

This form must be completed by ALL applicants.

### **Section 1: Position Details**

Unit Legal & Recovery Division	Position Recovery Officer	Level <b>OFFICER</b>
Tenure PERMANENT	Responsible to MANAGER – Legal & Recovery Division	Salary range \$25,000.00 - \$30,000.00

### **Section 2: Personal Details**

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

## **Section 3: Education Details**

Mostrecentqualification	Major Area of Study	Institution Attended	Date Started	Year Graduated

## **Section 4: Training History**

Programmes and Courses Relevant to Selection Criteria ONLY	Institution/Country	Dates



### **Section 5: Employment History**

**Current / Most recent Position** 

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

Next previous position

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

Next previous position

Employer's Name	Da	ate	Duration
Position Title	Nu	Number of Staffre porting 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

working knowledge, 4- strong/ddvdiroed odpdbillies				
Main Applications	Competency Level	Other systems	Competency Level	
Word processing (Word)		Database Management (Access)		



Spreadsheets (Excel)	Email	
Presentation PowerPoint	Other (specify)	

## **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 t	Speak	Read	Write
CODE	Samoan			
1. Limited conversation - reading of newspapers, routine correspondence	English			
Engage freely in discussions, read write more difficult materials     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	No	Yes
you? (Please TICK the appropriate box)		

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**

Doyouhaveacloserelation(familyties)toaninidvidual(s)currentlyemployedanywhere n 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



Section 12: Other Statu	IS		
Outside the work environment, do community services, and if so, pl involvement and or role			
Section 13: Certification	n and Authoris	ation	
I hereby certify that the information am appointed on the basis of any fa authorise the Department to under me.	ngiven in my application alse information that I p	n is true and correct. I also ac provide my appointment will	be revoked. I also
Signature		Date	