



SOUTH AFRICAN POLICE SERVICE



APPLICATION FOR RE-APPOINTMENT IN THE DIRECTORATE FOR PRIORITY CRIME INVESTIGATION (DPCI) (FORMER MEMBERS OF THE SOUTH AFRICAN POLICE SERVICE)

APPLICATION FORM: ONLY FOR PURPOSES OF RE-APPOINTMENT PROCESS IN THE DPCI FOR 3 YEAR PERFORMANCE BASED CONTRACT

| | | | | | | |
|---------|--|----------|--|--|--|--|
| SURNAME | | INITIALS | | | | |
|---------|--|----------|--|--|--|--|

PREVIOUS PERSAL NUMBER:

| | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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CURRENT EMPLOYER AND POST THAT YOU OCCUPY

| | |
|----------|--|
| EMPLOYER | |
| POST | |

POST FOR WHICH YOU ARE APPLYING (as it was advertised):

| | |
|------------------------|--|
| POST REFERENCE NUMBER: | |
| POST TITLE: | |

| | | |
|---|-----|----|
| DID YOU APPLY FOR ANY OTHER POST IN THIS ADVERTISEMENT? | YES | NO |
|---|-----|----|

| |
|--|
| IF YES, INDICATE POST REFERENCE NUMBERS: |
| |

A. PERSONAL PARTICULARS

PERSONAL INFORMATION

| | | | | | | | | | | | | | | | | | | | | | |
|----------------------------------|--|-------------|-----|---------|--|--|--|--------|---|------------------|--|----------|----|---|---|--------|--|-----|---|--|--|
| PREVIOUS PERSAL/ FORCE NUMBER | | | | | | | | | | | | | | | | | | | | | |
| SURNAME | | | | | | | | | | | | | | | | | | | | | |
| FIRST NAMES | | | | | | | | | | | | | | | | | | | | | |
| IDENTITY NUMBER | | | | | | | | | | | | | | | | | | | | | |
| DATE OF BIRTH | | | | | | | | | | | | | | | | | | AGE | | | |
| LAST RANK HELD IN SAPS | | | | | | | | | | | | TITLE | | | | | | | | | |
| ARE YOU A SOUTH AFRICAN CITIZEN? | | | YES | | | | | | | | | | NO | | | | | | | | |
| POSTAL ADDRESS | | | | | | | | | | WORK ADDRESS | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | POSTAL CODE | | | | | | | | | | | | | | | | | | | |
| 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? | | Grade : | | | | Date : | | | | | | | | | | | | | |
| 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 VALID DRIVER'S LICENCE? | | YES | | | | NO | | | | Code (as on the licence card) | | | | | | | | | |
| DATE THAT THE DRIVER'S LICENCE WAS ISSUED | | DAY:..... | | MONTH:..... | | | | | | YEAR:..... | | | | | | | | | |
| EXPIRY DATE | | DAY:..... | | MONTH:..... | | | | | | YEAR:..... | | | | | | | | | |
| PLACE WHERE LICENCE WAS ISSUED | | | | | | | | | | | | | | | | | | | |

LANGUAGE PROFICIENCY

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

LANGUAGE (1) ENGLISH (2) (3)

SPEAK

WRITE

READ

DISABILITY

ARE YOU A PERSON LIVING WITH A DISABILITY? YES NO

IF YES, KINDLY MENTION DISABILITY:

| |
|--|
| |
| |

HEALTH

ARE YOU IN GOOD HEALTH?

| | | | | | |
|------------|-----|----|-----------------|-----|----|
| PHYSICALLY | YES | NO | PSYCHOLOGICALLY | YES | NO |
|------------|-----|----|-----------------|-----|----|

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

| |
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| |

ANY OTHER COMMENT(S) CONCERNING YOUR HEALTH

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|--|
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DO YOU HAVE ANY TATTOO THAT WIL BE VISIBLE WHEN WEARING UNIFORM (SUMMER WEAR)? YES NO

PREVIOUSLY DISCHARGED FROM AN EMPLOYER

| | | |
|---|-----|----|
| HAVE YOU EVER BEEN DISCHARGED FROM A PREVIOUS POST? | YES | NO |
|---|-----|----|

IF YES, SPECIFY THE FOLLOWING:

REASON (SELECT ONE WITH AN X):

| | | | | |
|--------------|------------|-------------------|-------------------|-----------------------|
| RETRENCHMENT | MISCONDUCT | MEDICAL UNFITNESS | SEVERANCE PACKAGE | VOLUNTARY RESIGNATION |
|--------------|------------|-------------------|-------------------|-----------------------|

DATE OF DISCHARGE:

IF YOU RESIGNED VOLUNTARILY, WAS THERE A DISCIPLINARY CASE PENDING AGAINST YOU?

| | |
|-----|----|
| YES | NO |
|-----|----|

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

| |
|-----------|
| EMPLOYER: |
| |
| |
| |

CONFLICT OF INTEREST

ARE YOU INVOLVED IN ANY BUSINESS 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 SUCCESSFUL IN YOUR APPLICATION?

| | |
|-----|----|
| YES | NO |
|-----|----|

HAVE YOU EVER SERVED IN A SECURITY ENVIRONMENT THAT WOULD COMPROMISE STATE SECURITY? (I.e. MERCENARY, ECT)

| | |
|-----|----|
| YES | NO |
|-----|----|

IF YES, PLEASE SPECIFY THE FOLLOWING:

 PLACE:
 PERIOD:
 DUTIES PERFORMED:

| | | |
|---|-----|----|
| HAVE YOU EVER BEEN DECLARED INSOLVENT? | YES | NO |
|---|-----|----|

CRIMINAL CASES / OFFENCES

| | | |
|---|-----|----|
| HAVE YOU EVER BEEN FOUND GUILTY OF A CRIMINAL OFFENCE? | 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..... |
|--|---|---|

| | | |
|--|-----|----|
| HAVE YOU EVER BEEN SANCTIONED IN A DISCIPLINARY MATTER? | YES | NO |
|--|-----|----|

IF YES, SPECIFY THE FOLLOWING:

OFFENCE: (eg absence without leave)

SANCTION IMPOSED:

DATE OF SANCTION:

| | | |
|---|-----|----|
| IS THERE ANY CRIMINAL, CIVIL OR DISCIPLINARY ACTION PENDING AGAINST YOU? | YES | NO |
|---|-----|----|

IF YES, SPECIFY:

CASE NUMBER: NAME OF POLICE STATION:..... CAS...../MONTH...../YEAR.....

OFFENCE: (ie assault/ absence without leave)

B. ALL EXTERNAL AND SAPS CAREER PROMOTIONS/APPOINTMENTS (IF THE SPACE PROVIDED IS INSUFFICIENT, PLEASE CONTINUE ON A SEPARATE SHEET)

| YEAR | APPOINTMENT/PROMOTIONS |
|------|------------------------|
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C. ALL EXTERNAL AND SAPS CAREER DEVELOPMENT (Training: Courses) (IF THE SPACE PROVIDED IS INSUFFICIENT, PLEASE CONTINUE ON A SEPARATE SHEET)

| YEAR | INSTITUTION | COURSE PARTICULARS |
|------|-------------|--------------------|
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D. DESCRIBE THE DUTIES THAT YOU PERFORMED DURING YOUR PREVIOUS EMPLOYMENT IN THE SAPS (IF THE SPACE PROVIDED IS INSUFFICIENT, PLEASE CONTINUE ON A SEPARATE SHEET) :

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E. CURRENT EMPLOYER:

POST THAT YOU CURRENTLY OCCUPY:

F. PREVIOUS WORKING EXPERIENCE OUTSIDE SAPS (IF THE SPACE PROVIDED IS INSUFFICIENT, PLEASE CONTINUE ON A SEPARATE SHEET)

| START DATE | END DATE | COMPANY | REASON FOR LEAVING |
|------------|----------|---------|--------------------|
| | | | |
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G. 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 | | | | | | | |

H. CERTIFICATE

1. I hereby apply for RE-APPOINTMENT in the Directorate for Priority Crime Investigation. I realise that there are a limited number of posts and that participation in this process does not constitute any right to be appointed. No promises have been made to me about an appointment or posting in the Directorate for Priority Crime Investigation;
2. After RE-APPOINTMENT in the Directorate for Priority Crime Investigation, I shall perform my duties as a member of the Directorate for Priority Crime Investigation to the best of my ability. I undertake to abide by the provisions and regulations of the Directorate for Priority Crime Investigation Act, 1995 (Act no 68 of 1995).
3. I realise that -:
 - 3.1 the National Head is under no obligation to appoint me based on the fact that I previously served as a member of the Service;
 - 3.2 re-appointments will be made on the ranks of Constable to a Brigadier, particularly on the rank I held when I left the Service;
 - 3.3. I may have to submit myself to any medical or other tests that may be required for appointment;
 - 3.4 I have to provide full particulars about my obligations to employers and debts if required;
 - 3.5 **If successful, I may be deployed based on the needs of the Service which may include having to relocate at own expense and or having to accept a post away from current place of residence.**
4. The Criminal Law (Forensic Procedures) Amendment Act, Act 37 of 2013 requires that all new recruits (appointments) in the Directorate for Priority Crime Investigation as from 31st January 2015 provide a buccal (inside cheek) sample in order to determine their forensic DNA profile. The forensic DNA profile derived from the sample will be loaded to the Elimination Index of the National Forensic DNA Database. I hereby consent to the taking of my buccal sample for this purpose.
5. I certify that the information supplied by me on this *application/statement was made in my own words and that it is in all respects correct and true.
6. If any information, not disclosed by myself, is discovered upon the verification of my application, it might lead to the disqualification of my application/dismissal from the Service, whatever is applicable.

DATE:

PLACE:

.....
SIGNATURE OF APPLICANT

REPORT BY PREVIOUS COMMANDER (COMPULSORY)

TO BE COMPLETED BY A MEMBER THAT HOLDS AT LEAST THE RANK OF CAPTAIN AND WHO OCCUPIES AT LEAST ONE RANK HIGHER THAN THE RANK HELD BY THE APPLICANT AT THE TIME OF HIS/HER RESIGNATION.

DETAIL OF OFFICER COMPILING REPORT

PERSAL NUMBER :

RANK:

INITIALS AND SURNAME :

I HEREBY CERTIFY THAT I KNOW THE APPLICANT WITH ID _____ PREVIOUS PERSAL NUMBER _____
NAME _____

THE MEMBER TOOK DISCHARGE ON _____ AND AT THE TIME I WAS THE MEMBER'S COMMANDER / _____
(SPECIFY POSITION IF NOT COMMANDER)

THE MEMBER PERFORMED THE FOLLOWING DUTIES :

ATTENDANCE

THE MEMBER'S ATTENDANCE WAS :

1. EXCELLENT
2. SATISFACTORY
3. NOT SATISFACTORY

IF NOT SATISFACTORY, PLEASE GIVE REASONS :

DISCIPLINARY RECORD

THE MEMBER'S DISCIPLINARY RECORD WAS :

1. CLEAN RECORD
2. NOT CLEAN RECORD

PENDING DISCIPLINARY CASE(S)

IF THE MEMBER DID NOT HAVE A CLEAN RECORD OR HAD PENDING DISCIPLINARY CASES, PLEASE SUPPLY PARTICULARS OF FINDINGS OF MISCONDUCT, PENDING DISCIPLINARY CASES AT THE DATE OF THE TERMINATION OF SERVICE

THE MEMBER'S RE-APPOINTMENT WILL HAVE THE FOLLOWING IMPACT ON SERVICE DELIVERY IN THE DPCI:

1. NONE
2. MARGINALLY
3. SIGNIFICANT

IF SIGNIFICANT PLEASE PROVIDE REASONS :

ADDITIONAL COMMENT / MOTIVATION :

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS IN ALL RESPECT AN ACCURATE AND TRUE REFLECTION OF THE APPLICANT AT THE DATE OF HIS / HER TERMINATION OF SERVICE

SIGNED AT _____ THIS _____ DAY OF _____ 2020

SIGNATURE: _____

SURNAME AND INITIALS: _____

RANK: _____