



Section 1: Position Details

<i>Unit:</i> SAVAII Division	<i>Position:</i> Business Support Officer GBSC/Cohorts	<i>Level:</i> OFFICER
<i>Tenure</i> Permanent	<i>Responsible to</i> Manager SAVAI	<i>Salary range</i> \$25,000.00

<i>First Name:</i>	<i>Last Name:</i>	<i>Other Names:</i>
<i>Gender:</i>	<i>Date of Birth:</i>	<i>NPF No:</i>
<i>Marital Status:</i>	<i>Physical Address (1):</i>	<i>Physical Address (2):</i>
<i>Post Code:</i>	<i>Telephone number (Home):</i>	<i>Mobile Phone number:</i>
<i>email:</i>	<i>Fax number:</i>	

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Job Application Form

Section 5: Employment History

Current / Most recent Position

Employer's Name	Date	Duration
Position Title	Number of Staff reporting to you	
Main Responsibilities		

Next previous position

Employer's Name	Date	Duration
Position Title	Number of Staff reporting to you	
Main Responsibilities		

Next previous position

Employer's Name	Date	Duration
Position Title	Number of Staff reporting to you	
Main Responsibilities		

Section 6: Selection Criteria

Below are the criteria that will be used in assessing the suitability of each applicant for the position. Please address each selection criteria on a separate sheet and attach to this form.

CORE JOB COMPETENCIES	
1.	Knowledge and Abilities (Please provide a statement on describing your knowledge and abilities. Knowledge includes and not limited to your education and training, and how these have developed you as a person and as a professional. Abilities may include your health and practical capabilities and talents acquired over the years)
2.	Skills and Experience (refer to jd For each key responsibility and duty, please describe how you meet this and provide examples of related past experiences)
3.	Personal Attributes (Focused, Integrity, Accountability and Adaptability. These are just some examples. Applicants may choose different attributes as they see fit.

Section 7: Computer Literacy

Please use scale 1 - 4 to indicate competency level; **1= no knowledge; 2= basic knowledge; 3= good working knowledge; 4= strong/advanced capabilities**

Main Applications	Competency Level	Other systems	Competency Level
Word processing (Word)		Database Management (Access)	
Spreadsheets (Excel)		Email	
Presentation PowerPoint		Other (specify)	

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Section 8: Knowledge of Languages

For languages other than your mother tongue, enter appropriate number from code below to indicate level of your language skills	Indicate your mother tongue by ticking a box below		Speak	Read	Write
CODE	Samoan				
1. Limited conversation - reading of newspapers, routine correspondence	English				
2. Engage freely in discussions, read write more difficult materials					
3. Speak read and write well	Other (specify)				

Section 9: Discipline Records Check

Do you have a discipline record; any criminal convictions; or any current legal proceedings against you? (Please TICK the appropriate box)	No	Yes
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IF Yes, Please provide details on a separate piece of paper in a sealed envelope and attach it to this form. This information will be kept confidential and only be seen by the Assessment Committee.

Section 10: Declaration of Referees

Please record your top three referees.

Referee Name	Designation	Contact (phone, email, work address)
1.		
2.		
3.		

Section 11: Declaration of Close Relations

Do you have a close relation (family ties) to an individual(s) currently employed anywhere in the Ministry to which you are applying? (Please MARK "X" the appropriate box)	No	Yes
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If YES, please provide name(s) of your relation(s) and state nature of relationship

Full Name of Relative	Relationship

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Section 12: Other Status

Outside the work environment, do you hold any positions (including matai titles) associated with community services, and if so, please list and provide brief description of the extent of your involvement and or role

Section 13: Certification and Authorisation

I hereby certify that the information given in my application is true and correct. I also acknowledge that if I am appointed on the basis of any false information that I provide my appointment will be revoked. I also authorise the Department to undertake any necessary checks to confirm the information provided by me.

Signature

Date