



### SAPS PRELIMINARY TRAINEE APPLICATION FORM (2019/2020)

- 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 (if applicable), Service Certificates of previous employers (if applicable), Proof of residence

#### PERSONAL INFORMATION

PERSAL/ FORCE NUMBER (Reservist / PSA currently in SAPS, SANDF or another Public Service Department)																			
ARE YOU CURRENTLY AN ACTIVE SERVING RESERVIST IN SAPS?										YES			NO						
SURNAME					FIRST NAMES														
IDENTITY NUMBER																			
AGE		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				
DO YOU HAVE ANY PHYSICAL DISABILITY?			YES		NO			ARE YOU MENTALLY, MEDICALLY AND PHYSICALLY FIT?					YES		NO				

#### QUALIFICATIONS

ARE YOU IN POSSESSION OF A SENIOR CERTIFICATE / NATIONAL SENIOR CERTIFICATE OR NATIONAL CERTIFICATE (VOCATIONAL) LEVEL 4?																
YES					NO											
SPECIFY NAME OF SCHOOL or FET COLLEGE																
DO YOU HAVE A COMPLETED DIPLOMA/DEGREE OR HIGHER QUALIFICATION?										YES			NO			
NAME OF UNIVERSITY/ INSTITUTION																
SPECIFY THE DEGREE OR DIPLOMA																
LIST MAJOR SUBJECTS										1.		2.		3.		

#### DRIVER'S LICENSE

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	
WERE YOU PREVIOUSLY EMPLOYED BY THE PUBLIC SERVICE?										YES		NO	
SPECIFY REASON FOR TERMINATION:													

#### HOBBIES AND SPORT

DO YOU HAVE / PARTICIPATE IN ANY HOBBIES / SPORT?										YES		NO	
PLEASE SPECIFY													

DATE: ..... PLACE:..... SIGNATURE:.....