

PLEASE COMPLETE PART A WITH BLACK INK

PART A: PERSONAL DETAILS

GENDER: _____ TITLE: _____ INITIALS: _____

SURNAME: _____

FIRST NAME: _____

DATE OF BIRTH: _____ IDENTITY NUMBERS: _____

NATIONALITY: _____ PASSPORT NUMBERS: _____

MARITAL STATUS: _____ OTHER: _____

DISABILITY: _____

PART B: PHYSICAL ADDRESS

POSTAL ADDRESS

PART C: CONTACT DETAILS

CELLPHONE NO: _____ HOME TEL NO: _____

EMAIL ADDRESS: _____

ALTERNATIVE

CELLPHONE NO: _____ HOME TEL NO: _____

EMAIL ADDRESS: _____

CONTACT PERSON: _____

RELATIONSHIP: _____

PART D: EDUCATIONAL HISTORY

PASSED GRADE: _____ YEAR OF ACHIEVEMENT: _____

NAME OF SCHOOL: _____

COLLEGE ATTENDED: _____ YEAR: _____

HIGHEST QUALIFICATION OBTAINED: _____

YEAR OF GRADUATION: _____ UNIVERSITY ATTENDED: _____

YEAR: _____ DEGREE OBTAINED: _____

YEAR OF GRADUATION: _____

PART E: QUALIFICATION OBTAINED WHILE AT PRISON

ABET: _____ PASSED GRADE/LEVEL: _____ YEAR: _____

FET COLLEGE: _____ HIGHEST QUALIFICATION: _____

YEAR OF GRADUATION: _____

UNIVERSITY: _____ DEGREE OBTAINED: _____ YEAR OF GRADUATION: _____

SKILL / TRADE OBTAINED WHILE AT PRISON

1: _____

9: _____

2: _____

10: _____

3: _____

11: _____

4: _____

12: _____

5: _____

13: _____

6: _____

14: _____

7: _____

15: _____

8: _____

16: _____

PART F: WORK EXPERIENCE

WHEN LAST WERE YOU EMPLOYED? YEAR: _____

NAME OF COMPANY: _____

OCCUPATION: _____

REASON FOR RESIGNATION / DISMISSAL: _____ YEAR: _____

CURRENTLY EMPLOYED: YES NO NAME OF COMPANY: _____

OCCUPATION: _____

HOW MANY YEARS LIVED WITHOUT INCOME?: _____

PLEASE EXPLAIN HOW YOU SURVIVED WITHOUT MONTHLY INCOME/EMPLOYMENT: _____

DO YOU HAVE DRIVERS LICENSE: YES NO CODE: _____

PART G: SOCIAL PROBLEM

FAMILY PROBLEM? YES NO IF TICKED 'YES' PLEASE EXPLAIN: _____

RELATIONSHIP PROBLEM? YES NO IF TICKED 'YES' PLEASE EXPLAIN: _____

SUBSTANCE ABUSE

DRUGS YES NO

YEAR: _____

DAGGA YES NO

YEAR: _____

ALCOHOL YES NO

YEAR: _____

PART H: FIELD OF INTEREST / STUDY

PLEASE MARK WITH 'X' ON BLOCKS

1. CONSTRUCTION	<input type="checkbox"/>	2. TECHNICAL DRAWING	<input type="checkbox"/>
3. ART & CRAFT	<input type="checkbox"/>	4. MOULDING	<input type="checkbox"/>
5. CATERING	<input type="checkbox"/>	6. SEWING	<input type="checkbox"/>
7. COMPUTER LITERACY	<input type="checkbox"/>	8. MARKETING	<input type="checkbox"/>
9. SOUND ENGINEERING	<input type="checkbox"/>	10. POET	<input type="checkbox"/>
11. MODELLING	<input type="checkbox"/>	12. SINGING	<input type="checkbox"/>
13. GRAPHIC DESIGN	<input type="checkbox"/>	14. DRAMA	<input type="checkbox"/>
15. DIGITAL ENTREPRENEURSHIP	<input type="checkbox"/>	16. BLOCKCHAIN TECHNOLOGY	<input type="checkbox"/>
17. NETWORK MARKETING (MLM)	<input type="checkbox"/>	18. FOREX TRADING	<input type="checkbox"/>
19. JOURNALISM	<input type="checkbox"/>	20. PHOTOGRAPHY	<input type="checkbox"/>
21. SPORTS	<input type="checkbox"/>		

PART I: CONFIDENTIAL INFORMATION

ARE YOU A PROBATIONER? YES NO

NO. OF CRIME COMMITTED? NO. OF CONVICTIONS

TYPE OF CRIME COMMITTED: _____

YEARS SERVED IMPRISONMENT DATE OF SENTENCE: _____

DATE OF RELEASE: _____

PARTICIPATED IN PRISON GANG ACTIVITIES? YES NO IF YOUR ANSWER IS 'YES'

PLEASE PROVIDE A NUMBER _____ OR NAME OF GANG YOU BELONGED _____

PART J: DECLARATION BY APPLICANT

I, _____ HEREBY VOLUNTARILY JOIN SAECEO WITHOUT ANY MOTIVE OR MATERIAL ADVANTAGE USE FOR PERSONAL GAIN. I DESIRE TO BE A DICIPLINED AND LOYAL MEMBER OF THE ORGANZATION WITH THE AIM TO ABSTAIN FROM CRIME AND SUBSTANCE ABUSE AND OF MY FAMILY WHILE ADVOCATING FOR SAFE AND PEACEFUL COMMUNITIES. I FURTHER DECLARE THAT I WILL PUT MY ENERGY AND SKILLS TOWARDS MAKING (SAECEO) A BETTER AND SUCCESSFUL ORGANIZATION BY INFORMATION PROVIDED HERE ABOVE IS TRUE AND CORRECT IN EVERY ASPECT. I WILL ABIDE BY THE AIMS AND OBJECTIVES OF THE ORGANIZATION.

APPLICANT'S SIGNATURE

PLACE

DATE

RECRUITER

NAME: _____ SURNAME: _____

CONTACT NO: _____ EMAIL: _____

SIGNATURE: _____ DATE: _____

OFFICE USE

APPLICANTS FULL NAMES: _____

MEMBERSHIP NUMBER: _____ FILE NO. _____

SOCIAL WORK REFFERAL YES NO

REHAB CENTER REFFERAL YES NO

FIELD ALLOCATION: _____

ADMINISTRATOR (SAECEO)

INITIALS M J

TITLE M S

FIRST NAMES: MADISEBP JULIA

SURNAME: PUSHO SIGNATURE: _____

EMAIL ADDRESS: _____

CELLPHONE NO: _____

CENTER CO-ORDINATOR (SAECEO)

INITIALS B W

TITLE M R

FIRST NAME: BUTA WILLEM

SURNAME: HLATYWAYO

CONTACT NO: _____

EMAIL ADDRESS: _____

FOUNDER AND PRESIDENT (SAECEO)

INITIALS Z X

TITLE M R

FIRST NAME: ZIGGY XOLANE

SURNAME: NDHLOVU

CONTACT NUMBER: _____

EMAIL ADDRESS: _____

ADDITIONAL NOTES

