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NAME

NO



sa army

Department:
Defence
REPUBLIC OF SOUTH AFRICA



sa air force

Department:
Defence
REPUBLIC OF SOUTH AFRICA



sa navy

Department:
Defence
REPUBLIC OF SOUTH AFRICA



sa military health service

Department:
Defence
REPUBLIC OF SOUTH AFRICA

065521047
3

APPLICATION FOR EMPLOYMENT

31. Citizenship

32. Date of Citizenship

33. Passport Number (if applicable)

34. Passport Issue Date (if applicable)

35. Permanent Residence Number

36. Passport Expiry Date

37. Religious Denomination

38. Previous Military Service Done (Y/N)

39. Last Unit

40. Last date of service

41. Type of service

PREVIOUS UNITS	RANK	TYPE OF WORK	PERIOD	
			From:	To:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

42. Reason for leaving service

C. SPOUSE (ATTACH CERTIFIED DOCUMENTARY PROOF)

43. Maiden Name

44. Date of Birth

45. First Names

46. Identity Number

47. Title (Dr, Prof, Mr, Ms

48. Is your spouse dependent on you for the payment of medical treatments (Y/N)

49. Occupation

D. NEXT OF KIN

50. Surname

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51. First Names

52. Postal Address

53. Postal Code

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54. Dailing Code(Home)

--	--	--	--

55. Telephone (Home)

--	--	--	--	--	--	--	--	--	--

56. Dailing Code(work)

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57. Telephone (Work)

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58. Relationship

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E. DEPENDENTS (ATTACH CERTIFIED DOCUMENTARY PROOF

59. Write the number and age of your children in the appropriate spaces:

Number of children

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Age of Child(ren)

First	Second	Third	Fourth	Fifth	Sixth	Seventh	Eight	Ninth	Tenth

F. LANGUAGE

60. NB: Write Good, Fair, Poor or not at all in the appropriate spaces

LANGUAGE	READ	WRITE	SPEAK

J. YOUR STREET ADDRESS

71. Street address

72. Postal Code

73. Magisterial district

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74. Name of railway station or bus depot nearest to you.

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K. PREVIOUS EXPERIENCE (ATTACH CERTIFIED DOCUMENTARY PROOF)

75. Total employment experience Years months

NAMD AND ADDRESS OF EMPLOYER	PERIOD OF SERVICE	POSITION OCCUPIED AND DUTIES	REASON FOR TERMINATION
	FROM		
	TO		
Tel:			
Supervisor			
NAMD AND ADDRESS OF EMPLOYER	PERIOD OF SERVICE	POSITION OCCUPIED AND DUTIES	REASON FOR TERMINATION
	FROM		
	TO		
Tel:			
Supervisor			
NAMD AND ADDRESS OF EMPLOYER	PERIOD OF SERVICE	POSITION OCCUPIED AND DUTIES	REASON FOR TERMINATION
	FROM		
	TO		
Tel:			
Supervisor			
NAMD AND ADDRESS OF EMPLOYER	PERIOD OF SERVICE	POSITION OCCUPIED AND DUTIES	REASON FOR TERMINATION
	FROM		
	TO		
Tel:			
Supervisor			

R. APPROVAL OF PARENT OR LEGAL GUARDIAN

Should be completed in respect of applicants under the age of 21 years.

NB. This form can only be signed by the MOTHER if the father is no longer alive (death certificate required), and by the LEGAL GUARDIAN if both father and mother are no longer alive. If the father and mother are legally divorced and the child was placed under the control and care of the mother, the father still remains the legal guardian and his permission is required. Only where the father was relieved of his guardianship by the Court, granted by means of a divorce order, can the mother sign the permission. A copy of the Court Order, should accompany the application.

89. I,

.....

residing at

the

(State relationship, viz father, mother or guardian, Should the father not sign the reason should be furnished.)

of

(State the full names of the applicant)

.....

hereby grant permission for the above-mentioned applicant to join the Permanent Force and I undertook that should he/she refuse to have himself/herself entered in the Permanent Force when the offer has been accepted. I will refund all expenses which the Defence Force has incurred or may still incur in respect of him/her.

.....
SIGNATURE OF PARENT OR LEGAL GUARDIAN

.....
DATE

SWORN/ATTESTED/CONFIRMED BEFORE MET AT.....

ON THIS DAY OF

The declarant acknowledges that he/she is fully aware of the contents of his declaration and that he/she understands it.

.....
JUSTICE OF THE PEACE OR COMMISSIONER OF OATHS

