

**SPECIAL INVESTIGATING UNIT**

**EMPLOYMENT APPLICATION FORM**

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| 1. **USE A SEPARATE APPLICATION FORM FOR EACH POST** 2. **REQUIRED COMPULSARY DOCUMENTS:**    1. **CV**    2. **CERTFIED ID COPY, QUALIFICATIONS AND/OR DRIVER’S LICENCE (IF APPLICABLE) AND A COMPLETED CONSENT FORM** |  |

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| 1. **Position applied for:** | | | | | | | | 1. **REFERENCE NUMBER:** | | | | |
| 1. Surname: | First Names: | | | Other Names (alias or previous): | | | | | Title (Mr/Mrs/Ms): | | Maiden Name (if applicable): | |
| 1. Date of Birth (day/month/year): | 1. Place of birth: | | | 1. Nationality: | | | | | 1. Race\*: | | 1. Gender/Sex\*: | |
| 1. Marital Status: | | | Single ❑ | | Married ❑ | | Separated ❑ | | | Divorced ❑ | | Widowed ❑ |
| 1. Are you a citizen of South Africa? YES ❑ NO ❑ | | | | | | | | | | | | |
| 1. Are you a person living with disability? YES ❑ NO ❑   If yes: what type of disability? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| 1. Residential Address: | | | | | | 1. Postal Address: | | | | | | |
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| 1. Identity Number (Attach certified copy of ID): | | | | | | 1. Passport Number (Attach certified copy of ID): | | | | | | |
| 1. Contact Number: | |  | | | | | | | | | | |
| E-mail Address: | |  | | | | | | | | | | |
| 1. **PREFERRED WORK LOCATION:** | | | | | | | | | | | | |

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| 1. **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 |
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**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.saqa@org.za***](http://www.saqa@org.za) **for further information.**

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| 1. **EMPLOYMENT RECORD**: | | | | | | | | |
| **A. PRESENT POST** (Last post held, if not presently employed) | | | | | | | | |
| **COMPANY:** | | | | | | | | |
| **POSITION:** | | | | | | | | |
| **FROM** (month and year) | | | **TO** (month and year) | | **GROSS MONTHLY SALARY\*(**copy of salary slip to be attached) | | | |
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| Description of your duties: | | | | | | | | |
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| **B. PREVIOUS POST(S)** (in reverse order) | | | | | | | | |
| **COMPANY** | | FROM (month and year) | | TO (month and year) | | | JOB TITLE | |
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| **COMPANY** | | FROM (month and year) | | TO (month and year) | | | JOB TITLE | |
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| **COMPANY** | | FROM (month and year) | | TO (month and year) | | | JOB TITLE | |
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| 1. **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 |
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| 1. Do you have any relatives working at the Unit? Yes ❑ No ❑   If so, please state:  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |