



Employment Suitability Questionnaire

Dear Applicant,

This character questionnaire has been implemented in accordance with Section 24 of the Australian Federal Police Act 1979 (Cth) (AFP Act) and forms part of the Australian Federal Police (AFP) mandatory recruitment gateways. The questionnaire must be completed to assist the delegate with determining your suitability for employment in the AFP.

This questionnaire is designed to provide you, the applicant, with a range of pre-employment information in relation to:

- AFP Character Standards
- AFP Professional Standards
- AFP Integrity Framework
- AFP Governance Framework.

As a law enforcement agency, the AFP must retain the confidence of governments, other policing jurisdictions, stakeholders and the Australian community through both a robust integrity framework and governance framework. All AFP appointees must demonstrate the highest level of professional standards both in their official and private capacities, to safeguard both organisational and personal integrity.

All questions must be answered in full. Giving false or misleading information is an offence under section 137.1 of the Criminal Code Act 1995 (Cth). Failure to declare your history or providing false or misleading information will render you liable to disqualification from the application process and / or prosecution.

If your personal circumstances change after you have lodged your application, you must advise the AFP immediately via afprecruitment@afp.gov.au. Failure to do so may result in your application being rejected.

The questionnaire extends to all occurrences, in ALL COUNTRIES.

Conduct

The AFP's culture is based on the core values of Fairness, Accountability, Commitment, Excellence, Integrity, Trust and Respect. The AFP's Professional Standards are derived from legislation; determined in the AFP Act and described in the AFP Commissioner's Order on Professional Standards (CO2), which outlines the expectations of all AFP appointees both on and off duty. You will be assessed against the AFP Core Values as part of the selection process. For more information read the AFP Character Standards.

Integrity and Self Reporting

An AFP appointee's associations can affect the public's perception of the AFP's integrity. Accordingly, the AFP seeks to manage the relevant risks by identifying such an association as a conflict of interest and requiring them to be declared.

Some examples of declarable associations include any relationships (including direct family members and friends) or activities involving:

- Known criminals or people suspected to be engaged in criminal activity, including 'social' drug use
- People closely affiliated with or related to known criminals
- Groups or organisations known or perceived to be involved in unlawful activity (e.g. outlaw motorcycle gang activities of any kind)
- Membership of groups or organisations that might be perceived to be involved in unlawful activity by a reasonable person
- Close associations with individuals, groups or organisations with what a reasonable person would consider to be extreme political,
- Social or religious views, such as being willing to cause unlawful injury or damage in support of those views.

Workplace Drug Testing

The AFP is committed to safe working practices, which are free from the effects of alcohol and drugs.

AFP appointees are often required to make reasoned, impartial and rapid decisions that affect, sometimes significantly and even irrevocably, the safety, rights and freedom of members of the community. Therefore, the community and government place considerable faith and trust in law enforcement, conditional at all times on officials exercising their authority and powers reasonably and rationally.

The AFP recognises the serious effects that illicit drugs, misuse of pharmaceutical products, performance enhancing drugs and alcohol abuse can have and the potential impact on community and government perceptions of the AFP if an AFP appointee is affected. It is important that AFP appointees maintain the highest standards of personal integrity and professionalism both on and off duty.

Given the AFP's law enforcement role, there is zero tolerance for any AFP appointee who uses illicit drugs and / or is involved in the illegal drug trade on or off duty. AFP appointees must not be under the effects of alcohol while on duty and must exercise personal responsibility in the appropriate use of any pharmaceutical products.

This approach also recognises the fundamental duty of care the AFP owes to its appointees which includes providing a safe workplace - free from the risks associated with the misuse of drugs or alcohol.

The AFP conducts mandatory drug testing both at the pre-employment and recruitment stage and on a regular basis for the duration of an appointee's employment.

Information Collection, Retention, Access and Disposal

The information provided in this questionnaire is required for the purposes of your prospective employment with the AFP. All information provided will be:

- Dealt with in accordance with the Privacy Act 1988 (Cth).
- Retained within MyCareer for access by AFP Professional Standards, the AFP Personnel Security Vetting Team, AFP Recruitment and the Delegate, and for other legislatively required purposes.

At no time will the information you provide be disclosed to a third party unless the AFP is obliged to disclose the information as a consequence of another authority's legal requirements. Disposal of any / all information provided will be undertaken in accordance with the Archives Act 1983 (Cth).

Before you begin

Important: Please save this document to your hard drive as a .pdf before completing.

All questions must be answered in full. Your responses will be verified. Any false, misleading or omitted information may render you liable to disqualification from the application process and / or prosecution. For more information read the AFP Character Standards.

ARE YOU CURRENTLY AN ONGOING AFP EMPLOYEE?

Yes No

Your name

FIRST NAME

MIDDLE NAME – OPTIONAL

LAST NAME

KNOWN AS

Is there another name you are commonly known as?

HAVE YOU CHANGED YOUR NAME?

Yes No

PREVIOUS GIVEN NAME

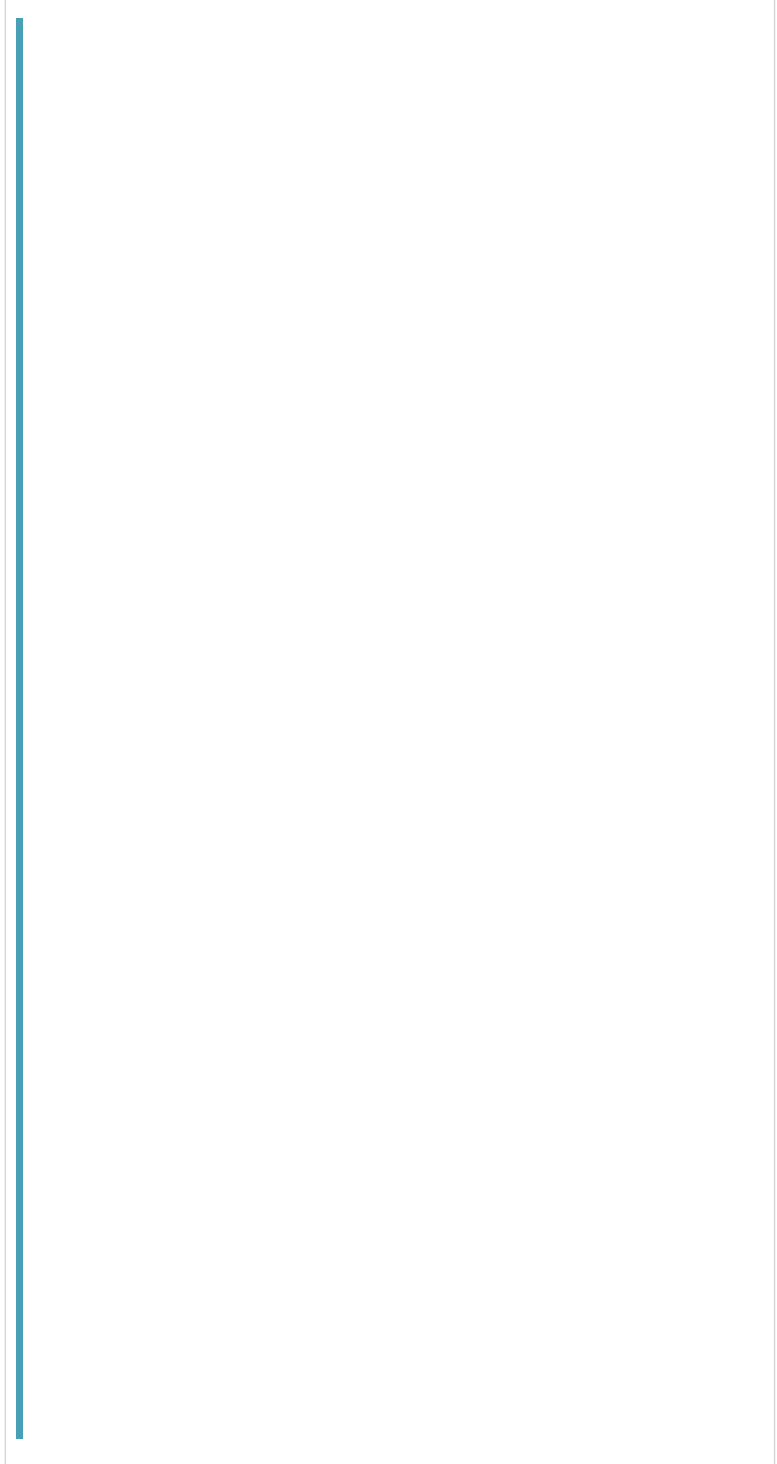
PREVIOUS SURNAME

PLEASE PROVIDE DETAILS OF THE REASON FOR THE CHANGE

Your situation

REASON FOR APPLICATION

Why have you chosen to seek appointment / employment with the Australian Federal Police? Please describe how your character is consistent with the AFP Core Values (max 200 words).



HAVE YOU EVER BEEN DECLARED BANKRUPT OR INSOLVENT?

Yes No

PLEASE PROVIDE FULL DETAILS (DATE AND REPAYMENT ARRANGEMENTS) OF YOUR BANKRUPTCY OR INSOLVENCY

HAVE YOU EVER BEEN BEHIND IN LOAN REPAYMENTS AND / OR HAD CREDIT FACILITIES WITHDRAWN?

Yes No

PLEASE PROVIDE FULL DETAILS (DATE, FINANCIAL INSTITUTIONS AND AMOUNTS) OF YOUR LOAN REPAYMENTS AND / OR WITHDRAWN CREDIT FACILITIES

HAVE YOU EVER BEEN QUESTIONED, SUMMONSED, OR CHARGED CONCERNING NONPAYMENT OF TAX?

Yes No

PLEASE PROVIDE FULL DETAILS (DATE, AMOUNTS AND COURT ORDERS) OF THE NON-PAYMENT OF TAX

HAVE YOU EVER BEEN ARRESTED, CHARGED, SUMMONSED, CONVICTED, CAUTIONED, PARTICIPATED IN RESTORATIVE JUSTICE, A DRUG DIVERSION OR A DIVERSIONARY CONFERENCE, BEEN ISSUED WITH AN INFRINGEMENT NOTICE BY A COURT OR POLICING AGENCY, OR HAD ANY FINDINGS OF GUILT, FOR ANY OFFENCE, INCLUDING AS A JUVENILE?

Yes No

PLEASE PROVIDE FULL DETAILS (OFFENCE TYPE AND PENALTY) OF ANY OFFENCE

This includes being lodged for intoxicated behaviour, receiving a warning for intoxicated behaviour, and questioning or interactions as a juvenile including being spoken to by police?

HAVE YOU EVER BEEN QUESTIONED FOR ANY OFFENCE OR HAD ANY ADVERSE INTERACTION WITH POLICE?

Yes No

PLEASE PROVIDE FULL DETAILS (OFFENCE TYPE AND CIRCUMSTANCES) OF ANY OFFENCE OR INTERACTION

including but not limited to: an Apprehended Violence Order, Domestic Violence Order, Restraining Order, Interim Order or equivalent?

HAVE YOU ON ANY OCCASION, IN ANY COUNTRY, BEEN THE RESPONDENT (SUBJECT) OF A COURT APPOINTED ORDER?

Yes No

PLEASE PROVIDE FULL DETAILS (DATE, TIME, LOCATION, PEOPLE INVOLVED, CIRCUMSTANCES AND ORDER TYPE) OF ANY APPREHENDED VIOLENCE ORDER, DOMESTIC VIOLENCE ORDER, RESTRAINING ORDER OR EQUIVALENT

E.g. Received a traffic infringement / offence or had your licence cancelled, suspended, or placed on a probationary status?

Note: Parking infringements are excluded.

HAVE YOU EVER RECEIVED ANY TRAFFIC INFRINGEMENTS, BEEN SUMMONSED OR PROSECUTED FOR DRIVING OFFENCES IN ANY STATE OR TERRITORY THAT IS NOT LISTED IN YOUR TRAFFIC HISTORY?

Yes No

PLEASE PROVIDE FULL DETAILS INCLUDING THE OFFENCE TYPE, PENALTY, REASON AND DATE

PLEASE CONFIRM THE YEAR YOU FIRST RECEIVED YOUR LEARNER'S LICENCE

HAVE YOU EVER BEEN SUBJECT TO AN INTERNAL INVESTIGATION RELATING TO YOUR CONDUCT OR WORKPLACE PERFORMANCE, OR BEEN DISMISSED AND / OR ASKED TO RESIGN FROM ANY EMPLOYMENT?

Yes No

PLEASE PROVIDE FULL CIRCUMSTANCES (EMPLOYER NAME, DETAILS OF THE INCIDENT, DATE AND OUTCOME) OF THE INVESTIGATION

ARE YOU OR HAVE YOU EVER BEEN A POLICE OFFICER OR EMPLOYED BY A LAW ENFORCEMENT AGENCY IN AUSTRALIA OR OVERSEAS?

Yes No

PLEASE PROVIDE FULL DETAILS OF YOUR EMPLOYMENT WITH THE LAW ENFORCEMENT AGENCY AND THE REASONS FOR YOUR DEPARTURE (INCLUDING NAME OF THE AGENCY, LENGTH OF EMPLOYMENT, DATE OF DEPARTURE, DETAILS OF DEPARTURE)

HAVE YOU EVER BEEN DENIED A SECURITY CLEARANCE OR HAD A SECURITY CLEARANCE DOWNGRADED OR WITHDRAWN?

Yes No

PLEASE PROVIDE FULL DETAILS (REASON AND DATE) OF YOUR SECURITY CLEARANCE DENIAL, DOWNGRADE OR WITHDRAWAL

DO YOU HAVE ANY DECLARABLE ASSOCIATIONS?

Yes No

PLEASE PROVIDE FULL DETAILS OF ANY ASSOCIATIONS THAT MAY BE A CONFLICT OF INTEREST. IF YOU ARE DECLARING A PERSON, PLEASE PROVIDE THEIR NAME AND DOB AND INCLUDE WHY YOU CONSIDER THAT PERSON TO BE A DECLARABLE ASSOCIATION. IF YOU ARE DECLARING AN ORGANISATION OR GROUP, PLEASE INCLUDE WHY YOU CONSIDER THEM TO BE A DECLARABLE ASSOCIATION.

Declarable associations include family members, those living with you and any person you associate with, or have associated with in the past, whom you suspect to have a criminal conviction or the AFP would consider being of poor character and reputation.

Illicit substances

This includes both drugs and substances that are illegal in Australia (regardless of their standing overseas) and the misuse or abuse of prescription and pharmaceutical medication.

Have you on any occasion, in any country, used illegal, illicit or prohibited drugs or substances?

Yes No

Please complete the following table and provide full details, including date(s) of use, drug(s) used, frequency of use and location and circumstances of your use of illegal, illicit or prohibited drugs. All fields are mandatory.

Yes No

YEAR OF FIRST USE	MONTH AND YEAR OF LAST USE
<input type="text"/>	<input type="text"/>
NUMBER OF TIMES USED	LOCATION(S) USED
<input type="text"/>	<input type="text"/>

Yes No

YEAR OF FIRST USE	MONTH AND YEAR OF LAST USE
<input type="text"/>	<input type="text"/>
NUMBER OF TIMES USED	LOCATION(S) USED
<input type="text"/>	<input type="text"/>

Yes No

YEAR OF FIRST USE	MONTH AND YEAR OF LAST USE
<input type="text"/>	<input type="text"/>
NUMBER OF TIMES USED	LOCATION(S) USED
<input type="text"/>	<input type="text"/>

Yes No

YEAR OF FIRST USE	MONTH AND YEAR OF LAST USE
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NUMBER OF TIMES USED	LOCATION(S) USED
<input type="text"/>	<input type="text"/>

Yes No

YEAR OF FIRST USE	MONTH AND YEAR OF LAST USE
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NUMBER OF TIMES USED	LOCATION(S) USED
<input type="text"/>	<input type="text"/>

Yes No

YEAR OF FIRST USE

MONTH AND YEAR OF LAST USE

NUMBER OF TIMES USED

LOCATION(S) USED

Yes No

YEAR OF FIRST USE

MONTH AND YEAR OF LAST USE

NUMBER OF TIMES USED

LOCATION(S) USED

Yes No

YEAR OF FIRST USE

MONTH AND YEAR OF LAST USE

NUMBER OF TIMES USED

LOCATION(S) USED

Yes No

DRUG NAME

YEAR OF FIRST USE

MONTH AND YEAR OF LAST USE

NUMBER OF TIMES USED

LOCATION(S) USED

If you ticked 'yes' for 'Other illicit or licit drug use not listed above, including prescription drugs', please detail the type of drug you used.

PLEASE DETAIL THE CIRCUMSTANCES REGARDING YOUR USE OF ILLEGAL, ILLICIT OR PROHIBITED DRUGS OR SUBSTANCES

HAVE YOU ON ANY OCCASION, IN ANY COUNTRY, UNDERGONE TREATMENT FOR DRUG USE?

Yes No

PLEASE PROVIDE FULL DETAILS (DATE, LOCATION [STATE OR TERRITORY AND COUNTRY] AND REASON) REGARDING YOUR TREATMENT FOR DRUG USE

This includes both drugs and substances that are illegal in Australia, regardless of their standing overseas.

HAVE YOU ON ANY OCCASION, IN ANY COUNTRY POSSESSED, SOLD OR MANUFACTURED OR DISTRIBUTED ILLEGAL, ILLICIT OR PROHIBITED DRUGS OR SUBSTANCES?

Yes No

PLEASE PROVIDE FULL DETAILS, INCLUDE DATE(S), DRUG TYPE(S), LOCATION AND CIRCUMSTANCES OF YOUR POSSESSION, MANUFACTURING AND OR SELLING OF ILLEGAL OR ILLICIT DRUGS

HAVE YOU ON ANY OCCASION, IN ANY COUNTRY, BEEN REFUSED A FIREARM'S LICENCE, OR HAD ANY ADVERSE HISTORY IN RELATION TO THE POSSESSION OR USE OF A FIREARM OR PROHIBITED ITEM, INCLUDING AS A JUVENILE?

Yes No

PLEASE PROVIDE FULL DETAILS (DATE, LOCATION [STATE OR TERRITORY AND COUNTRY] AND REASON) REGARDING YOUR FIREARM LICENCE REFUSAL, POSSESSION OR USE OF A FIREARM OR PROHIBITED WEAPON AND / OR UNLAWFUL HISTORY

Important

All questions must be answered in full. Your responses will be verified. Any false, misleading or omitted information may render you liable to disqualification from the application process and / or prosecution. For more information read the AFP Character Standards.

Disclaimer

I hereby apply to join the Australian Federal Police (AFP) and declare that the information provided by me in this questionnaire is complete and true. I acknowledge that giving false or misleading information is an offence under section 137.1 of the Criminal Code Act 1995 (Cth). Any false, misleading or omitted information may render you liable to disqualification from the application process and / or prosecution.

Acknowledgment

I acknowledge that I will be required to undergo a security clearance, which will involve the AFP making inquiries and obtaining information about me from current and previous employers, educational institutions, police, court and correctional organisations, and similar bodies. This may involve making inquiries or obtaining information from overseas. I authorise the AFP to make inquiries and obtain relevant information for the purposes of this questionnaire. I consent to and authorise the release and disclosure of all information about me by any person or body to the AFP for the purposes of this application.

I acknowledge that prior to engagement I will be required to provide a fingerprint sample, undergo an AFP medical clearance (if required) and undertake a drug test in accordance with the AFP governance framework on a drug free workplace and a zero tolerance for drug use by AFP appointees.

I acknowledge that I have read and understood the above information. I certify that the information supplied in this questionnaire is complete and true to the best of my knowledge as of the below date:

DATE

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

Submission

Following completion of the Employment Suitability Questionnaire, please save and upload the completed document in response to the Employment Suitability Questionnaire mandatory question in your application. You will also be required to attach your Traffic History to your application.