



PRE- EMPLOYMENT DECLARATION

It is a requirement that all applicants applying for roles within the Department of Environment, Water and Natural Resources (DEWNR) complete a Pre-Employment Declaration (as attached).

Please ensure that you complete and return the 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 DEWNR 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 DEWNR 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 destruction schedules issued under the Act and the Cabinet Administrative instruction 1/89 known as the 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 role on offer.

Pre-Employment Declaration

To be completed by all applicants for roles in the Department of Environment, Water and Natural Resources

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 ofvacancy number.....
(role title)

In the Department of Environment, Water and Natural Resources (DEWNR)
(section)

If my application for employment in DEWNR is successful and I am employed in DEWNR either in the role for which I have applied or to perform any other duties I:

- 1) acknowledge that during the course of that employment, I may gain access to information. Detailed provisions regarding storage, disclosure, 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 the Chief Executive or a person with appropriate delegated authority, 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 my employment, except in the proper course of my duties, as authorized or as required by law.
- 2) 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 DEWNR and 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 case where there is any possible doubt regarding a potential conflict of interest 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 role as a public sector employee, I undertake to seek advice and instruction from an appropriate supervisor or manager.
- 3) understand that the offering of employment to me in DEWNR 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 DEWNR, 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.
- 4) understand that all applicants for employment in DEWNR are required to undergo a Background Screening and National Criminal History Record Check. I consent to such screening and checks 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.
- 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.

Applicant's Signature

Dated

Place a tick in the appropriate box below to answer the following

a)	Do you currently have any disability (including learning disability) or medical condition and/or restrictions which might prevent 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? 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 role.) (attach additional information if required) <u>Please note:</u> 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 you are offered employment. 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.	No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure <input type="checkbox"/>
b)	Are you taking or consuming any prescription medication/s or other substance/s that may affect your ability to perform the duties of the role applied for or give rise to a risk to your health or safety in the workplace or that of other persons? If yes , please provide details: (attach additional information if required)	No <input type="checkbox"/> Yes <input type="checkbox"/>
c)	Do you agree to undergo a medical examination that relates to your capacity to perform the functions of the role you have applied for? If no , please provide details: (attach additional information if required)	No <input type="checkbox"/> Yes <input type="checkbox"/>
d)	Have you ever been investigated in respect of any suspected criminal offences, arrested, reported for, or pleaded guilty to or been found guilty of any criminal offences? (This includes Road Traffic Act offences and all instances where a conviction was not recorded.) If yes , please provide details: (attach additional information if required)	No <input type="checkbox"/> Yes <input type="checkbox"/>
e)	Are you currently facing charges yet to be determined for any offence (including Road Traffic Act offences)? If yes , please provide details: (attach additional information if required)	No <input type="checkbox"/> Yes <input type="checkbox"/>

Applicant's Signature

Dated

f)	Have you been the subject of allegations or an investigation or any other processes relating to alleged unsatisfactory performance including misconduct by you as an employee?	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes , please provide details: (attach additional information if required)		
g)	Have you ever received any voluntary early retirement or voluntary separation or redundancy package from the South Australian Public Sector?	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes , please provide details of resignation date and name of agency/authority issuing retirement/resignation package: (attach additional information if required)		
<small><u>Please note:</u> "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.</small>		
h)	Have you been dismissed or terminated from any previous employment for any reason (including but not limited to redundancy)?	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes , please provide details: (attach additional information if required)		
i)	Have you ever resigned from any previous employment including by retirement?	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes , please provide details: (attach additional information if required)		
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?	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes , please provide details of resignation date and name of agency/authority in which resignation took effect: (attach additional information if required)		
k)	Have you ever applied for or received any payment(s) from the Triple S Scheme or any other superannuation or insurance scheme relating to temporary or permanent illness, injury or invalidity?	No <input type="checkbox"/> Yes <input type="checkbox"/>
If yes , please provide details (including details of any payments approved or received): (attach additional information if required)		

Applicant's Signature

Dated

l) Are you an Australian Citizen or Permanent Resident of Australia? No ☐ Yes ☐

If **no**, please 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)

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

m) Are you employed, in any capacity, in the South Australian Public Sector as at the time of completing this application? No ☐ Yes ☐

If **yes**, please provide details of the role you currently hold, the Agency, and the terms and conditions of your employment (eg. Relevant Act or Award, Ongoing, temporary or term engagement):

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.....

(attach additional information if required)

Indicate with a tick that you have read and understood the following

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 DEWNR, and the information provided by me during any interviews in connection with my application for employment in DEWNR, is true and correct in every detail.

☐

I understand that any offer of employment to me in DEWNR 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 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.

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

☐

Applicant's Signature.....

Dated