

A. PERSONAL PARTICULARS

PERSONAL INFORMATION

PREVIOUS PERSAL/ FORCE NUMBER																																							
SURNAME																																							
FIRST NAMES																																							
IDENTITY NUMBER																																							
DATE OF BIRTH																																							
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)									
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DATE THAT THE DRIVER'S LICENCE WAS ISSUED	DAY:.....	MONTH:.....	YEAR:.....
EXPIRY DATE	DAY:.....	MONTH:.....	YEAR:.....

PLACE WHERE LICENCE WAS ISSUED	
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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					
ANY OTHER COMMENT(S) CONCERNING YOUR HEALTH					
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	SUSPENDED	ADMISSION OF GUILT	
PERIOD:..... (eg 2 years)	PERIOD: FROM (DATE) TO (DATE)	AMOUNT: R.....	
HAVE YOU EVER BEEN SANCTIONED IN A DISCIPLINARY MATTER?		YES	NO
IF YES, SPECIFY THE FOLLOWING:			

E-MAIL		E-MAIL	
Tel. WORK		Tel. WORK	
FAX		FAX	
CELLPHONE		CELLPHONE	

H. CERTIFICATE

1. I hereby apply for re-enlistment in the South African Police Service. 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 South African Police Service;
2. After re-enlistment in the South African Police Service, I shall perform my duties as a member of the South African Police Service to the best of my ability. I undertake to abide by the provisions and regulations of the South African Police Service Act, 1995 (Act no 68 of 1995).
3. I realise that -:
 - 3.1 the National Commissioner 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, Sergeant and Warrant Officer, but no higher than Warrant Officer (Band B1), irrespective of 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 South African Police Service 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.

* *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) 2017 AT (time):.....

PLACE:

.....
SIGNATURE OF COMMISSIONER OF OATH

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
- 2. PENDING DISCIPLINARY CASE(S)
- 3.

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-ENLISTMENT WILL HAVE THE FOLLOWING IMPACT ON SERVICE DELIVERY IN THE SOUTH AFRICAN POLICE SERVICE :

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 _____ 2017

SIGNATURE: _____

SURNAME AND INITIALS: _____

RANK: _____