



PRE-EMPLOYMENT DECLARATION IN RESPECT OF APPLICATION FOR EMPLOYMENT IN THE SOUTH AUSTRALIAN PUBLIC SECTOR



INFORMATION FOR APPLICANTS

It is a requirement that all applicants applying for roles within South Australia Police (SAPOL) complete a Pre-Employment Declaration.

Please ensure that you complete and return this Pre-Employment Declaration together with your application for employment. You must complete all components of the declaration, including providing additional, supporting information and documentation where indicated.

Any false or incorrect statement or information in connection with your application for employment in SAPOL may lead to a rejection of your application for employment.

Note that misconduct, as defined in the *Public Sector Act 2009*, includes making a false statement in connection with an application for employment. Thus, in the event you are employed, any false statement by you in connection with your application for employment will amount to misconduct and render you liable to disciplinary action, including the possibility of termination of employment.

The information provided on this Pre-Employment Declaration may be checked by SAPOL with the relevant authorities or sources. The information provided will be treated as confidential and dealt with in accordance with the *State Records Act 1997*, the disposal schedule issued under the Act, and Cabinet Administrative Instruction 1/89 – Information Privacy Principles.

Should you have any queries in relation to the information contained on the Pre-Employment Declaration, please contact the nominated enquiries person for the advertised role.

DECLARATION

I, _____
(Full Name)

Former Name(s) / Alias(es): (if applicable) _____

of _____
(Address)

Born on the _____ day of _____
(Date) (Month) (Year)

at _____ in the State of _____, _____
(City / Town) (State) (Country)

My driver's licence number is: _____ in the State / Country: _____

I do not have a driver's licence

Do declare as follows:

1. I am an applicant for the role of: _____ in South Australia Police (SAPOL).
(Role Title)

2. If my application for employment in SAPOL is successful and I am employed in the public sector either in the role for which I have applied or in any other role:

2.1 I acknowledge that I may, during the course of that employment, gain access to confidential information.

Detailed provisions regarding storage, disposal, sharing and otherwise dealing with confidential information are contained in legislation, instruments and instructions binding public sector employees. Without detracting from any such legislation instruments or instructions, unless such information is clearly not of a confidential nature, and unless I am expressly advised to the contrary by a person with appropriate delegated authority, I will treat all information I become aware of during the course of the performance of my duties in the public sector as confidential.

The expression "confidential information" as used in this declaration means all information which must be treated as being of a confidential nature. I understand that I must not disclose or make use of that confidential information, during or after that employment, except in the proper course of my duties, as authorised or as required to do so by law.

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- 2.2 I undertake that I will not engage in any external or private activities which will result in a conflict or potential conflict of interest with any of my duties or role as a public sector employee. Detailed provisions regarding disclosure of conflict of interest are contained in legislation, instruments and policy binding public sector employees.

Without detracting from any such legislation, instruments or policy, in any circumstances where there is a potential conflict between my personal interests or that of an associate as that term is defined in the *Public Sector (Honesty and Accountability) Act 1995*, and my duties and/or appropriate role as a public sector employee, I will seek advice and instruction from an appropriate supervisor or manager.

- 2.3 I understand that the offering of employment to me in the public sector will be expressly on the basis that the information that I have provided in relation to my application for employment is true and correct in every detail.

I understand that any incorrect statement in my application or interview for employment on any matter relevant to my employment in the public sector, including (but not restricted to) my qualifications, experience, ability, physical or mental health or professional and personal integrity, may make me liable to disciplinary action which may include termination of employment.

- 2.4 To the best of my knowledge all information contained in my application, provided in support of my application, and disclosed in response to the following questions, is true and correct in every respect (**T** cross appropriate box):

- a) Do you currently have any disability or medical condition which might prevent you or impede you from being able to satisfactorily perform any duties that might be required of you in the role for which you have applied?

Please Note – If you have any disability or medical condition which might require workplace modifications to either assist to ensure your health and safety in the workplace or to enable you to satisfactorily perform the duties of the role for which you have applied, you are required to provide detail. This information is necessary to enable management to meet its obligations under health and safety legislation and, where relevant, to ensure appropriate modifications or assistance to provide a safe system of work for you in the event that you are offered employment, and to enable us to provide appropriate assistance. The provision of any such information will not be used to discriminate against you because of the existence of any such disability or medical condition.

Yes No Unsure

If you are unsure, please provide details (please include details of any assistance / adjustment that would allow you to carry out the functions of the role): *(attach additional information if required)*

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.....

- b) If you are offered employment, do you agree to undergo a medical examination that relates to your capacity to perform the functions of the role you have applied for?

Yes No

- c) Have you ever been investigated, arrested, reported for or pleaded or found guilty of any criminal offence, including any Road Traffic Act offences, or convictions that were not recorded?

Yes No

If 'Yes', please provide details: *(attach additional information if required)*

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.....

- d) Are you currently facing charges yet to be determined for any offence, including Road Traffic Act offences?

Yes No

If 'Yes', please provide details: *(attach additional information if required)*

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.....

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- e) Have you been the subject of allegations or an investigation or any other process relating to alleged unsatisfactory performance or misconduct by you as an employee?

Yes No

If 'Yes', please provide details: *(attach additional information if required)*

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- f) Do you or any relative or associate of yours have an association with either
(a) a person who has a criminal conviction or reputation; or
(b) a person who is suspected of having a criminal conviction or reputation?

Yes No

If you have answered 'Yes' to either (a) or (b) or both please provide details of the specific association(s), i.e. the nature and extent of any such association including names, ages etc. and the nature of the 'criminality' if known. *(if space insufficient, please attach additional information on a separate signed page)*

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- g) Have you ever received any voluntary early retirement or voluntary separation (including TVSP) or redundancy package from the South Australian Public Sector?

Please Note – "Public Sector" in relation to such packages means any agency or instrumentality of the Crown in right of the State of South Australia and includes any body corporate that is in existence or which is established by or under any Act and which is subject to control or direction by a Minister.

Yes No

If 'Yes', please provide details of resignation date and name of the relevant Agency / Authority issuing retirement / resignation package: *(attach additional information if required)*

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.....

- h) Have you ever been dismissed or terminated from any previous employment for any reason (including by not limited to redundancy)?

Yes No

If 'Yes', please provide details: *(attach additional information if required)*

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.....

- i) Have you ever resigned or retired from any previous employment?

Yes No

If 'Yes', please provide details: *(attach additional information if required)*

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.....

Applicant's Signature: _____

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- j) Have you ever received any payment, involving your resignation from South Australian Public Sector employment, in redemption of a liability under the South Australian worker's compensation legislation?

Yes No

If 'Yes', please provide details of resignation date and name of agency / authority in which resignation took effect: *(attach additional information if required)*

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.....

- k) Have you ever applied for or received any payment(s) from the Triple S Scheme or any other superannuation or insurance scheme in relation to temporary or permanent illness, injury or invalidity?

Yes No

If 'Yes', please provide details, including details of any payments approved or received: *(attach additional information if required)*

.....

.....

- l) Are you employed, in any capacity, in the South Australian Public Sector as at the time of completing this declaration?

Yes No

If 'Yes', please provide details of the role you currently hold, the employing agency, and the terms and conditions of your employment (i.e. relevant Act or Award, ongoing, casual or term engagement): *(attach additional information if required)*

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- m) Are you an Australian Citizen or Permanent Resident of Australia?

Please Note – Should you be required to attend an interview for employment, you must provide the original of your Visa for copying.

Yes No

If 'No', you must provide the following details: *(attach additional information if required)*

1. What type of Visa do you have?
 2. When does this Visa expire?
 3. What limitations to employment apply under this Visa? (e.g. 20 hours / week)
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2.5 I understand that all applicants for employment in SAPOL will be required to undergo a Background Screening and National Criminal History Record Check. I consent to such screening and check in connection with my application for employment and in the event that I am employed, consent to screening and checks periodically at the discretion of the Chief Executive or delegate.

3. I declare that the information in this declaration and in any other documents completed by me, and information provided by me in support of my application for employment in SAPOL, and the information provided by me during any interviews in connection for employment, is true and correct in every detail.

I also understand that any offer of employment to me in SAPOL will be expressly on the basis that the information I have provided in relation to my application for employment is true and correct in every detail.

Applicant's Signature: **Date:** / /

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I understand that making a false statement in connection with an application for engagement as a public sector employee amounts to misconduct.

I further understand that if I make a false statement in connection with this application for employment in the South Australian Public Sector, that I will have committed misconduct and will be liable for disciplinary action, including termination of my employment.

I understand that any information provided on this Pre-Employment Declaration may be checked by SAPOL with the relevant authorities or sources.

I agree to voluntarily submit a set of fingerprints suitable for the requirements of SAPOL should there be any doubts as to my identity.

I consent to SAPOL accessing the full details of any personal history and any other relevant information that any Australian State, Territory or Federal Police or Law Enforcement Agency may have in its possession which relates to me. This includes any convictions imposed on me that are spent or rehabilitated (however described) under any State, Territory or Federal legislation.

I consent to this information being used by SAPOL to make a security assessment relevant to my suitability for employment.

I release, discharge, agree to indemnify and hold harmless the State of South Australia and each of the other State, Territory and Federal Police or Law Enforcement Agencies and their employees, servants and agents from and against all claims, demands, actions, suits, proceedings, costs or damages whatsoever arising out of or in any way connected with the release or use of the information.

Applicant's Name: *(please print)*

Applicant's Signature: **Date:** / /

PROOF OF IDENTITY (100 points required)

This section is not to be completed upon the submission of your application and may only be completed in the final stage of the merit selection process whereby the Chairperson / Panel will request the details be completed and sign as a SAPOL witness.

An applicant must provide identification in one name. If identification is provided in two different names, proof of name change is required (e.g. Marriage Certificate, Deed Poll).

CATEGORY A	POINT VALUE	CATEGORY B	POINT VALUE
<input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate or Certified Copy <input type="checkbox"/> Citizenship Certificate	70	<input type="checkbox"/> Public Service Employee ID Card <input type="checkbox"/> Tertiary Education Card <input type="checkbox"/> Veteran Affairs Gold Card	<input type="checkbox"/> Centrelink Card <input type="checkbox"/> Firearms Licence <input type="checkbox"/> Security Licence
<input type="checkbox"/> Driver's Licence	40	<input type="checkbox"/> Mortgage Documents	<input type="checkbox"/> Land Title Records
Total Value of Points:		<input type="checkbox"/> Proof of Age Card <input type="checkbox"/> Motor Vehicle Registration <input type="checkbox"/> Medicare Card <input type="checkbox"/> Electoral Enrolment Card <input type="checkbox"/> Bank Statements (cannot be used if Credit / Bank / Debit Card is from same account) <input type="checkbox"/> Bank/Credit/Debit Cards (only two cards from different institutions accepted)	<input type="checkbox"/> Medicare Card <input type="checkbox"/> Seniors Card <input type="checkbox"/> Council Rates Notice <input type="checkbox"/> Utility Accounts <input type="checkbox"/> Insurance Renewal <input type="checkbox"/> Rent Records <input type="checkbox"/> Proof of Name Change e.g. Deed Poll, Marriage Certificate
			25

SAPOL WITNESS

I have witnessed the applicant's signature and am satisfied as to the correctness of the applicant's identity. Copies of identification documents are attached.

Name: ID Number:
(SAPOL employee)

Signature: