SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR EMPLOYMENT: SPECIAL TASK FORCE (STF)



THIS FORM IS ONLY APPLICABLE FOR EMPLOYMENT INTO THE SPECIAL TASK FORCE (STF)
(Only individuals with existing STF or equivalent military training e.g SANDF SPECIAL FORCES (SF))

| SURNAME | | | | INI | TIALS | | | |
|--|-----------------------|-----------------|------------|------------|-----------------------|-------|--|--|
| PERSAL / FORCE NUM | IBER (currently or fo | rmerly in the S | APS, SANDI | or another | Public Service Depart | ment) | | |
| | - | | | | | | | |
| CURRENT / FORMER | RANK | | | | | | | |
| CURRENT EMPLOYER | AND POST THAT YO | OU OCCUPY: | | | | | | |
| EMPLOYER | | | POST | | | | | |
| PROVINCE | | | | | | | | |
| DID YOU SERVE IN THE SAPS SPECIAL TASK FORCE OR DID / ARE YOU SERVING IN THE SANDF SPECIAL FORCES? NO | | | | | | | | |
| IF YES, PLEASE SPECIFIY: (ALSO INDICATE THE DATE YOU STARTED IN THE STF/SF AND WHEN YOU LEFT THE STF/SF. | | | | | | | | |
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Initials and Surname:

| PERSONAL INFORMATION | | | | | | | | | | | | | | | | | | | |
|---|------------|------------|-------|-------|------|-------|-------|--------|--------|-------|-----|------|-------|------|------|-----|------|----|----|
| PERSAL/ FORCE NUMBER (currently or formerly in the SAPS, SANDF or another Public | | | | | | | | | | | | | | | | | | | |
| Service Department) CURRENT / FORMER RANK: | | | | | | | | | | | | | | | | | | | |
| SURNAME | | | | | | | | | | | | | | | | | | | |
| FIRST NAMES | | | | | | | | | | | | | | | | | | | |
| IDENTITY NUMBER AGE | | | | | | | | | | | | | | | | | | | |
| CELLPHONE E-MAIL: | | | | | | | | | | | | | | | | | | | |
| RACE / GENDER AFRICAN M F WHITE M F COLOURED M F INDIAN M F | | | | | | | | | F | | | | | | | | | | |
| PHYSICAL / POSTAL ADDRESS: | | | | | | | | | | | | | | | | | | | |
| ARE YOU IN POSSESSION OF A SENIOR CERTIFICATE OR NATIONAL CERTIFICATE? YES | | | | | | | | | ES | NO | | | | | | | | | |
| ARE YOU IN POS | SSESSION C | F A NQF 6 | DIPLO |) AMC | DEGF | REE (| OR HI | SHER | (POS | T SCH | OOL | QUAL | IFICA | OITA | N? | Y | ES | ١ | 10 |
| DO YOU HAVE S | PECIAL TAS | K FORCE (| OR EC | QUIVA | LENT | MILI | TARY | TRAII | VING? | | | | | | | YI | ES | NO | |
| DO YOU HAVE A | VALID DDIV | /ED'S LICE | VICE2 | | | | | | | | | | YE | S | NO | С | CODE | | |
| DO TOO HAVE A | VALID DRIV | VER 3 LICE | NCE? | | | | | | | | | | EXF | PIRY | DATE | | | | |
| ARE YOU IN POSSESSION OF A FIREARM COMPETENCY CERTIFICATE? | | | | | | | | Y | YES NO | | | | | | | | | | |
| IF YES, PLEASE SPECIFY: | | | | | | | | | | | | | | | | | | | |
| GENERAL QUESTIONS | | | | | | | | | | | | | | | | | | | |
| ARE YOU A SOUTH AFRICAN CITIZEN? YES | | | | | | | | Ν | IO | | | | | | | | | | |
| ARE YOU MENTALLY, MEDICALLY AND PHYSICALLY FIT? | | | | | | | | 3 | NO | | | | | | | | | | |
| IF NO, PLEASE SPECIFY | | | | | | | | | | | | | | | | | | | |
| HAVE YOU EVER BEEN FOUND GUILTY OF A CRIMINAL/DEPARTMENTAL OFFENCE OR DO YOU HAVE A PENDING CRIMINAL OFFENCE OR DEPARTMENTAL CASE? | | | | | | | | Ю | | | | | | | | | | | |
| IF YES, PLEASE SPECIFY: | | | | | | | | | | | | | | | | | | | |
| DO YOU HAVE ANY TATTOO MARKS ON YOUR BODY WHICH WILL BE VISIBLE WHEN WEARING ANY POLICE UNFORM? | | | | | | | YES | 3 | Ν | Ю | | | | | | | | | |
| IF YES, PLEASE SPECIFY: | | | | | | | | | | | | | | | | | | | |
| WERE YOU PREVIOUSLY EMPLOYED IN THE PUBLIC SERVICE? DEPARTMENT: | | | | | | | YES | YES NO | | Ю | | | | | | | | | |
| IF YES, PLEASE SPECIFY: | | | | | | | | | | | | | | | | | | | |
| DID YOU TERMIN | IATE SERVI | CE VOLUN | ΓARIL | Υ? | | | | | | | | | | N/ | Α | YES | 3 | Ν | Ю |
| IF NO, PLEASE SPECIFY THE REASON FOR TERMINATION: | | | | | | | | | | | | | | | | | | | |
| 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 APPOINTMENT? | | | | | | | |) | | | | | | | | | | | |
| IF YES, PLEASE SPECIFY: | | | | | | | | | | | | | | | | | | | |
| ARE YOU CONDUCTING BUSINESS WITH THE STATE OR ARE YOU A DIRECTOR OF A PUBLIC OR PRIVATE COMPANY CONDUCTING BUSINESS WITH THE STATE? | | | | | | | |) | | | | | | | | | | | |
| IF YES, PROVIDE DETAILS: | | | | | | | | | | | | | | | | | | | |

INSTRUCTIONS

Enquiries can be directed to Colonel GC Barties at 012 400 6440 or 082 371 7355 or email: BartiesG@saps.gov.za

- A CV containing full particulars of the following must be attached to this form:
 - · remunerative work outside the public service;
 - · current employment and other business interests; and
 - · career promotions, appointments, career developments, career history, current studies and qualifications.
- Also attach copies of the following:
 - Id document;
 - · valid motor vehicle driver's license;
 - · valid firearm competency certificate;
 - proof of STF or equivalent military training; (Complete training cycle)
 - all educational qualifications obtained (Senior Certificate, Degree / Diploma certificates of all post school educational qualifications); and
 - A completed Biological Questionnaire: A Special Task Force Training Course.
- Verification of qualifications will be done and the appointment will be subject to confirmation of the qualifications.
- Candidates wil be interviewed on a date and time specified by the SAPS.
- The South African Police Service is not under any obligation to appoint any interested candidate.
- Candidates will be expected to enter into a contract with the South African Police Service (SAPS) aimed at the retention of such candidates after appointment for a minimum period of five (5) years.
- Appointed candidates will be expected to start work within two months after having been offered employment.

DECLARATION CERTIFICATE

I accept that a limited number of posts are available and I will subject myself to an interview if required and by being considered is not a guarantee for appointment. I also give consent / permission for reference checks & 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. I declare that the information provided by me in this form is true and correct.

| DATE: | |
|--------|-----------|
| | |
| PLACE: | SIGNATURE |

| nitiale | and | Surname: | |
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