



# CORRECTIONAL OFFICER

## APPLICATION PACK

**OFFICE USE ONLY**

Application received on:

Application received by:



## INSTRUCTIONS

*Please read carefully before proceeding*

### APPLICATION INFORMATION

- THIS APPLICATION MUST BE COMPLETED BY THE PERSON APPLYING.
- Print all details clearly and legibly in your own handwriting. Do not type.
- Please state N/A if item is Not Applicable.
- Please ensure you enclose only copies of all relevant documents with your application.
- Present the originals and photocopied documents to either a Justice of the Peace or a Police Officer to be certified.
- All applicants must have a valid email address and ensure you check your nominated email address and spam/junk folders regularly as all communications will be via emails.
- Application must be one sided, double sided application will **NOT** be accepted
- Failure to provide the documents requested and to complete all sections of this form will result in your application **NOT** being processed.

### APPLICATION POSTAL ADDRESS

Correctional Officer Recruiting -  
Department for Correctional Services  
GPO Box 1747  
ADELAIDE SA 5001

**Electronic/PDF Versions via email will NOT be accepted.**  
**Applications must not be sent in folders or binder.**

### FOR MORE INFORMATION

**Visit website:** <https://corrections.sa.gov.au/>

**Email:** [DCSTCORecruitment@sa.gov.au](mailto:DCSTCORecruitment@sa.gov.au)

**Telephone:** (08) 8226 9048 or (08) 8226 9150



## SECTION 1 – JOB LOCATION PREFERENCE

Applicants must be prepared to work in country or metropolitan prisons within the Department for Correctional Services, South Australia (DCS) based on vacancies and operational requirements. Furthermore, pursuant to section 47 of the *Public Sector Act 2009*, you would be accepting the terms and conditions of any contract on the basis that the Chief Executive may from time to time determine your duties as an employee of the agency and the place or places at which those duties are to be performed on an ongoing or temporary basis at any correctional facility at any time during your employment

**Please number your preference(s) – you do not need to number all boxes:**

- Metropolitan includes Yatala Labour Prison, Adelaide Women’s Prison, Pre-Release Centre and Mobilong Prison
- Port Augusta Prison
- Cadell Training Centre (Riverland)
- Port Lincoln Prison

While every effort is made to accommodate the applicant’s first preference, the Department reserves the right to place an applicant taking into account all determining factors, including meeting the operational priorities of each prison.

## SECTION 2 – ROSTERING PREFERENCE

**Shift Work:** Full time and Part-time employees will be required to work 8 hour shifts over a 24 hour/7-day rotating roster. Shift types include day, afternoon and night shifts.

### **Hours of duty:**

#### Full Time

Employees will work 19, 8 hour shifts over a 28-day, 24 hour/7-day rotating roster. The 28-day rotating roster also includes 8 days off, and 1 Programmed Day Off (PDO) in a roster cycle.

#### Part Time

Employees will be required to work a minimum of 8 shifts over a 28-day, 24 hour/7-day rotating roster. The roster will include a Programmed Day Off (PDO) which will be allocated once a sufficient number of shifts have been accrued.

**Public Holidays:** Employees will work up to 7 per year (pro-rata for part time).

**Please indicate your preference for employment (please tick):**

- Full Time (please continue to Section 3.1)
- Part Time (please complete the below)

**For part time applicants** - please indicate the approximate number of shifts you would be available to work over a 28-day, 24/7 rotating roster cycle (minimum of 8 shifts, maximum of 18 shifts).

I am available to work \_\_\_\_\_ shifts per 28-day rotating roster cycle.  
This will be discussed further with you during the selection process.



**SECTION 3 – APPLICANT DETAILS**

3.1

FAMILY NAME: \_\_\_\_\_

GIVEN NAME(s): \_\_\_\_\_

Gender:  Female  Male  Other \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_

Address Number: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb/City: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Postal Address (if different) \_\_\_\_\_

Telephone No. Home: (\_\_\_\_) \_\_\_\_\_ Mobile: \_\_\_\_\_

\*Email Address: \_\_\_\_\_

**\*Please note – All applicants must have a valid email address as this is required for Criminal History Check and is used for all communications. Please ensure you check your nominated email address and spam/junk regularly.**

s3.2

Have you ever been known by, or used any other name: (maiden names/previous married names/aliases/deed poll)

Yes  No

If 'Yes', please provide full name(s) details:

**Family Name**

**Given Name(s)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**\*Attach certified copy of your change of name documentation. This could include Marriage Certificates, Divorce Papers, change of Name Documentation etc.**

3.3

Have you ever previously lodged an application(s) for the role of Correctional Officer with the Department for Correctional Services?

Yes  No

If yes, please provide details when your application(s) was lodged:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



#### SECTION 4 – ABORIGINAL AND TORRES STRAIT ISLANDER BACKGROUND

- 4.1 Do you identify as an Aboriginal and/or Torres Strait Islander?
- No (Please continue to Section 5)                       Yes, Aboriginal
- Yes, Torres Strait Islander                               Yes, both Aboriginal and Torres Strait Islander
- Unsure     Prefer not to say

#### SECTION 5 – CULTURAL DIVERSITY

- 5.1 Your cultural background is the cultural/ethnic group(s) to which you feel you belong or identify. This background may be the same as your parents, grandparents, or your heritage, or it may be the country you were born in or have spent a great amount of time in, or you feel more closely tied to.

How would you describe your cultural background?

Please specify: \_\_\_\_\_

- 5.2 Apart from English, in which language(s) could you have a conversation(s) about everyday things?

Please specify: \_\_\_\_\_

#### SECTION 6 – CITIZENSHIP/PERMANENT RESIDENCY STATUS

I am an Australian Citizen:     Yes     No

##### If Born in Australia –

Attach certified copy of your full Australian Birth Certificate, **AND** if you were born after 19 August 1986, also attach certified copy of one parent's full Australian Birth Certificate or Australian Passport or Australian Citizenship Certificate or Australian Permanent Resident Status that was valid at the time of your birth. If your Australian Birth Certificate lists at least one of your parents as having been born in Australia then you are not required to provide a copy of your parent's Australian Birth Certificate.

**OR**

##### If Born Overseas –

Attach certified copy of your Australian Citizenship Certificate (or an extract from the register of citizenship by descent or an extract from the register of Australian births abroad or a letter from the Department of Immigration and Citizenship stating that your birth abroad has been registered, **AND** if your Australian citizenship document does not show sex or place and country of birth you must also present your foreign birth certificate (with an official English translation). *Please note that birth extracts, commemorative certificates, photocopies and fax copies are not acceptable.*

If not an Australian Citizen:

I am a permanent resident of Australia     Yes     No

Attach certified copy of your foreign passport and travel document which includes a valid Australian permanent residency visa or Certificate of Evidence of Resident Status (CERS) from the Department of Immigration and Citizenship.

*Please note your permanent residency status may be verified online with the Department of Immigration and Citizenship.*



**SECTION 7 – OTHER PERSONAL INFORMATION**

- 7.1 DCS has a Standard Operating Procedure (SOP) 057 in relation to Uniforms and Dress Standards that includes tattoos, body art and piercings.  
Do you have tattoos, body art or visible piercings?  Yes  No  
If 'Yes', provide details (where, what and size): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 7.2 List involvement with sporting or leisure clubs (please include dates): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 7.3 List past and current community service (please include dates): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 8 – OCCUPATION**

- 8.1 Are you currently employed:  Yes  No  
Who is your present, or last employer(company name): \_\_\_\_\_  
Street Number: \_\_\_\_\_  
Street Name : \_\_\_\_\_  
Suburb: \_\_\_\_\_  
State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_
- 8.2 Name of current employer / supervisor/ manager: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Date from: \_\_\_/\_\_\_/\_\_\_ Date to: \_\_\_/\_\_\_/\_\_\_  
Please provide brief details of your duties:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**8.3 Below details must be completed – please also attach Resume or Curriculum Vitae**

List all employment starting most recent in the table below:

Dates of Employment	Name of Employer/Company	Job Title	Reason for termination/resignation

**SECTION 9 – EDUCATION AND QUALIFICATIONS**

Please ensure copies of certificates are attached as evidence.

**9.1 High School:**

Name of High School: \_\_\_\_\_

Please specify your highest year successfully completed:     Year 10     Year 11     Year 12

**9.2 Tertiary Studies:**

Institution(s)	Title of Qualifications	Year(s) Completed
1. _____	_____	_____
2. _____	_____	_____

**9.3 Other Courses / Trade Qualifications Completed:**

Institution(s)	Title of Qualifications	Year(s) Completed
1. _____	_____	_____
2. _____	_____	_____

**Other relevant skill and/or experience (Computer, Volunteer, Community Work):**

\_\_\_\_\_  
\_\_\_\_\_



**SECTION 10 – REFEREES**

Please List **TWO RECENT** Work Supervisors / Managers

Your referees will be contacted and a work reference will be requested at any time from receipt of this application.

**A current email address must be supplied**

**REFERENCE 1:**

NAME: \_\_\_\_\_

Position Title: \_\_\_\_\_

Name of Company: \_\_\_\_\_

How long was this person your supervisor: \_\_\_\_\_

What position did you hold: \_\_\_\_\_

Address of the Company: \_\_\_\_\_

Referee's Contact Number: \_\_\_\_\_

Referee's Email Address: \_\_\_\_\_

**REFERENCE 2:**

NAME: \_\_\_\_\_

Position Title: \_\_\_\_\_

Name of Company: \_\_\_\_\_

How long was this person your supervisor: \_\_\_\_\_

What position did you hold: \_\_\_\_\_

Address of the Company: \_\_\_\_\_

Referee's Contact Number: \_\_\_\_\_

Referee's Email Address: \_\_\_\_\_

**SECTION 11 – DRIVER'S LICENCE DETAILS**

11.1

Do you hold a motor vehicle driver's licence:  Yes  No

**\*Attach certified copy of your Driver's Licence (a certified copy of front and rear of Driver's Licence must be attached for your application to progress)**

Do you have any restrictions on your licence:  Yes  No

If 'Yes', please provide details of any restrictions on your licence:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever had any driver's licence suspended or cancelled:

Yes  No

If 'Yes', please provide details (Period and Offence/s)

\_\_\_\_\_  
\_\_\_\_\_





### SECTION 12 – DEFENCE FORCE HISTORY

12.1 Have you previously applied to join any Defence Force:  Yes  No

If 'Yes', which Defence Force have you applied to (State, Country and Date): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12.2 Are you a serving member with any Defence Force:  Yes  No

Have you been a member with any Defence Force:  Yes  No

### SECTION 13 – BANKRUPTCY

13.1 Are you currently or have you ever been declared bankrupt whether voluntarily or otherwise:

Yes  No **If 'Yes', please provide Certificate or Discharge**

Are bankruptcy proceedings currently under consideration:

Yes  No

If 'Yes' to both, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SECTION 14 – INTEGRITY CHECK

In addition to the following information, the applicant will be required to satisfactorily complete a General Employment Probity Screening prior to employment. Applicants will be contacted by the CO Recruitment Consultants via email to initiate the General Employment Probity Screening process.

**Note: Spent Convictions:** A spent conviction is a criminal conviction that lapses either immediately or after a period of time pursuant to the provisions of the *Spent Convictions Act 2009*. You are not required to provide detail in respect of certain types of spent convictions except where you are applying for certain types of roles.

Under the *Spent Convictions Act 2009* you are required to provide detail about spent convictions where you are applying for the role in Correctional Services.

**Please complete the Pre-Employment Declaration Form listed on the website.**



14.1 **Criminal Associations and /or Relationships**

Do you have a relative or an acquaintance who:

- a) Has a criminal conviction or reputation; and/or
- b) Is suspected of having a criminal conviction or reputation; and/or
- c) Is an associate or member of an Outlaw Motorcycle Gang (OMCG)

Yes  No

If 'Yes', please provide:

<b>Name</b>	<b>Date of birth</b>	<b>Nature of criminality and extent of relationship</b>

Do any of your relatives or acquaintances associate with known criminals or persons suspected of having a criminal conviction or reputation?

Yes  No

If 'Yes', please provide:

<b>Name</b>	<b>Date of birth</b>	<b>Nature of criminality and extent of relationship</b>

Have you ever been issued with a Street Diversion or Drug Diversion?

Yes  No

If 'Yes' please provide details:

<b>Year or date</b>	<b>Offence</b>



14.2	<p>Have you <b>ever</b> been the subject of an Intervention or Restraint Order (defendant or victim): <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If 'Yes', please provide an explanation of the circumstances:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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14.3	<p>Have you <b>ever</b> lived in another Australian State or Territory other than South Australia: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b><u>If 'Yes' you are required to provide an official record of all traffic expiations from that State / Territory</u></b></p> <p>_____</p> <p>_____</p> <p>_____</p>
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**SECTION 15 – MEDICAL INFORMATION**

**Please note:** If you have any disability or medical condition that 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. You must also complete and sign the attached **Personal Statement of Health form** and the **Pre-Employment Declaration form**.

15.1	<p>Have you had any disability or medical condition (diagnosed or not) that prevented or impeded you from being able to satisfactorily perform any duties that were required of you in a previous position?</p> <p>If <b>Yes or Unsure</b>, please provide details including any assistance you received to allow you to perform the position duties:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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15.2	<p>Do you agree to a medical examination and functional assessment relating to the job tasks of the position if instructed to do so?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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15.3	<p>Do you agree to provide a forensic/biological sample to DCS involving fingerprint testing? This is for identification purposes. This may also be required before DCS processes your application.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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15.4	<p>I have read and understood the attached Job &amp; Person Specification listed on the Corrections website in relation to the duties required.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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### SECTION 17 – APPLICATION IDENTIFICATION – ESSENTIAL REQUIREMENT

Please attach a passport sized photograph of yourself not less than 6 months old.

Please note - a copy of your Driver's Licence OR a photocopy of a photo will **NOT** be accepted.

(Staple Passport Sized  
Photo Here)

**IMPORTANT:** Please ensure you have kept an electronic version of your passport photo as this will be required should you be successful in being offered employment.

Do you have a social media account:     Yes     No

If 'Yes', please provide the address(es) of your Facebook, Instagram, Twitter or any other social media page.

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### SECTION 18 – MARKET RESEARCH

Where did you hear about this job? (Please indicate below)

- |   |   |
|---|---|
| <input type="checkbox"/> Word of Mouth                          | <input type="checkbox"/> SA Corrections Website |
| <input type="checkbox"/> Family Member                          | <input type="checkbox"/> The Messenger          |
| <input type="checkbox"/> The Advertiser                         | <input type="checkbox"/> Friends / Acquaintance |
| <input type="checkbox"/> Job Network/Referral                   |   |
| <input type="checkbox"/> Country Paper (please indicate): _____ |   |
| <input type="checkbox"/> Other: _____                           |   |



## SECTION 19 – REQUIREMENTS

### **PRE-EMPLOYMENT RECRUITMENT TEST (MANDATORY):**

I have completed the Correctional Officer Pre-Employment Recruitment Test through TAFE SA in the last twelve months.

Yes\*  No

\*Attach certified copy of the Correctional Officer Pre-Employment Recruitment Test parchment.

### **OR**

I have achieved a successful pass in the South Australia Police (SAPOL) Recruitment Test within the past twelve months.

Yes\*  No

\*Attach certified copy of SAPOL Recruitment Test parchment.

**IMPORTANT: Non-completion of this requirement will result in your application to NOT progress.**

However, if you possess a Certificate III in Correctional Practice you are not required to undertake the test, however a must provide a certified copy as evidence.

### **PROVIDE FIRST AID CERTIFICATE:**

A First Aid certificate is a mandatory requirement for the role of a Correctional Officer.

I hold a current Provide First Aid Certificate HLTAID003 or HLTAID011 (a certified copy must be attached to your application)

Yes  No (please see below)

If you do not hold a current Provide First Aid Certificate an opportunity will be provided to undertake this qualification during the period of the Training Course should you become successful in gaining employment with DCS.

I acknowledge that I will be required to obtain a Provide First Aid Certificate HLTAID003 or HLTAID011 qualification on a **non-workday** during the Training Course should I gain employment with DCS.

Yes  No

### **ROLE AWARENESS:**

I have done the research and discussed the job conditions fully with my family and / or partner and / or significant people in my life. These people are fully supportive of my application.

Yes  No

If 'No' briefly explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **WORKING WITH PRISONERS:**

I understand that I will be working closely with prisoners in a secure institutional environment, assisting with reducing re-offending, conduct prisoner strip searches, prisoner cell searches, transporting and supervising prisoners outside prison, supervision of prisoner behaviour, responding to emergencies (e.g. prisoner conflicts, prisoner injury and medical crisis).

Yes  No

If 'No' briefly explain: \_\_\_\_\_

\_\_\_\_\_



**SECTION 19 – REQUIREMENTS (continued)**

**ROSTERS:**

I understand that I am required to work **all shifts** either as a full time or part time employee over a 24/7 rotating roster.

Yes     No

**LOCATION:**

I understand that while my individual circumstances may be considered, DCS may place me in any Correctional Institution depending on its operational needs and availability of positions.

Yes     No

**CONFLICT OF INTEREST:**

I understand that I am required to disclose in writing to the Chief Executive (CE) or his/her delegate any actual or potential conflict of interest at the earliest available opportunity and comply with any lawful and reasonable direction issued.

Yes     No

**CODE OF ETHICS:**

I understand and adhere to the South Australia Public Sector Code of Ethics (as attached).

Yes     No





## SECTION 20 – AUTHORITY AND DECLARATION

**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 Department for Correctional Services and the information provided by me during any assessments and interviews in connection with my application for employment in the Department for Correctional Services, **is true and correct in every detail.**

I also understand that any offer of employment to me in the Department for Correctional Services 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 Department for Correctional Services may lead to a rejection of my application for employment, or, in the event that I am offered employment in the Department for Correctional Services, make me liable to disciplinary action, which may include termination of employment.

Furthermore, I hereby authorise the Department for Correctional Services to conduct further checks upon lodging an application for employment, and if any offer of employment is made, during the course of my employment, with any Australian State or Federal Police Department in respect of charges and offences, including disclosure of further information in relation to any General Employment Probity Screening and any associated police history information.

In addition, I hereby consent to the 'Authorised Agent' providing the Department for Correctional Services information relating to any General Employment Probity Screening, any associated police history information and any charges that may be laid against me upon lodging an application for employment, and if any offer of employment is made, during the course of employment. In particular, the Authorised Agent' may disclose any personal information arising from such checks and charges to the Department for Correctional Services under any privacy law or principles.

### **If successful in my application of employment I commit to:**

Giving 100% into training and learning as a Correctional Officer, including assessment requirements

Yes  No

Undertaking on a full-time basis, a total of 14 weeks of training. This includes 8 weeks of formal classroom training, 4 weeks of rostered on the job training for work experience in the prison environment and an additional 2 weeks at the end of the 12 month probationary period (this applies to all successful full-time and part-time applicants).

Yes  No

Participating in ongoing mandatory and refresher training

Yes  No

Following the Code of Ethics for the South Australian Public Sector (the Code of Conduct under *Public Sector Act 2009*) as attached:

Yes  No

Applicant's name, printed: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_



# DECLARATION

I ..... date of birth.....

*(Print name in full)*

of .....

*(Address)*

declare that I am an applicant for the position of CORRECTIONAL OFFICER in the Department for Correctional Services, South Australia.

1. I acknowledge that, if my application for employment in the Department for Correctional Services is successful and I am employed either in the position for which I have applied or in any other position, I may, during the course of that employment, gain access to confidential 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 that 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 any person, company, any future employer or myself.

2. I also give consent to my previous / current employer(s) and/or any other person of interest to release any personal information about myself to the Department for Correctional Services to enable discussions to be conducted in confidence between the Correctional Services and/or his authorised agent and the person releasing the information relating to the integrity evaluations. I further permit these persons to give information and opinions to the Correctional Services about me in any form or kind including documents for the purpose of evaluating my suitability for appointment. I also accept that these views shall remain confidential unless the person(s) or entities giving and/or affected by such views have expressed consent to enable third party disclosure.

3. I undertake that, if my application for employment in the Department for Correctional Services is successful and I am employed either in the position for which I have applied or in any other position, 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 conflict of interest 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. I acknowledge that the selection process for the Department for Correctional Services and appointment as an officer involves a range of recruitment testing requirements including psychometric testing, the supply of a forensic/biological sample for the purpose of fingerprint testing, and functional and medical assessments, which includes drug and alcohol testing.

5. I understand that any information obtained from the upload of my fingerprints may be subject to identity confirmation and may be subject to investigation which could result in my application being declined or may result in evidence being used in disciplinary and/or criminal proceedings. I further consent to my fingerprints being retained on databases and I acknowledge that it is a condition of pre-employment and appointment that the Department for Correctional Services may retain my



fingerprints and any profile derived from that sample and failure to maintain fingerprints with the Department for Correctional Services may result in termination.

6. I understand that, if my application for employment in the Department for Correctional Services is successful and I am employed either in the position for which I have applied or in any other position, 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.

7. 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 name, printed: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



# PERSONAL STATEMENT OF HEALTH

(Failure to provide all information will result in non-progression of your application)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address (current): \_\_\_\_\_  
\_\_\_\_\_

Current Occupation: \_\_\_\_\_

Past Occupation: \_\_\_\_\_

Sporting Activities: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

<b>COVID-19 Vaccination Status</b>	
1.	Have you received your COVID-19 vaccination? <input type="checkbox"/> Yes (Please go to 1.1) <input type="checkbox"/> No (Please go to 1.2)
1.1	If yes, please tick the type of vaccination: <input type="checkbox"/> Pfizer <input type="checkbox"/> AstraZeneca <input type="checkbox"/> Other: _____  Provide the dates of your first and second doses: 1 <sup>st</sup> Dose: _____ 2 <sup>nd</sup> Dose: _____  <b>Please attach a copy of your COVID 19 Certificate as evidence.</b>
1.2	If you are not vaccinated - please tell us why? <input type="checkbox"/> Advice from my GP <input type="checkbox"/> Personal Choice <input type="checkbox"/> Booked in and awaiting jab <input type="checkbox"/> Undecided  <input type="checkbox"/> Other: _____

**1. Please tick YES or NO and provide responses to the questions below:**

Do you smoke tobacco and/or e-cigarettes? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, state quantity per week:
Do you consume alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, state quantity per week:
Have you in the past or are you currently using recreational drugs or non-prescribed medications? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list by name:
Do you take any prescribed medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	List all current by name, and give reasons for taking them:



<p>Have you been immunized against Tetanus, Diphtheria, Whooping Cough, Polio and Hepatitis?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If so, state which and year of vaccination:</p>
<p>Have you ever suffered a work-related injury or illness?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If 'Yes' please list details including nature of injury and year of occurrence:</p>

**2. Have you suffered from, been diagnosed with, or had symptoms of any of the following (you must indicate cause of injury, medical diagnosis, dates of illness/injury, date of operation, any symptoms)? If space provided is insufficient, please attach additional sheet(s) with information.**

<p>Asthma, pneumonia, pleurisy, persistent cough or any other infection of throat or lungs</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Breathing difficulties or shortness of breath</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Allergies, hay fever</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Skin disease / allergies</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Convulsions, fainting, concussion</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Mental Health condition including neurasthenia, eating disorder, anxiety, depression, phobia, insomnia, emotional disorder or psychosis</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Recurrent indigestion, stomach illness</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Arthritis, bone or muscular pains, or rheumatic fever</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Do you wear orthotics and/or require special footwear</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Have you ever suffered any sporting injury</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Disease of the bladder or kidney (including renal colic stones etc.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>Heart disease/condition, raised blood pressure, chest pain or raised blood cholesterol</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	



Deafness, ear discharge, dizziness, or sinus trouble <input type="checkbox"/> Yes <input type="checkbox"/> No	
Disease/condition of lung, bowel or kidney <input type="checkbox"/> Yes <input type="checkbox"/> No	
Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Cancer or tumour of any type <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hernia or rupture <input type="checkbox"/> Yes <input type="checkbox"/> No	
Operations <input type="checkbox"/> Yes <input type="checkbox"/> No	

**3. Have you ever had any difficulty or problems with the following? If so, please provide details.**

Stairs <input type="checkbox"/> Yes <input type="checkbox"/> No	
Uneven ground <input type="checkbox"/> Yes <input type="checkbox"/> No	
Computer and office work <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dealing with aggressive/assertive clients <input type="checkbox"/> Yes <input type="checkbox"/> No	
Use of personal protective equipment (safety glasses, boots, suits etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Response <input type="checkbox"/> Yes <input type="checkbox"/> No	
Communication problems <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hand-eye coordination <input type="checkbox"/> Yes <input type="checkbox"/> No	
Use of a respirator/mask <input type="checkbox"/> Yes <input type="checkbox"/> No	
Confined spaces <input type="checkbox"/> Yes <input type="checkbox"/> No	
Work in isolation <input type="checkbox"/> Yes <input type="checkbox"/> No	
Shift work <input type="checkbox"/> Yes <input type="checkbox"/> No	



Outdoors work <input type="checkbox"/> Yes <input type="checkbox"/> No	
Hot/cold work <input type="checkbox"/> Yes <input type="checkbox"/> No	
Kneeling/squatting <input type="checkbox"/> Yes <input type="checkbox"/> No	
Awkward postures <input type="checkbox"/> Yes <input type="checkbox"/> No	
Standing for two hours <input type="checkbox"/> Yes <input type="checkbox"/> No	
Prolonged walking <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sedentary work (sitting for a prolonged periods) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Pushing, pulling, and reaching <input type="checkbox"/> Yes <input type="checkbox"/> No	

**4. Have you been medically advised to avoid any specific physical activity or environmental exposures?**

Yes  No

If 'Yes', please provide details: \_\_\_\_\_

\_\_\_\_\_

**5. Give details of any accidents or illnesses not referred to above. Include details of medical examinations, advice and/or treatments and also any x-rays had:**

Yes  No

If 'Yes', please provide details: \_\_\_\_\_

\_\_\_\_\_

**I declare that the information provided above is a true and accurate reflection of my medical history.**

This authority permits the release of relevant information to the Department for Correctional Services and its authorised health service providers.

I acknowledge that medical records and health information is held as confidential and serves as the basis for considering risk and work health, safety and welfare issues in relation to job requirements.

**Applicant Name:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_ / \_\_\_ / \_\_\_



# CORRECTIONAL OFFICER APPLICATION CHECKLIST

Please ensure you enclose each of the following relevant documents with your application.

Failure to do so will result in your application **NOT** being processed.

Please tick the relevant boxes:

<input type="checkbox"/>	<b>Application Pack</b> ALL questions have been answered and you have signed your application in all relevant sections of this application pack.
<input type="checkbox"/>	<b>Completed and signed Pre-Employment Declaration form (MANDATORY)</b>
<input type="checkbox"/>	<b>Certified copy** of your Correctional Officer Pre-Employment Recruitment Test Parchment (MANDATORY)</b> <b>OR</b> SAPOL Recruitment Test Parchment (if successful and completed within the past twelve months) <b>OR</b> Certificate III in Correctional Practice (if applicable, a certified copy must be provided as evidence)
<input type="checkbox"/>	<b>Certified copy** of your Provide First Aid Certificate identifying HLTAID003 or HLTAID011</b> If you do not currently hold a Provide First Aid Certificate you must be prepared to obtain this qualification on a non-workday during the Training Course should you gain employment with DCS.
<input type="checkbox"/>	<b>Certified copy** of your full Australian Birth Certificate*</b> <b>AND</b> if you were born after 19 August 1986 also a certified copy of one parent's full Australian Birth Certificate or Australian Passport or Australian Citizenship Certificate or Australian Permanent Resident Status that was valid at the time of your birth. <b>OR</b>
<input type="checkbox"/>	<b>Certified copy** of your Australian Citizenship Certificate*</b> <b>OR</b> an extract from the register of citizenship by descent or an extract from the register of Australian births abroad or a letter from the Department of Immigration and Citizenship stating that your birth abroad has been registered, <b>AND</b> if your Australian citizenship document does not show sex or place and country of birth also your foreign birth certificate (with an official English translation). <b>OR</b>
<input type="checkbox"/>	<b>Certified copy** of your Australian Permanent Residency status* (If applicable)</b> Specifically, a certified copy of your foreign passport and travel document which includes a valid Australian permanent residency visa or Certificate of Evidence of Resident Status (CERS) from the Department of Home Affairs.
<input type="checkbox"/>	<b>Certified copy** of your Drivers Licence (Front and Rear of Licence)</b>
<input type="checkbox"/>	<b>Certified copy** of your Change of Name Documentation</b> A certified copy of your Marriage Certificate, Divorce Papers or Change of Name Certificate.
<input type="checkbox"/>	<b>Passport Sized Photograph (not less than 6 months)</b> Ensure you have an electronic version of the photo as this will be required upon request
<input type="checkbox"/>	<b>A copy of your Resume or Curriculum Vitae</b>

\* Please note that birth extracts, commemorative certificates, photocopies and fax copies are not acceptable.

\*\* Certified copy means the documents must be verified as a copy of the original documents by a Justice of the Peace or Commissioner for taking Affidavits (Solicitor, Barrister or Proclaimed Police Officer).





# STATEMENT OF UNDERSTANDING CORRECTIONAL OFFICER APPLICATION PACK

Please note:

- The information provided in this application will be assessed against a range of criteria.
- The selection process is not always a linear process. Undertaking a stage of the selection process is not an indication that an applicant has passed the previous stage(s). The stages of this process may occur concurrently due to time constraints and prison operational programming. Furthermore, the Psychometric Testing stage is conducted when sufficient applications are received.
- Success will depend on demonstrating highest merit / best potential for the job, rated against the job and person requirements, and compared with the other applicants against each stage of the selection process.
- **Applicants will not receive any report or description of any findings in relation to the recruitment process either in writing or by telephone or in person.**
- It is a requirement to fill in the application pack in its entirety.
- Incomplete application packs will not be considered and will be returned.
- It is the responsibility of the applicant to ensure that this application pack is completed as per the instructions, and attach any, or all, relevant certified copies as indicated.
- Accompanying information about the role is read and understood prior to filling in this application pack.
- It is a requirement that this application pack be completed by the applicant in their **own handwriting**.
- If uncertain about any aspect of the Application/Information Pack contact the recruitment consultants on [DCSTCORecruitment@sa.gov.au](mailto:DCSTCORecruitment@sa.gov.au) or (08) 8226 9048 or (08) 8226 9150.

I have read and understood the accompanying Correctional Officer Information Pack.

Yes  No

I have read and understood the above information/requirements.

**Applicant's name, printed:** \_\_\_\_\_

**Applicant's signature:** \_\_\_\_\_

**Date:** \_\_\_/\_\_\_/\_\_\_