



JOB APPLICATION FORM

*ALL SECTIONS of this Application Form is **mandatory**. Your Application will **NOT be considered** if you fail to complete this form accurately.*

SECTION 1: Position Details

Position Title:	Assistant CEO – Public-Private Partnership and Privatization
Ministry:	Ministry for Public Enterprises
Position code:	PE000005
Salary:	C2 \$90,067.00 pa

SECTION 2: Personal Details

Name			
Gender		Date of Birth	
Marital Status		Address	
Phone No. 1			
Phone No. 2			
e-Mail			

SECTION 3: Academic Details *(Most recent ones first)*

Qualification Attained	Major Area of Study	Institution Attended	Year Graduated

SECTION 4: Training History

Courses relevant to Selection Criteria ONLY	Institution/Country	Dates

SECTION 5: Employment History *(Most recent ones first)*

Date:	Employer:	Position
<i>Main Responsibilities:</i>		

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It is the Applicant's responsibility to:

1. Indicate their ability to satisfy each Merit Factor.
2. Essential to complete this information in a true and accurate manner (*failure to do so will disqualify the applicant*).
3. Refer to the Job Description for clear description of each position Competency/Selection criterion.

Note:

- If you feel the need to supply additional arguments to support your fulfillment of the selection criteria listed below then please attach that information to this Application Form.
- Feel free to address each selection criteria on a separate sheet and attach to this form if preferred.

SKILLS & ABILITIES:

- ## 1. Strategic Thinking (Essential):

2. Building and Sustaining Relationships (Essential)
3. Delivers/achieves results (Essential):

PERSONAL ATTRIBUTES:

1. Integrity (Essential):

2. Commitment & Personal Drive (Essential)

3. Intellect & Judgement (Essential):

4. Creative & Innovation (Essential):

EXPERIENCE:

Experience & Past Work Performance (Essential):

QUALIFICATIONS:

Educational Qualification (Essential):

SECTION 7: Computer Skills

Indicate competency level for each Application using the **Competency Level Code** below:

KEY:

1 – No Knowledge

3 – Good Knowledge

2 – Basic Knowledge

4 – Strong/Advanced Knowledge

Main Applications:	Competency Level:	Other Systems:	Competency Level:
Ms Word		Ms Access	
Ms Excel		Internet	
Ms PowerPoint		Other (specify)	
e-mail		Other (specify)	

SECTION 8: Knowledge of Languages

Indicate competency level for each LANGUAGE using the **Competency Level Code** below:

KEY:

1 - Limited Working Proficiency: Limited conversations, basic work commands, assistance is needed with more extensive conversations in this language

2 - Professional Working Proficiency: Engage freely in discussions and make contributions to office meetings, fairly extensive vocabulary, freely converse with clients

3 - Mother tongue: Completely fluent, extensive knowledge to understand and write difficult materials

Languages	Competency LEVEL (refer to KEY above – 1, 2, 3)
Samoaan:	
English:	
Other (specify)	

SECTION 9: Declaration of NEAR RELATIVES

(Please **TICK** appropriate box)

YES

N O

Declaration of near relatives (*parent, child, brother, sister or spouse including de-facto*) currently employed anywhere in the Ministry/Office to which you are applying.

If **YES**, provide name(s) and nature of relationship:

SECTION 10: Declaration of Disciplinary Records

(Please **TICK** appropriate box)

YES

N O

Declaration of disciplinary record; any criminal convictions; or any current legal proceeding against you.

If **YES**, you will be required to provide details in a confidential sealed envelope and address it to the Chairman of the Public Service Commission. This information will be kept confidential and only be seen by the Assessment Committee.

SECTION 11: Community Affiliations

(Please **TICK** appropriate box)

YES**NO**

Community affiliations (including Matai Titles) outside work environment.

If **YES**, list here:

SECTION 12: Declaration of Referees

*Please note that it is mandatory for you to declare the email address of your **THREE** Referees.*

Referee Name	Designation	Email Address	Contact Number

SECTION 13: Certification and Authorization

- I hereby certify that the information given in my Application is true and correct.
- I acknowledge that if I am appointed on the basis of any false information that I provide; my appointment will be revoked/voided.
- I authorize the Ministry/Office and the Selection Panel to undertake all necessary background and verification checks in relation to my application

Signature:

Date: