

SPECIAL INVESTIGATING UNIT

EMPLOYMENT APPLICATION FORM

SERIAL NUMBER: _____



- (1) READ THE NOTES & INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.
 (2) USE A SEPARATE APPLICATION FORM FOR EACH POST

NOTES FOR GUIDANCE

- A. Integrity is highly regarded in the Special Investigating Unit.
- B. Only fully completed forms, accompanied by all the correct documents, will be considered.
- C. Should the space provided not be large enough to enter information, please continue on a separate A4 sheet.
- D. If any of the sections are not applicable (N.A.), please indicate this by writing "N.A." in that section.
- E. You are advised to make a photocopy of the completed form for your own reference.
- F. Any information provided may be used for the purpose of integrity checking and, as such, may be divulged to law enforcement agencies and departments concerned with security, prevention and detection of crime to determine the suitability of appointment.
- G. This form must be completed neatly in **PRINT WITH BLACK PEN OR TYPED.**
- H. All certifications must be done on the face of the document.

1. POSITION APPLIED FOR:			REFERENCE NUMBER:	
2. Surname:	First Names:	Other Names (alias or previous):	Title (Mr/Mrs/Ms):	Maiden Name (if applicable):
3. Date of Birth (day/month/year):	4. Place of birth:	5. Nationality:	6. Race*:	7. Gender/Sex*:
8. Marital Status:				
Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>				
9. Are you a citizen of South Africa?			YES <input type="checkbox"/> NO <input type="checkbox"/>	
10. Residential Address:			11. Postal Address:	
* This information is required to address the issue of employment equity.				
12. Identity Number (Attach certified copy of ID):			13. Passport Number (Attach certified copy of ID):	

14. Residential Tel No.: Cell Number: Residential Fax No.: E-mail Address:	15. Office Tel No.: Office Fax No.: Office Cell Number: E-mail Address:
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16. PARTICULARS OF SPOUSE:

Name:	Maiden name (if applicable):	Identity No.:	Occupation:	Address:	Contact details:

17. NUMBER OF CHILDREN/DEPENDANTS:

18. KNOWLEDGE OF LANGUAGES:

Language	Read			Write			Speak			Understand		
	Poor	Average	Good	Poor	Average	Good	Poor	Average	Good	Poor	Average	Good
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. COMPUTER LITERACY? Please rate (✓) your skill in the following applications:

MS Word	Poor <input type="checkbox"/>	Average <input type="checkbox"/>	Good <input type="checkbox"/>
MS Excel	Poor <input type="checkbox"/>	Average <input type="checkbox"/>	Good <input type="checkbox"/>
MS Access	Poor <input type="checkbox"/>	Average <input type="checkbox"/>	Good <input type="checkbox"/>
Use of E-mail	Poor <input type="checkbox"/>	Average <input type="checkbox"/>	Good <input type="checkbox"/>
_____	Poor <input type="checkbox"/>	Average <input type="checkbox"/>	Good <input type="checkbox"/>
_____	Poor <input type="checkbox"/>	Average <input type="checkbox"/>	Good <input type="checkbox"/>
Typing Speed: _____	wpm		

20. WORK LOCATION:

I would prefer to work in (Please tick ✓)	I am prepared to work in (Please tick ✓)
Location: East London <input type="checkbox"/>	East London <input type="checkbox"/>
Durban <input type="checkbox"/>	Durban <input type="checkbox"/>
Pretoria <input type="checkbox"/>	Pretoria <input type="checkbox"/>
Cape Town <input type="checkbox"/>	Cape Town <input type="checkbox"/>
Nelspruit <input type="checkbox"/>	Nelspruit <input type="checkbox"/>
Bloemfontein <input type="checkbox"/>	Bloemfontein <input type="checkbox"/>
Umtata <input type="checkbox"/>	Umtata <input type="checkbox"/>

21. ALL QUALIFICATIONS ATTAINED: [Starting with secondary education]

NB: Certified copies of all qualifications must be attached to this application form

Name of institution / training centre	Certificate, diploma or degree obtained	ONLY Major subjects / Courses	Enrolment date	Completion date

NB: It is each applicant's responsibility to have foreign qualifications evaluated by the South African Qualifications Authority (SAQA). SAQA can be contacted on (012) 431 5000 or at www.saga@org.za for further information.

22. **EMPLOYMENT RECORD:** Starting with your present post, list in **REVERSE ORDER** every employment you have had, for the last 10 years. Use a separate block for each post. If you need more space, attach additional pages.

A. PRESENT POST (Last post held, if not presently employed)

COMPANY:

FROM (month and year)	TO (month and year)	GROSS MONTHLY SALARY* (copy of salary slip to be attached)	EXACT TITLE OF YOUR POST
Name of immediate supervisor		Telephone number of immediate supervisor:	
Address of employer:		Reason for leaving:	

Description of your duties:

B. PREVIOUS POST(S) (in reverse order)			
COMPANY	FROM (month and year)	TO (month and year)	EXACT TITLE OF YOUR POST
Name of employer/supervisor		Telephone number of employer/supervisor:	
Address of employer:		Reason for leaving:	
COMPANY	FROM (month and year)	TO (month and year)	EXACT TITLE OF YOUR POST
Name of employer/supervisor		Telephone number of employer/supervisor:	
Address of employer:		Reason for leaving:	
COMPANY	FROM (month and year)	TO (month and year)	EXACT TITLE OF YOUR POST
Name of employer/supervisor		Telephone number of employer/supervisor:	
Address of employer:		Reason for leaving:	
COMPANY	FROM (month and year)	TO (month and year)	EXACT TITLE OF YOUR POST
Name of employer/supervisor		Telephone number of employer/supervisor:	
Address of employer:		Reason for leaving:	

23. REFERENCES: List three (3) persons, not related to you, who are familiar with your work, performance and behaviour.

Full Names	Address	Telephone Numbers	Business or occupation

24. HEALTH:

How would you describe your general health?

Have you ever undergone any operations/procedures? YES NO

If your answer to the above question is "Yes", please supply details:

OPERATION	DATE	OUTCOME	COMMENTS

Have you ever been medically boarded from a place of employment? YES NO

If yes: what year? _____

Which employer? _____

How would you describe your overall emotional well-being?

Have you ever undergone psychiatric treatment and/or psychological therapy? YES NO

Have you ever been treated for alcohol abuse? YES NO

Have you ever been treated for drug abuse? YES NO

If your answer to the above question is "Yes", a psychiatric/psychological report (Appendix A) must be completed by yourself and the practitioner. The practitioner must return it to SIU.

If your answer to any of the above is "Yes", please also state the following:				
Name & address of institution (if admitted)	Psychologist/Psychiatrist	Nature of Condition	Dates of treatment	
			From	To
(i)				
(ii)				
25. IMMIGRANTS:				
If immigrated to the RSA, please state the following:				
Harbour, airport or point of entry and date of arrival	Country from which emigrated	Date and number of immigration permit		
If naturalised, state:	Date:	Certificate No.:		
[A copy of the certificate of naturalisation is required]				
Do you have a permanent resident permit for the RSA? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Passport No.:	Country Issued:	Date:		
26. Have you ever been charged and convicted with a criminal offence? YES <input type="checkbox"/> NO <input type="checkbox"/> [Including offences for which you paid admission of guilt and traffic offences, but excluding speeding or parking offences.] NB: THIS ALSO INCLUDES PREVIOUS CONVICTIONS OLDER THAN TEN (10) YEARS				
If YES, full details thereof must be recorded here, including:				
Date of conviction: _____				
Place of conviction: _____				
The Court convicting: _____				
The offence of which convicted: _____				
The sentence imposed: _____				
[Do you want to supply this information directly to the SIU's Internal Integrity Unit?				
YES <input type="checkbox"/> NO <input type="checkbox"/>				
27. Have you ever been charged with a criminal offence but not convicted? YES <input type="checkbox"/> NO <input type="checkbox"/>				
If YES, full details thereof must be recorded here, including:				
Nature of charge: _____				

Court in which charged: _____				

<p>Outcome of charge: _____ [eg. Acquitted/Withdrawn]</p> <p>Date of outcome: _____</p> <p>[Do you want to supply this information directly to the SIU's Internal Integrity Unit?</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>28. Have criminal matters ever been investigated against you, but in which you were not charged?</p> <p style="text-align: center;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>If YES, full details thereof must be recorded here, including:</p> <p>Nature of offence(s) investigated: _____</p> <p>Result of investigation: _____</p> <p>[Do you want to supply this information directly to the SIU's Internal Integrity Unit?</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>29. Have disciplinary action(s) ever been instituted or investigated against you? YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>If YES, full details thereof must be recorded here, including:</p> <p>Date of action: _____</p> <p>Employer: _____</p> <p>The nature of the charge(s) / action: _____</p> <p>Sanction(s) imposed: _____</p> <p>Date of completion: _____</p> <p>Result: _____</p> <p>[Do you want to supply this information directly to the SIU's Internal Integrity Unit?</p> <p style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>30. Are you now experiencing or have you ever experienced dependency on any prohibited drugs? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES, provide details:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>31. Have any civil proceedings ever been instituted against you based on allegations of fraud, theft or any similar conduct involving dishonesty? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If YES, furnish full details and what the outcome was:</p> <p>_____</p> <p>_____</p> <p>_____</p>

32. Do you have any unsatisfied civil judgement against you and/or is there any existing administration order in respect of your affairs or assets, or are you or have you ever been sequestrated or does your name appear in any records of any credit bureau as a credit risk? YES NO

If YES, furnish details (including dates):

33. Have you ever had a Summons or other Court process served on you for the relevance of outstanding debt? YES NO

If YES, please state the following:

Court	Case No.	Date	Name of creditor/ plaintiff	Amount of Claim	Outcome

34. Are there any other facts, of which you are aware, which impact, or may be perceived as impacting on your integrity, or which may influence the decision of the Head of the Unit to appoint you.

YES NO

If YES, what are the details:

35. Do you have a valid motor vehicle driver's licence of the level of a Code 08 or Code B or higher? YES NO

NB: If YES, a certified copy of the driver's licence must be attached to this application, failing which your application will be disqualified.

Licence No.: _____ Code: _____ Date of Issue: _____

Expiry Date: _____

If you have such a licence, is it or has it ever been endorsed? YES NO

If YES, furnish full details, including:

Date of endorsement: _____ Place of endorsement: _____

Reason for endorsement: _____

Authority endorsing: _____

Nature and extent of endorsement: _____

NB: A LEARNERS DRIVER'S LICENCE IS NOT A VALID DRIVER'S LICENCE

Have you ever been involved in a motor vehicle accident where you were the driver?
 YES NO

If YES, what are the details:

36. Do you have any relatives working at the Unit? Yes No

If so, please state –
 Name: _____ and relationship: _____

37. PREVIOUS MARRIAGES:

Kindly provide the following particulars of your previous spouses:

Date of Divorce	Surname	First Names	Identity Number	Country of Birth	Nationality
(1)					
(2)					
(3)					

38. SERVICE IN ARMED OR POLICE FORCES:

Country	Force Number	From	To	Name of Force

39. PLEASE READ THE FOLLOWING CAREFULLY:

May we contact your present employer? YES NO

Name: _____

Contact No. _____

40. Did you complete this application form yourself? YES NO

If not, who did? _____

Why did you not complete it yourself:

41. APPLICATION FORM DECLARATION AND CONSENT

In exchange for the consideration of my job application by the Special Investigating Unit [hereinafter called "*the Unit*"]:

1. I accept that neither the acceptance of this application nor any subsequent interview, either for the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Unit practices, shall serve to create an actual or implied expectation of an offer of employment.
2. I am aware that appointments are subject to Integrity screening. I undertake, at the direction of the Head of the Unit, or his delegate, to complete/submit, when called upon to do so, the documents as listed in paragraph 6.
3. I authorise the investigation by the Unit of all statements contained in this application as well as all information and documentation furnished pursuant to this Declaration and Consent.
4. I consent to the taking of my fingerprints for submission to the SAPS Criminal Record Centre for a criminal record check.
5. I give my consent to the Unit and any of its authorised members or agents to contact my previous employer(s) [unless otherwise indicated by me] and educational institutions reflected in my application form as to my character, general reputation and correctness of all statements made by me in this application. I further consent to the contacting of my present employer, if applicable, and any other person or persons as to my character and general reputation.
6. I undertake to submit to the Head of the Unit, when called upon to do so, a full disclosure of my personal business/ financial interests, and of such details and circumstances of my immediate family members as may be required, as a precondition to any offer of employment which may follow and, once appointed to make such full disclosure as and when requested by the Head of the Unit. I realise and understand that the failure to disclose my and my immediate family's interests, as required herein, will result in my disqualification for appointment and if already appointed, the summary termination of my employment. In relation to any such disclosure, I undertake to furnish to the Head of the Unit the following:

details of all bank accounts, including fixed deposit accounts, together with statements of such accounts for the past three (3) months or for the period determined by the Head of the Unit;

details of all bank accounts in which I have an interest and which are held in the name of another person or entity, including statements of such accounts as specified for the past three (3) months or for the period determined by the Head of the Unit;

full details of all endowment policies and Retirement Provisioning;

full details of all Trusts in which I am a Trustee or in which I have any direct or indirect financial interest, or from which I derive any direct or indirect benefit;

full details of any investments not referred to, above;

details of all credit cards/facilities, including statements of such credit facilities as specified for the past three (3) months or for the period determined by the Head of the Unit;

details of all credit accounts (clothing etc.), including the most recent statements of such accounts;

details of all hire purchaser / credit agreements, including the most recent statements in relation thereto;

details of any motor vehicle finance scheme, including the most recent statements in relation thereto;

details of any mortgage/loan accounts held, including the most recent statements in relation thereto;

a certified copy of my identity document;

a certified copy of my passport;

a certified copy of my driver's licence;

a certified copy of my firearm licence/s;

a certified copy of my marriage certificate;

- a certified copy of my divorce certificate;
- a certified copy of my children/s' birth certificate/s;
- certified copies of academic certificates;
- Curriculum Vitae;
- Two x ID photographs;

I understand that "immediate family" in this context means a spouse, if any, and my natural, adopted or step-children **and that "spouse" includes** any husband or wife or where applicable, the person with whom I cohabit as man and wife or as habitual partners.

7. I authorise the Unit to obtain an investigative consumer report from any consumer reporting agency, including information as to my credit record from any credit bureau.
8. I undertake to furnish such details concerning my health to the Head of the Unit as he may reasonably require, having regard to the nature and duration and extent of the functions I may reasonably be required to perform, were I to be appointed as a member of the Unit. In this regard I further undertake to submit to the Head of the Unit at his request, a certificate under oath/affirmation confirming the truth and accuracy of all such information as might have been furnished to him.
9. Consent to provide a urine sample or blood sample, at the direction of the Head of the Unit, to be taken under such conditions (to protect the integrity of the sample), and at such time as may be determined by the Head of the Unit, for purposes of testing for the presence of any prohibited drug.
10. For the purpose of this application, and also once appointed, consent to the monitoring of all my telephonic and e-mail communications and all my Internet activities, as well as the use of the Unit's telephone, e-mail, Internet facilities and/or computer equipment (including laptop computers). In furtherance hereof, I further undertake to take all such steps, such as the furnishing of information or the like, as may be necessary to enable the Unit to conduct the said monitoring effectively.
11. For the purpose of this application, and also once appointed, to undergo a lie detector test at the direction of the Head of the Unit concerning one or more of the following, whichever may be applicable:
 - the verification of any information furnished in my application for employment;
 - the verification of any disclosure of financial interests, referred to above;
 - any matter falling within the course and scope of my employment with the Unit, as well as any matter reasonably incidental to such employment or having any relevant bearing thereon;
 - any matter relating to whether or not I continue to be a fit and proper person to attend to the performance of the functions of the Unit, as envisaged in section 3(2) of the Act No. 74 of 1996;
 - my adherence to and compliance with the material terms of my contract of employment with the Unit, as well as the Policies and Procedures of the Unit, from time to time;
 - my involvement in any activity, relationship, conduct or circumstances which may, reasonably considered, prejudice the good name and reputation, functions or legitimate interests of the Unit, or which may compromise or weaken my will or ability to resist temptation or desist from any conduct which may prejudice the Unit, or compromise the security of its records and its operations.
12. I am aware that any false statement or false information submitted by me whether in documentary form or otherwise, will justify the summary rejection of my application for employment, or, if I am appointed to the aforesaid post, to my summary dismissal. I am also aware that my signature on this, my application form, is a precondition to the conclusion of any contract of employment between me and the Unit.
13. I accept that it is necessary for the protection of the Unit's interests that undercover exercises be undertaken from time to time in relation to the Unit's members to test the maintenance of Integrity by them and especially the resolve or capacity to resist any form of inducement or solicitation to commit, become involved in or be party to any corrupt or improper conduct and, without detracting from the generality hereof, especially the conduct which directly or indirectly affects the interests of the Unit, the Unit's operations and the security of the Unit's members and the Unit's records and information. Consequently I declare that I waive and abandon and unconditionally

indemnify the Unit against any action which may otherwise be available to me in law, arising from any such exercises undertaken by the Unit in relation to me at any time during the currency of my employment with the Unit, should I be appointed. I further agree and consent that any evidence which the Unit may seek to adduce against me in relation to or concerning such exercises, in any court of law or disciplinary proceedings initiated against me by the Unit, shall be admissible as evidence against me and, to this end, I hereby waive and abandon the benefits of any law of evidence available to me to have such evidence excluded and treated as inadmissible.

14. I hereby acknowledge that I have carefully read and considered the provisions of this Undertaking and Consent. I agree that the contents hereof are, in all relevant circumstances, pertaining to the functions of the Unit, reasonable and necessary for the proper protection of the interests of the Unit and that if I at any time hereafter choose to dispute the reasonableness hereof, the onus of proving such unreasonableness will be on me. Finally, I acknowledge that I have made this Undertaking and Consent and given the relevant consent freely and voluntarily, and that no circumstances exist for me to allege either now, or at any future time, that I was at a disadvantage in making this Declaration or giving the relevant consent aforementioned, or that I was, or am in an unequal bargaining position with the Unit in so declaring or consenting.

15. I fully understand and accept that all the aforementioned measures are reasonable and necessary for the maintenance and protection of conditions of the utmost security and maintenance of a secure environment within which the Unit may perform its functions according to its public mandate.

PLEASE NOTE:

1. **The appointment of candidates will be at the Unit's sole discretion and the Unit reserves the right not to make an appointment.**

2. **It is vital that you answer all questions in this form honestly and that you do not omit any relevant facts or mislead the Unit in any way. If you fail to do so, it will disqualify this application and, if you have already been appointed, will result in the summary termination of your appointment and your dismissal from service.**

3. **By signing and submitting this application form, you acknowledge, agree and undertake:**

- (i) that this application form as well as all information gathered and statement(s) made to the Unit in the course of the vetting, scrutiny and consideration of your application, shall be classified information in the hands of the Unit;**
- (ii) that you hereby indemnify the Unit, as well as any source or author of the aforesaid information and statement(s) against any action by you, arising from the nature, content, disclosure or acceptance of any such information and statement(s), and accept that any such information and statement(s) shall be privileged against disclosure to yourself or any other person, except on a strictly "need-to-know" basis and entirely within the discretion of the Head of the Unit;**
- (iii) that you unconditionally and irrevocably waive and abandon any right you may have to demand or secure access to such information and statement(s).**

(A) DO YOU KNOW AND UNDERSTAND THE CONTENTS OF THE ABOVE DECLARATION?
Answer

(B) DO YOU HAVE ANY OBJECTIONS TO TAKING THE PRESCRIBED OATH?
Answer

(C) DO YOU CONSIDER THE PRESCRIBED OATH TO BE BINDING ON YOUR CONSCIENCE?
Answer

(D) I CERTIFY THAT THE ABOVE QUESTIONS WERE PUT TO ME AND THAT THE ANSWERS AS REFLECTED ABOVE, WERE WRITTEN DOWN IN MY PRESENCE.

.....
SIGNATURE OF DEPONENT

PLEASE NOTE:

(E) I CERTIFY THAT THE DEPONENT HAS ACKNOWLEDGED THAT HE/SHE KNOWS AND UNDERSTANDS THE CONTENTS OF THIS DECLARATION WHICH WAS SWORN TO/AFFIRMED BEFORE ME AND THE DEPONENT'S SIGNATURE/THUMB PRINT/MARK WAS PLACED THEREON IN MY PRESENCE.

.....

SIGNATURE OF JUSTICE OF THE PEACE / COMMISSIONER OF OATHS

FIRST NAMES AND SURNAME: _____
[Print]

DESCRIPTION (RANK): _____ EX OFFICIO REPUBLIC OF SOUTH AFRICA

BUSINESS ADDRESS: _____

DATE: _____ PLACE _____

TO BE COMPLETED BY CANDIDATE (SEE PAGE 5: HEALTH):

I, _____ (FULL NAMES AND SURNAME) Identity Number _____ Hereby give consent to: (Name of doctor/psychologist/psychiatrist/hospital/institution) _____, to furnish any information about myself required for the processing of my integrity screening application. _____ SIGNATURE DATE											
Telephone Number (Dialling Code):											
Cell phone number:											

TO BE COMPLETED BY DOCTOR/PSYCHOLOGIST/PSYCHIATRIST/HOSPITAL/INSTITUTION MENTIONED ON PAGE 5:

Name	_____
Registration category:	_____
Registration number:	_____
Address:	_____

Tel nr:	_____
e-mail address:	_____
Date:	_____

Head of Internal Integrity Unit
 Special Investigating Unit
 74 Watermeyer Street
 Pretoria

RE: (Name of patient) _____

First date of consultation:	
Last date of consultation	
Number of consultations	
Reason for consultation:	
Referred by:	
Diagnosis:	
Prognosis:	
Medication (Name and dosage):	
Duration of medication	
Other	

Describe treatment and patient's response:

Signature of Psychologist/Psychiatrist

Please return to the Head of the Internal Integrity Unit at:

FAX: 012-8430113

Or contact him/her at: 012-8430015.



**Personal Credential Verification
Indemnity Declaration**



(A) COMPANY DETAILS "Special Investigating Unit" To be completed by Company Agent – PLEASE PRINT

Company Name: Special Investigating Unit Agent Phone: 012 8430191
 Branch Name: East London Agent Fax: 012 8430144
 Agent Name: Rosina Manaka Agent E-Mail: rmanaka@siu.org.za

(B) CHECKS REQUIRED – FOR OFFICE USE ONLY

Criminal by Name/ID	<input type="checkbox"/>	Indemnity Signed?	<input type="checkbox"/>	Fraud Listing	<input type="checkbox"/>
Credit – ITC	<input type="checkbox"/>	Address Entered?	<input type="checkbox"/>	ID Number Validation	<input type="checkbox"/>
Credit - Experian	<input type="checkbox"/>	Address Entered?	<input type="checkbox"/>	ID Number Verification	<input type="checkbox"/>
Qualification	<input type="checkbox"/>	Certificates Faxed?	<input type="checkbox"/>	Drivers License	<input type="checkbox"/>
Employment Reference	<input type="checkbox"/>	Contacts Faxed?	<input type="checkbox"/>	Professional Drivers Permit	<input type="checkbox"/>
				Employment Register	<input type="checkbox"/>

(C) PERSONAL INFORMATION

Surname:
 Full First Names:
 Maiden Name:
 Date of Birth: Town of Birth:
 Primary ID No:
 2nd ID / Passport:
 Res. Address:

(D) QUALIFICATION INFORMATION To be completed by Candidate – PLEASE PRINT

	(1)	(2)	(3)
Qualification:
Institution/School
City / Address:
Date Obtained:
Student No:
Certificate No:
Exam No:

(E) INDEMNITY DECLARATION To be completed by Candidate – SIGN and DATE

I hereby authorize **Special Investigating Unit's** duly authorized verification agent, **Kroll Background Screening (Pty) Ltd (Kroll)**, to forward my fingerprints, and any other personal information, to verification information suppliers acting on behalf of **Kroll** (including but not limited to the South African Police Services, the South African Criminal Record Center, the Government of the RSA, and any relevant educational, training banking and credit organizations) for the purpose of verifying my personal credentials and records, and any information that I have provided in support of my application.

Authorized credential verification types include, but are not limited to, educational qualifications, employment history, employment references where authorization exists, consumer credit enquiries, Criminal record checks at the South African Police Services, drivers license, and fraud prevention checks at the South African Fraud Prevention Service

I authorize Kroll's verification information suppliers to furnish information regarding my license, criminal, credit, professional and educational history to **Kroll** and **Special Investigating Unit**. I unconditionally indemnify **Kroll** and its verification information suppliers against any liability that may result from furnishing information in this regard.

I understand that it is a condition of **Kroll's** verification information suppliers that this information is furnished by them solely for the purposes of my proposed / continuation of employment via the offices of **Special Investigating Unit** and that any information that is furnished to **Special Investigating Unit** and **Kroll** will be disclosed to me before a decision is made on my employment or application for employment.

I agree that this indemnity declaration remains valid for all current and future personal credential verification requests by **Special Investigating Unit** via Kroll.

Signed On
 DD / MM / CCYY

CANDIDATE SIGNATURE