



**SAPS PRELIMINARY TRAINEE APPLICATION FORM (GRADUATE2022/2023)
FULLY COMPLETED NQF 6 OR HIGHER**

Complete the form in your own handwriting and in black ink. Attach UNCERTIFIED copies of:

- Identity document
- Post school qualification and Academic records (Diploma / Degree)
- Service Certificates of previous employers (if applicable)
- Curriculum Vitae (CV)
- Senior Certificate / National Senior Certificate / National Certificate (Vocational)
- Driver's license (if applicable)
- Proof of residence

REFERENCE NUMBER:																						
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											
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 DISCABILITY?			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 DRIVER'S LICENCE?		YES			NO			Code (as it is appearing on the license card)														
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 IN THE PUBLIC SERVICE?												YES		NO								
DID YOU TERMINATE SERVICE VOLUNTARILY?												YES		NO								

I ACCEPT THAT A LIMITED NUMBER OF POSTS IS 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 MEDICAL EXAMINATION, THE RESULTS THEREOF MAY BE DISCLOSED TO THE RECRUITMENT PERSONNEL OR PERSONNEL DEALING WITH MY APPLICATION.

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