

SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR APPOINTMENT: FACILITY MANAGEMENT



THIS FORM IS ONLY APPLICABLE FOR APPOINTMENT AT FACILITY MANAGEMENT

SURNAME	INITIALS			
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Post for which you apply (as indicated in the advertisement):
 THIS IS THE POST REFERENCE NUMBER THAT WILL BE REGISTERED

POST REFERENCE/ REFERENCE NUMBER		POST PARTICULARS	
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CURRENT EMPLOYER / POST THAT YOU OCCUPY AND PROVINCE / DIVISION:

EMPLOYER		POST	
PROVINCE			

Initials and Surname:

INSTRUCTIONS

Enquiries can be directed to Captain A Hansen at 012 349 6009 / 082 778 3575 / HansenAdielah@saps.gov.za

- ⇒ **This form must be properly completed and be signed and dated by the applicant.** Applicants must endorse their initials and surname at the bottom of every page in the space provided.
- ⇒ **This application form must be completed in block letters (handwritten or typed)**
- ⇒ **The post particulars and number of the post must be correctly specified on the application form.**
- ⇒ **A completed CV must be submitted, which must contain full particulars of:**
 - all boards on which an applicant serves;
 - remunerative work outside the public service;
 - current employment and other business interests; and
 - career promotions, appointments, career developments, career history, current studies and qualifications.
- ⇒ **An applicant must also attach to every application copies of the following:**
 - ID document;
 - valid motor vehicle driver's license;
 - All educational qualifications obtained, Senior Certificate, Degree / Diploma certificates of all post school educational qualifications obtained (academic records and / or statement of results only do not suffice);
 - Service certificates of previous employers stating the post occupied, must also be submitted; and
 - Proof of registration at the relevant Professional Council.
- ⇒ **Applications must be delivered timeously. Late applications will not be considered.** It is the responsibility of the applicant to ensure that the application has been received **on or before 31 May 2024** (please note that **in the event that an application is posted, it must be reached at the indicated office before or on the above date**).
- ⇒ **Applications which do not meet the above-mentioned requirements may be rejected.**
- ⇒ **Correspondence will be conducted with successful candidates only.**
- ⇒ Verification of qualifications will be done and the appointment will be subjected to confirmation of the qualifications.
- ⇒ Candidates will be interviewed.
- ⇒ The South African Police Service is not under any obligation to fill a post.
- ⇒ The appointment of the successful applicant will come into effect on the first day of the month following the date on which the National Commissioner approved the appointment.

Initials and Surname:

A. PERSONAL PARTICULARS											
PERSONAL NUMBER (currently in SAPS, or another Public Service Department)											
SURNAME											
FIRST NAMES											
IDENTITY NUMBER											
DATE OF BIRTH							AGE				
PRESENT RANK / POSITION						TITLE					
ARE YOU A SOUTH AFRICAN CITIZEN?						YES		NO			
DATE APPOINTED IN PRESENT RANK / POSITION											
POSTAL ADDRESS				WORK ADDRESS							
POSTAL CODE											
TELEPHONE NUMBER (HOME)											
TELEPHONE NUMBER (WORK)											
CELL											
E-MAIL											
AFRICAN	M	F	WHITE	M	F	COLORED	M	F	INDIAN	M	F
MARITAL STATUS			MARRIED			SINGLE			DIVORCED		
DRIVERS LICENCE		YES		NO		CODE				VALID UNTIL	
ARE YOU PHYSICALLY DISABLED (SPECIFY)				YES				NO			
ARE YOU IN GOOD HEALTH?											
PHYSICALLY		YES		NO		PSYCHOLOGICALLY		YES		NO	
IF YOU ANSWER TO ANY OF THE ABOVE IS NO, SPECIFY											
ANY OTHER COMMENT(S) CONCERNING YOUR HEALTH											
DO YOU HAVE ANY VISIBLE TATTOO?						YES			NO		
IF YES, SPECIFY (APPEARANCE / ON WHICH PART OF THE BODY)											

Initials and Surname:

HAVE YOU EVER BEEN DISCHARGED FROM A PREVIOUS EMPLOYER OR POST?		YES	NO
IF YES, SPECIFY THE FOLLOWING REASON (SELECT ONE WITH AN X)			
RETRENCHMENT	MISCONDUCT	MEDICAL UNFITNESS	SEVERANCE PACKAGE VOLUNTARY RESIGNATION
DATE OF TERMINATION:			
EMPLOYER:			
IN INSTANCE OF VOLUNTARILY RESIGNATION, WAS THERE A DISCIPLINARY CASE PENDING?		YES	NO
IF YES ABOVE, <u>PROVIDE DETAILS IN A SEPARATE SHEET</u>			
ARE YOU A MEMBER OF ANY COUNCIL, BOARD OR PRIVATE ENTITY?		YES	NO
IF YES, SPECIFY			
ARE YOU INVOLVED IN ANY OUTSIDE BUSINESS, ACTIVITIES OR HAVE ANY INTERESTS WHICH MAY CONFLICT OR IS LIKELY TO CONFLICT WITH THE EXECUTION OF ANY OFFICIAL DUTIES, SHOULD YOU BE THE SUCCESSFUL CANDIDATE FOR THIS POST?		YES	NO
IF YES, SPECIFY			
ARE YOU CONDUCTING BUSINESS WITH THE STATE OR ARE YOU A DIRECTOR OF A PUBLIC OR PRIVATE COMPANY CONDUCTING BUSINESS WITH THE STATE?		YES	NO
IF YES, PROVIDE DETAILS			
IN THE EVENT THAT YOU ARE EMPLOYED IN THE PUBLIC SERVICE, WILL YOU BE PREPARED TO IMMEDIATELY RELINQUISH SUCH BUSINESS INTEREST?		YES	NO
HAVE YOU BEEN FOUND GUILTY OF ANY CRIMINAL OFFENCE		YES	NO
IF YES SPECIFY FOLLOWING:			
CASE NUMBER: NAME OF STATION:..... CAS...../MONTH...../YEAR.....			
TYPE OF OFFENCE: (e.g. assault)			
SENTENCE IMPOSED (MARK WITH AN X):			
IMPRISONMENT	SUSPENDED	ADMISSION OF GUILT	
PERIOD: (e.g. 2 YEARS)	Period: From (date) To (date)	AMOUNT: R.....	
HAVE YOU EVER BEEN GOUND GUILTY IN A DISCIPLINARY MATTER?		YES	NO
IF YES, SPECIFY THE FOLLOWING			
MISCONDUCT (e.g.) absence without leave			
SANCTION IMPOSED:			
DATE OF SANCTION:			
ARE YOU A RESPONDENT IN AN INTERIM OR FINAL PROTECTION ORDER IN TERMS OF THE DOMESTIC VIOLENCE ACT, 1998 (ACT NO 116 OF 1998) OR PROTECTION FROM HARASSMENT ACT, 2011 (ACT NO 17 OF 2011)?		YES	NO
IF YES, SPECIFY			

Initials and Surname:

D. QUALIFICATIONS

LIST ALL RELEVANT QUALIFICATIONS APPLICABLE TO THE POST YOU ARE APPLYING FOR (*HIGHEST SCHOOL AND TERTIARY QUALIFICATIONS COMPLETED):

YEAR	INSTITUTION	QUALIFICATION

E. DESCRIBE THE FUNCTIONS WHICH YOU PERFORM IN YOUR CURRENT POST

F. PREVIOUS EXPERIENCE (from inception to date)

START DATE	END DATE	COMPANY (INSTITUTION)	REASON FOR LEAVING

G. PARTICULARS OF WORK REFERENCES (NOT RELATIVES)

NAME:					NAME:				
ADDRESS OF COMPANY:					ADDRESS OF COMPANY:				
EMAIL:					EMAIL:				
POSTAL CODE					POSTAL CODE				
TEL. HOME					TEL. HOME				
TEL. WORK					TEL. WORK				
CELL.					CELL.				

Initials and Surname:

H. CERTIFICATE

1. I hereby apply for an appointment in the South African Police Service. I am aware of the fact that there are limited posts and that no promises were made to me about an appointment in the South African Police Service.
2. I am aware of the fact that:
 - 2.1 The National Commissioner is under no obligation to fill any post;
 - 2.2 I shall have to submit myself at my own expense and risk to any medical or other tests which are an inherent requirement for the post that may be required to finalize my application for appointment;
 - 2.3 I have to provide full particulars concerning obligations to employers and debts if my application receives further consideration;
 - 2.4 If my application does not meet the relevant requirements, it will be rejected;
 - 2.5 I will be subjected to a vetting process. I also agree to submit a set of fingerprints for verification / vetting against the National Criminal Record Database as well as the National Register for Sex Offenders (NSRO);
 - 2.6 I will be subjected to a vetting process in terms of the 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 Registers, will be disqualified from appointment to that post. If it appears after an applicant's appointment that his / her name appears in either of the indicated registers, his/her appointment may be reconsidered.
 - 2.7 If I fail to disclose any criminal or disciplinary or civil matter (pending / conviction / sanction) against me, my application may be rejected / my appointment may be reconsidered;
 - 2.8 If I fail to disclose that I am a respondent in an interim or final protection order in terms of the Domestic Violence Act, 1998 (Act No 116 of 1998) or Protection from Harassment Act, 2011 (Act No 17 of 2011), my application may be rejected / my appointment may be reconsidered;
 - 2.9 If at any stage it is discovered that I have disclosed false information or failed to disclose any information which may have affected my candidature my application / and or candidature may be rejected / my appointment may be reconsidered; and
3. I certify that all the information supplied by me on this application form is in all respects true and correct.

Date:

Place:

.....
SIGNATURE OF APPLICANT

Initials and Surname: