

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

POST NUMBER / REF NUMBER	
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(NOTE: THIS IS THE POST NUMBER THAT WILL BE REGISTERED)

Current employer and post that you occupy:

EMPLOYER		POST	
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DID YOU APPLY FOR ANY OTHER POST IN THIS ADVERTISEMENT?	YES	NO
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IF YES, SPECIFY THE POST NUMBERS:

CODE				TELEPHONE (HOME)													
CODE				TELEPHONE (WORK)													
CODE				TELEPHONE (FAX)													
CELLPHONE								EMAIL									
AFRICAN		M	F	WHITE		M	F	COLOURED		M	F	INDIAN		M	F		
MARITAL STATUS				MARRIED				SINGLE				DIVORCED					

QUALIFICATIONS

HIGHEST GRADE PASSED IN SCHOOL (PLEASE MARK WITH AN X):

BELOW GRADE 10	GRADE 10	GRADE 12
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SPECIFY NAME OF SCHOOL

POST SCHOOL QUALIFICATION (IF APPLICABLE, SPECIFY THE FOLLOWING):

INSTITUTION

DEGREE OR DIPLOMA

MAIN SUBJECTS

1.

2.

DRIVER'S LICENCE

DO YOU HAVE A DRIVER'S LICENCE?	YES	NO	Code (as it is appearing on the licence card)
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DATE THAT THE DRIVER'S LICENCE WAS ISSUED	DAY:.....	MONTH:.....	YEAR:.....
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EXPIRY DATE	DAY:.....	MONTH:.....	YEAR:.....
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PLACE WHERE LICENCE WAS ISSUED

LANGUAGE PROFICIENCY

LANGUAGE PROFICIENCY — specify level: - good / fair / poor

LANGUAG	(1)	ENGLISH	(2)	(3)
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SPEAK

WRITE

READ

DISABILITY

ARE YOU PHYSICALLY DISABLED? (SPECIFY)	YES	NO
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HEALTH

ARE YOU IN GOOD HEALTH?

PHYSICALLY	YES	NO	MENTALLY	YES	NO
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IF YOUR ANSWER TO ANY OF THE ABOVE IS NO, SPECIFY

Initial: _____

ANY OTHER COMMENT(S) CONCERNING YOUR HEALTH

PREVIOUS TERMINATION OF SERVICE (DISCHARGE)

HAVE YOUR SERVICE PREVIOUSLY BEEN TERMINATED?

YES

NO

IF YES, SPECIFY THE FOLLOWING REASON (SELECT ONE WITH AN X):

RETRENCHMENT

MISCONDUCT

MEDICAL UNFITNESS

SEVERANCE PACKAGE

VOLUNTARY RESIGNATION

DATE OF TERMINATION:

IN INSTANCE OF VOLUNTARILY RESIGNATION, WAS THERE A DISCIPLINARY CASE PENDING?

YES

NO

(IF YES ABOVE, PROVIDE DETAILS IN A SEPARATE SHEET)

EMPLOYER:

CONFLICT OF INTEREST

ARE YOU INVOLVED IN ANY OUTSIDE BUSINESS OR ACTIVITIES, OR DO YOU HAVE ANY INTERESTS WHICH MAY CONFLICT OR ARE LIKELY TO CONFLICT WITH THE EXECUTION OF ANY OFFICIAL DUTIES, SHOULD YOU BE THE SUCCESSFUL CANDIDATE FOR THIS POST?

YES

NO

HAVE YOU EVER BEEN DECLARED INSOLVENT?

YES

NO

CRIMINAL / OFFENCES

HAVE YOU EVER BEEN FOUND GUILTY OF A CRIMINAL OFFENCE?

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: (e.g. assault):

SENTENCE IMPOSED (MARK ONE WITH AN X):

IMPRISONMENT

SUSPENDED

ADMISSION OF GUILT

PERIOD:..... (eg 2 years)

PERIOD: FROM(DATE)

TO (DATE)

AMOUNT: R.....

HAVE YOU EVER BEEN FOUND GUILTY IN A DISCIPLINARY MATTER?

YES

NO

IF YES, SPECIFY THE FOLLOWING:

MISCONDUCT: (eg absence without leave):

SANCTION IMPOSED:

DATE OF SANCTION:

Initial:

D. DESCRIBE THE DUTIES THAT YOU ARE PERFORMING IN YOUR PRESENT POST.

Blank area for describing duties.

E. PREVIOUS WORK EXPERIENCE (From inception to date)

START DATE	END DATE	COMPANY (INSTITUTION)	REASON FOR LEAVING

F. PARTICULARS OF WORK REFERENCES (NOT RELATIVES)

NAME:					NAME:				
ADDRESS OF COMPANY:					ADDRESS OF COMPANY:				
POSTAL CODE					POSTAL CODE				
E-MAIL					E-MAIL				
Tel. WORK					Tel. WORK				
FAX					FAX				
CELLPHONE					CELLPHONE				

G. CERTIFICATE PARTICULARS OF WORK REFERENCES (NOT RELATIVES)

- I hereby apply for an appointment to a post in the South African Police Service. I realise that there are a limited number of posts and that no promises have been made to me about an appointment or posting in the South African Police Service.
- 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.*

Initial: _____

- 3 *I realise that -*
- 3.1 *The National Commissioner is under no obligation to fill an advertised post;*
 3.2 *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;*
 3.3 *I have to provide full particulars about my 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 set out in the advertisement, my application will be turned down;*
 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 *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.*

* Delete 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:

PLACE:

.....
SIGNATURE OF APPLICANT

I certify that the deponent has acknowledged that he/she knows and understands the content 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..... (year) 20..... AT.....

PLACE:

.....
SIGNATURE OF COMMISSIONER OF OATHS