION C: TO BE COMPLETED BY THE POLICE STATION'S REPRESENTATIVE:

C RESIDENTIAL ADDRESS WAS VERIFIED:	
SURNAME AND INITIALS:	
PERSAL NUMBER:	
DATE:	
TIME:	
COMMENTS: (if any)	
SIGNATURE:	