

RECENT
ID PHOTO

SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR APPOINTMENT AS A RESERVIST (VOLUNTEER): 2016/2017

NOTE: RESERVIST IS A VOLUNTARY SERVICE WITHOUT ANY REMUNERATION.

An appointment as a Reservist in the South African Police Service does not reserve any right or expectation to be translated, absorbed or appointed as an employee of the South African Police Service; or preferential treatment (of whatsoever nature) for consideration to be appointed as an employee of the South African Police Service. Should any Reservist wish to become an employee or a permanently employed member of the South African Police Service, the prescribed selection and appointment process of the South African Police Service will be followed.

SURNAME								INITIALS					
PROVINCE OF RESIDENCE (TICK THE APPROPRIATE BLOCK)													
MPUMALANGA	WESTERN CAPE	EASTERN CAPE	NORTHERN CAPE	GAUTENG	LIMPOPO	NORTH WEST	FREE STATE	KWAZULU NATAL					
THE NEAREST POLICE STATION TO YOUR RESIDENCE													
YOU ARE ADVISED TO APPLY FOR A POLICE STATION CLOSEST TO YOUR PLACE OF RESIDENCE (no official transport is available to and from your place of residence).													
PREFERRED STATION FOR PLACEMENT (You need not to indicate one (1) Station - three (3) options is optional): (REFERENCE NUMBER TO BE OBTAINED FROM THE ADVERTISEMENT)													
PREFERENCE	POLICE STATION					REFERENCE NUMBER (AS STATED IN THE ADVERTISEMENT)							
1 ST CHOICE													
2 ND CHOICE													
3 RD CHOICE													

CURRENT EMPLOYER AND POST THAT YOU OCCUPY

EMPLOYER		POST	
CONTACT DETAILS			
GIVE A SHORT DESCRIPTION OF YOUR DUTIES/FUNCTIONS			

INSTRUCTIONS

- THIS APPLICATION FORM MUST BE COMPLETED IN YOUR OWN HANDWRITING, IN BLACK INK AND CAPITAL LETTERS.** ALL INSTRUCTIONS ON THE APPLICATION FORM MUST BE ADHERED TO. FAILURE TO DO SO MAY RESULT IN THE APPLICATION NOT BEING CONSIDERED.
- AN ORIGINAL APPLICATION FORM MUST BE SUBMITTED. COPIES WILL NOT BE ACCEPTED.**
- CERTIFIED COPIES** OF THE FOLLOWING DOCUMENTS MUST BE ATTACHED TO THE LAST PAGE OF THE APPLICATION FORM:
 *YOUR IDENTIFICATION DOCUMENT
 *DRIVER'S LICENCE
 *CERTIFICATES OF ALL QUALIFICATIONS OBTAINED (GRADE 12 (SENIOR) CERTIFICATE/EQUIVALENT QUALIFICATIONS, DEGREES AND OR DIPLOMAS, ETC)
 *STUDY RECORDS OF ALL QUALIFICATIONS
 *TESTIMONIAL OF SCHOOL/RELIGIOUS BODY/CURRENT EMPLOYER
 *SERVICE CERTIFICATES OF PREVIOUS AND CURRENT EMPLOYER(S), STATING THE KIND OF POSTS OCCUPIED
 *TWO COLOUR ID-SIZE PHOTOGRAPHS (NAME AND IDENTITY NUMBER MUST BE WRITTEN ON THE BACK OF THE PHOTOGRAPHS).
- THIS FORM MUST BE SWORN TO OR AFFIRMED AND THEN SIGNED IN THE PRESENCE OF A COMMISSIONER OF OATHS.
- FULL DETAILS OF CAREER HISTORY, CURRENT STUDIES AND QUALIFICATIONS MUST BE INDICATED.
- APPLICATIONS MUST BE DELIVERED BY HAND TO YOUR NEAREST RECRUITMENT OFFICE OR THE HRM REPRESENTATIVE AT YOUR LOCAL POLICE STATION.
- APPLICATIONS THAT DO NOT MEET THESE REQUIREMENTS WILL NOT BE CONSIDERED.**

A. PERSONAL DETAILS

PERSONAL NUMBER/PERSONNEL NUMBER/FORCE NUMBER - (ONLY IF APPLICABLE)																						
SURNAME																						
FIRST NAMES																						
IDENTITY NUMBER																						
DATE OF BIRTH																				AGE		
RANK										TITLE												
NATIONALITY																						
POSTAL ADDRESS										RESIDENTIAL ADDRESS												
					POSTAL CODE																	
CODE										TEL (HOME)												
CODE										TEL (WORK)												
CODE										TEL (FAX)												
CELL																				EMAIL		

AFRICAN	M	F	WHITE	M	F	COLOURED	M	F	INDIAN	M	F	
MARITAL STATUS			MARRIED			SINGLE			DIVORCED			
DRIVER'S LICENCE			YES			NO			CODE			
LANGUAGE PROFICIENCY — SPECIFY LEVEL: GOOD/FAIR/POOR												
ENGLISH		(1) ENGLISH				(2)			(3)			
SPEAK												
WRITE												
READ												
HIGHEST SCHOOL QUALIFICATION:												
YEAR OBTAINED:						SCHOOL/INSTITUTION:						
TERTIARY QUALIFICATION:												
YEAR OBTAINED:						INSTITUTION:						
ARE YOU PHYSICALLY OR MENTALLY DISABLED? (SPECIFY)									YES		NO	
ARE YOU IN GOOD HEALTH?												
PHYSICALLY			YES		NO		MENTALLY			YES		NO
IF YOUR ANSWER TO ANY OF THE ABOVE IS YES, SPECIFY												
ANY OTHER COMMENT(S) CONCERNING YOUR HEALTH												
HAVE YOU EVER BEEN/OR ARE YOU EMPLOYED BY A GOVERNMENT DEPARTMENT?									YES*		NO	
*SPECIFY:			DEPARTMENT:			PERSONAL NUMBER:						
HAVE YOU EVER BEEN DISCHARGED FROM A GOVERNMENT DEPARTMENT OR PREVIOUS EMPLOYER?									YES		NO	
IF YES, SPECIFY:												
HAVE YOU EVER BEEN FOUND GUILTY OF A CRIMINAL OFFENCE? (IF YES, SPECIFY)									YES		NO	
IF YES, SPECIFY THE FOLLOWING:												
CASE NUMBER:				NAME OF POLICE STATION:				OFFENCE (EG, ASSAULT):				
SENTENCE IMPOSED: (MARK ONE WITH AN "X")												
IMPRISONMENT PERIOD: (EG, TWO YEARS)				SUSPENDED PERIOD: FROM (DATE) TO (DATE)				ADMISSION OF GUILT AMOUNT: R.....				
CASE WITHDRAWN DATE:				CASE PROVISIONALLY WITHDRAWN DATE:								
HAVE YOU EVER BEEN DECLARED INCOMPETENT TO POSSESS A FIREARM? (IF YES, SPECIFY)									YES		NO	

B. HOW DID YOU LEARN ABOUT THE RESERVISTS IN THE SAPS AND WHY DO YOU WANT TO JOIN AS A RESERVIST IN THE SAPS?

ON VISIT TO/BY THE SAPS CAREER CENTRE

ADVERTISEMENT IN THE MEDIA

MOTIVATION:

(PLEASE MARK WITH AN "X". THIS INFORMATION IS FOR STATISTICAL PURPOSES ONLY)

DO YOUR DETAILS 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, THE DETAILS 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, 1977 (ACT NO 51 OF 1977)? IF YES, THE DETAILS MUST BE ATTACHED.

YES

NO

IF YES, SPECIFY THE FOLLOWING:

CASE NUMBER:

NAME OF THE POLICE STATION:

OFFENCE:

IS THERE ANY CRIMINAL, CIVIL OR DISCIPLINARY ACTION **PENDING** AGAINST YOU? (IF YES, SPECIFY)

YES

NO

DO YOU HAVE ANY TATTOOS?

YES

NO

IF YES, SPECIFY (appearance (of what?), which part of the body, etc):

C. DETAILS OF REFERENCES (NOT RELATIVES)

NAME AND ADDRESS

NAME AND ADDRESS

POSTAL CODE

POSTAL CODE

TEL (HOME)

TEL (HOME)

TEL (WORK)

TEL (WORK)

CELL

CELL

D. DETAILS OF NEXT OF KIN (RELATIVES)

NAME AND ADDRESS										NAME AND ADDRESS									
RELATIONSHIP (EG, MOTHER)										RELATIONSHIP (EG, FATHER)									
POSTAL CODE										POSTAL CODE									
TEL (HOME)										TEL (HOME)									
TEL (WORK)										TEL (WORK)									
CELL										CELL									

E. CERTIFICATE

- 1 I am applying to become a Reservist in the South African Police Service. I am aware of the fact that that is a **voluntary service** and that **appointment as a Reservist in the South African Police Service does not reserve any right or expectation to be translated, absorbed or appointed as an employee of the South African Police Service; or preferential treatment (of whatsoever nature) for consideration to be appointed as an employee of the South African Police Service. Should any Reservist wish to become an employee or a permanently employed member of the South African Police Service, the prescribed selection and appointment process of the South African Police Service will be followed and I will have to conform to all the prescribed requirements.**

- 2 On successful application, I will perform my duties as a Reservist of the South African Police Service to the best of my abilities and will abide by the provisions of the South African Police Service Act, 1995 (Act No 68 of 1995) and Regulations. I will also obey any lawful order or instruction issued in terms of these Regulations.

- 3 I am aware of the fact that -
 - 3.1 any false information provided will lead to my application being rejected
 - 3.2 the National Commissioner is under no obligation to fill an advertised position
 - 3.3 I will have to submit myself for any medical or other tests that are a requirement for the position and may be required to finalize my application for an appointment
 - 3.4 I have to provide full particulars concerning obligations to employers and debts if my application receives further consideration
 - 3.5 the South African Police Service will verify my residential address, qualifications and citizenship
 - 3.6 reference checks will be conducted on all shortlisted applicants
 - 3.7 if my application does not meet the requirements stipulated in the advertisement, my application will be rejected
 - 3.8 I may be subjected to a **security clearance**
 - 3.9 interviews with shortlisted applicants will take place on the date, time and place determined by the interviewing panel
 - 3.10 I will be subjected to a vetting process in terms of the National Strategic Intelligence Act, 2002 (Act No 67 of 2002) (as amended) and 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 Register for Sex Offenders/National Child Protection Register, the appointment will not be considered and deemed as null and void
 - 3.11. I take note of the fact that application forms and appointment/employment are not for sale and any payment offered by me or promises provided in this regard will be investigated and may lead to criminal prosecution. I may report such incidents to the National Anti-Corruption Hotline at 0800 701 701
 - 3.12. I was also informed that the names of candidates being considered will be published in the media for public comment as part of the community-based recruitment approach
 - 3.13. ***The Criminal Law (Forensic Procedures) Amendment Act, Act 37 of 2013 requires that all new appointments in the SAPS as from 31 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.**

4. I certify that all 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, initial and date.

- I know and (understand/do not understand) the content of this statement (application form).
- I (object/have no objections) to taking the prescribed oath.
- I (consider/do not consider) the prescribed oath to be binding on my conscience.
- I affirm/swear that the content 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 put on it in my presence.

ON THE DAY OF (MONTH) 201.. AT (TIME) :

PLACE:

.....
SIGNATURE OF COMMISSIONER OF OATH

FORM NOT FOR SALE



CONFIRMATION OF RESIDENTIAL ADDRESS

SECTION A: TO BE COMPLETED BY THE APPLICANT

A. APPLICANT FOR ENLISTMENT	
SURNAME AND INITIALS:	
IDENTITY NUMBER:	
RESIDENTIAL ADDRESS:	
SIGNATURE:	

SECTION B: TO BE COMPLETED BY THE LANDLORD OF APPLICANT'S PHYSICAL RESIDENTIAL ADDRESS

B. LANDLORD CONFIRMING APPLICANT'S RESIDENCE	
SURNAME AND INITIALS:	
IDENTITY NUMBER:	
RESIDENTIAL ADDRESS:	
I CONFIRM THAT THE APPLICANT, AS INDICATED IN SECTION A OF THIS FORM, RESIDES WITH ME AT THE RESIDENTIAL ADDRESS INDICATED BY ME.	
THE FOLLOWING PROOF OF RESIDENCE IN MY NAME IS ATTACHED FOR EASE OF REFERENCE: * PLEASE MARK WITH AN "X" AND/OR SPECIFY	
ELECTRICITY ACCOUNT*	TELEPHONE ACCOUNT*
LETTER FROM NKOSI/INDUNA* (RURAL AREAS)	OTHER - PLEASE SPECIFY*:
SIGNATURE:	

SECTION C: TO BE COMPLETED BY THE POLICE STATION'S REPRESENTATIVE

C. RESIDENTIAL ADDRESS WAS VERIFIED	
SURNAME AND INITIALS:	
PERSAL NUMBER:	
DATE:	
TIME:	
COMMENTS (IF ANY):	
SIGNATURE:	