

EMPLOYMENT DECLARATION

It is a requirement of all applicants applying for positions within the South Australian Public Sector to complete an Employment Declaration (as attached).

Please ensure that you complete and return the Employment Declaration with your application for employment.

Any incorrect statement in connection with your application for employment in the South Australian Public Sector may lead to a rejection of your application for employment, or, in the event that you are offered employment in the South Australian Public Sector, may make you liable for disciplinary action which may include dismissal.

The information provided on this Employment Declaration may be checked by the employing Agency with the relevant authorities.

Should you have any queries in regards to the information contained on the Employment Declaration, please contact the nominated enquiries person for the role on offer.

Good luck with your application.

Employment Declaration

PS Act & Weekly Paid Employees

I
(print name in full)

Of.....
(address)

Born on the day of

At..... in the State Country of

Do declare as follows:

1) I am an applicant for the role of
(name of role)

In
(name of administrative unit)

If my application for employment in the South Australian Public Sector is successful and I am employed in the public sector either in the role for which I have applied or in any other duties I:

- 2) acknowledge that during the course of that employment, gain access to information. Detailed provisions regarding disclosure of confidential information are contained in relevant public sector guidelines and regulations. Without detracting from any such guidelines or regulations, unless such information is clearly not of a confidential nature, and unless I am expressly advised to the contrary by appropriate supervisors, all such information is to be treated 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. In particular, I undertake not to use any confidential information gained by virtue of any public sector employment, with the intent of securing a benefit for myself, any person, company or any future employer.
- 3) 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 as a public sector employee. Detailed provisions regarding disclosure of confidential information are contained in relevant public sector guidelines and regulations. Without detracting from any such guidelines or regulations, in any case where there is any possible doubt regarding a potential conflict of interest, I undertake to seek advice and instruction from an appropriate supervisor.
- 4) 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 personal integrity, may make me liable to disciplinary action which may include dismissal.

Applicant Signature:

Dated:

5) 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.

(Tick appropriate box)

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

Yes Unsure No

If yes or unsure, please provide details: (Please include details of any assistance/ adjustments that would allow you to carry out the functions of the position.)

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Please note: If you have any disability or medical condition which might require the provision of non standard measure to either provide you with a safe system of work, or to enable you to satisfactorily perform your duties, you should tell us. This information is necessary to enable us to provide a safe system of work to 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.

- b) If you are offered the position, do you agree to undergo a medical examination that relates to the functions of the position?

Yes No

- c) Have you ever been found guilty of any offence? (This includes Road Traffic Act offences and all offences where a conviction was not recorded.)

Yes No

If **yes**, please provide details:

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.....
.....

Applicant Signature:

Dated:

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:

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.....

e) Have you ever voluntarily resigned from your employment whilst there were still outstanding disciplinary issues relating to your employment?

Yes No

If **yes**, please provide details:

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.....

f) Have you ever received any voluntary early retirement or voluntary separation package from the South Australian Public Sector?

Yes No

If **yes**, please provide details of resignation date and name of agency/authority issuing retirement/resignation package:

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Please note: "Public Sector" in relation to such packages means any agency or instrumentality or 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.

g) 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:

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Applicant Signature:

Dated:

h) Are you currently employed, in any capacity, in the South Australian Public Sector as at the time of completing this application for the abovementioned position?

Yes No

If **yes**, please provide details of the position you currently hold and the Agency:

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

Yes No

If no, you must provide the following details:

1. What type of Visa do you have?
2. When does this Visa expire?
3. What limitations to employment apply under this Visa? (eg: 20 hours / week)

.....

NOTE: Should you be required to attend an interview for employment, you must provide the original of your Visa for copying

I declare that the information in this declaration and in any other documents completed by me in support of my application for employment in the South Australian Public Sector, and the information provided by me during any interviews in connection with my application for employment in the South Australian public sector, is true and correct in every detail.

I also understand that any offer 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 connection with my application for employment in the South Australian Public Sector may lead to a rejection of my application for employment, or, in the event that I am offered employment in the South Australian Public Sector, make me liable for disciplinary action which may include dismissal.

I understand that any information provided on this Employment Declaration may be checked by the employing Agency with the relevant authorities.

Applicant Signature:

Dated: