

# 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)

<b>SURNAME</b>		<b>INITIALS</b>					
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**Post for which you are applying (as it was advertised):**

<b>POST NUMBER</b>								
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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
IF YES, SPECIFY THE POST NUMBERS!		

**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 sworn 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.
- 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, readvertise 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)																			
SURNAME																			
FIRST NAMES																			
IDENTITY NUMBER																			
DATE OF BIRTH												AGE							
RANK (SAPS or SANDF)						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 (PLEASE MARK WITH AN X):																													
BELOW GRADE 10				GRADE 10				GRADE 12																					
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)														
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 PHYSICALLY DISABLED? (SPECIFY)																		YES			NO														
HEALTH																																			
ARE YOU IN GOOD HEALTH?																																			
PHYSICALLY						YES			NO			MENTALLY						YES			NO														
IF YOUR ANSWER TO ANY OF THE ABOVE IS NO, SPECIFY																																			
ANY OTHER COMMENT(S) CONCERNING YOUR HEALTH																																			

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<b>PREVIOUS TERMINATION OF SERVICE (DISCHARGE)</b>				
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:				
<b>CONFLICT OF INTEREST</b>				

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
<b>CRIMINAL CASES / OFFENCES</b>		
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: (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 FOUND GUILTY IN A DISCIPLINARY MATTER?	YES	NO
IF YES, SPECIFY THE FOLLOWING:		
MISCONDUCT: (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:		
CRIMINAL CASE NUMBER: NAME OF POLICE STATION:.....CAS...../MONTH...../YEAR.....		
MISCONDUCT: (ie assault/ absence without leave)		

**B. CAREER PROMOTIONS/APPOINTMENTS**

YEAR	APPOINTMENT/PROMOTIONS

**C. CAREER DEVELOPMENT (Training: Courses)**

YEAR	INSTITUTION	COURSE PARTICULARS

<b>D. DESCRIBE THE DUTIES THAT YOU ARE PERFORMING IN YOUR PRESENT POST.</b>

**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

2.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.

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 *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 *IF I AM FOUND TO BE THE FINAL SELECTED CANDIDATE 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 contents 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