



SOUTH AFRICAN POLICE SERVICE

APPLICATION FOR APPOINTMENT AS A RESERVIST (VOLUNTEER): 2019/2020 AND 2020/2021

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):										
PREFERENCE	POLICE STATION									
1 ST CHOICE										
2 ND CHOICE										
3 RD CHOICE										

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 NO , 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) 2020 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:	