



SAPS PRELIMINARY TRAINEE APPLICATION FORM (2018/2019): (PROVINCE)

- Complete the form in your own handwriting in black ink
- Attach certified copies of:
 - Identity document / Senior Certificate / Post school qualification (if applicable) / Driver's license / Service Certificates of previous employers (if applicable) / Proof of residence

STATIONS APPLIED FOR IN ORDER OF PREFERENCE	1
	2
	3

PERSONAL INFORMATION

PERSONAL/ FORCE NUMBER (currently in SAPS, SANDF or another Public Service Department)															
SURNAME															
FIRST NAMES															
IDENTITY NUMBER															
ARE YOU A SOUTH AFRICAN CITIZEN?				YES				NO							
POSTAL ADDRESS						WORK ADDRESS									
POSTAL CODE															
CODE				TELEPHONE (HOME)											
CODE				TELEPHONE (WORK)											
CELLPHONE						EMAIL									
AFRICAN		M	F	WHITE		M	F	COLOURED		M	F	INDIAN		M	F

QUALIFICATIONS

ARE YOU IN POSSESSION OF A SENIOR CERTIFICATE OR A VOCATIONAL CERTIFICATE (SAFETY IN SOCIETY)?											
YES						NO					
SPECIFY NAME OF SCHOOL											
POST SCHOOL QUALIFICATION (IF APPLICABLE, SPECIFY THE FOLLOWING):											
INSTITUTION											
DEGREE OR DIPLOMA											

DRIVER'S LICENCE

DO YOU HAVE A DRIVER'S LICENCE?				YES				NO				Code (as it is appearing on the license card)			
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CRIMINAL OFFENCES

HAVE YOU EVER BEEN FOUND GUILTY OF A CRIMINAL OFFENCE OR HAVE A PENDING CRIMINAL OFFENCE?						YES				NO					
DO YOU HAVE ANY TATTOO?												YES		NO	

I ACCEPT THAT A LIMITED NUMBER OF POSTS IS AVAILABLE AND I WILL SUBJECT MYSELF TO THE SELECTION PROCESSES AS REQUIRED. I ALSO GIVE PERMISSION FOR REFERENCE CHECKS AND SECURITY SCREENING TO BE CONDUCTED. SHOULD I BE SUBJECTED TO MEDICAL EXAMINATION, THE RESULTS THEREOF MAY BE DISCLOSED TO THE RECRUITMENT PERSONNEL OR PERSONNEL DEALING WITH MY APPLICATION.

DATE: PLACE: SIGNATURE: