



PRELIMINARY TRAINEE APPLICATION FORM (2022/2023)

Complete the form in your own handwriting / typed / in black ink. Attach the following:

- Identify Document (need not to be certified)
- Curriculum Vitae (CV)

CORRESPONDENCE WILL BE CONDUCTED WITH SUCCESSFUL APPLICANTS ONLY AND IF YOU HAVE NOT BEEN CONTACTED WITHIN 3 MONTHS AFTER THE CLOSING DATE OF THIS ADVERTISEMENT, PLEASE ACCEPT THAT YOUR APPLICATION WAS UNSUCCESSFUL

REFERENCE NUMBER:			NEAREST POLICE STATION								
PERSONAL INFORMATION											
PERSAL/ FORCE NUMBER (currently in SAPS, SANDF or another Public Service Department)											
SURNAME											
FIRST NAMES											
IDENTITY NUMBER											
AGE	ARE YOU A SOUTH AFRICAN CITIZEN?		YES	NO	IF NO, INDICATE NATIONALITY						
POSTAL ADDRESS			WORK ADDRESS								
POSTAL CODE											
CODE	TELEPHONE (HOME)										
CODE	TELEPHONE (WORK)										
CELLPHONE	E-MAIL										
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 OR NATIONAL CERTIFICATE (VOCATIONAL)			YES	NO
YEAR COMPLETED	SPECIFY NAME OF SCHOOL or FET COLLEGE			

POST SCHOOL QUALIFICATION (SPECIFY THE FOLLOWING):	
NAME OF INSTITUTION	
SPECIFY QUALIFICATION	
MAIN SUBJECTS	

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

CRIMINAL OFFENCES				
HAVE YOU EVER BEEN FOUND GUILTY OF A CRIMINAL OR DEPARTEMENTAL OFFENCE OR DO YOU HAVE ANY CRIMINAL OFFENCE OR DEPARTMENTAL CASE PENDING AGAINST YOU?			YES	NO
(IF YES- SPECIFY)				
DO YOU HAVE ANY TATTOO?	YES	NO	IF YES, SPECIFY POSITION (Eg Upper Arm)	
WERE YOU PREVIOUSLY EMPLOYED IN THE PUBLIC SERVICE?			YES	NO
DID YOU TERMINATE SERVICE VOLUNTARILY?		N/A	YES	NO

I ACCEPT THAT A LIMITED NUMBER OF POSITIONS ARE 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 PSHYCHOMETRIC AND / OR MEDICAL EXAMINATION, THE RESULTS THEREOF MAY BE DISCLOSED TO THE RECRUITMENT PERSONNEL OR PERSONNEL DEALING WITH MY APPLICATION.

DATE: PLACE: SIGNATURE: