



Job Application Form

Form 2

Form must be completed by Applicant whether Public Servant or Non Public Servant

Section 1: Position Details

<i>Ministry</i> SLC	<i>Section</i> CORPORATE SERVICE DIVISION	<i>Location</i> TUANAIMATO	
<i>Position Code</i> SLCC4823	<i>Title</i> Principal IT Officer/Team Leader	<i>Supervisor Position Code</i> MCSD	
	<i>Salary Grade</i> L12S4	<i>Salary Rate</i> Principal Level	

Section 2: Personal Details

<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>Phone No (1):</i>	<i>Phone No (2):</i>
<i>e-Mail:</i>	<i>Facimile:</i>	

Section 3: Education Details

Most recent qualification	Major Area of Study	Institution Attended	Date Started	Year Graduated

Section 4: Training History

Courses Relevant to Selection Criteria ONLY	Institution/Country	Dates

Section 5: Employment History

Current / Most recent Position

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

Next previous position

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

Next previous position

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

Next previous position

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

Section 6: Selection Criteria

Based on an analysis of the duties of this position as determined by the Manger responsible, set out 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.

It is the Applicant's responsibility to:

1. indicate aspects of their work experience which indicate their ability to satisfy each criterion;
2. complete this information in a true and accurate way (failure to do so will disqualify the Applicant); and
3. supply supporting documentation should they be called for short-listed interviews.

Note: If you feel the need to supply additional arguments to support your fulfilment of the selection criteria listed below then please attach that information to this application form.

MERIT FACTORS (Job Competencies)

1. Skills and Abilities (refer to JD for full details)

Technical Competencies

- (i) Excellent knowledge of technical management and information analysis. (ESSENTIAL)
- (ii) In- depth understanding and experience in computer hardware and software programs. (ESSENTIAL)
- (iii) Comprehensive understanding of network architecture and client/server technology. (ESSENTIAL)
- (iv) Experience in the evaluation of IT systems and their specifications. (ESSENTIAL)

2. Personal Attributes (refer to JD for full details)

Personal Competencies

- (i) Excellent analytical and problem solving skills. (ESSENTIAL)
- (ii) Good prioritisation skills with flexibility to adapt plans. (ESSENTIAL)
- (iii) Excellent team player with good communication and interpersonal skills. (ESSENTIAL)
- (iv) Customer service orientation. (ESSENTIAL)

(v) Sound work ethic and high level of integrity. (ESSENTIAL)

3. Experience and Past Work Performance (refer to JD for full details)

(i) Relevant work experience in similar roles in Information Technology designation. (ESSENTIAL)

(ii) Previous experience managing and maintaining network servers (DESIRABLE)

4. Qualifications (refer to JD for full details)

(i) A recognized tertiary Qualification in Computer Science, Information Technology and/or related field will be considered, (ESSENTIAL)

(ii) Professional Certification in areas such as Cisco Certified Network Professional, Microsoft System Engineer/ System Administrator. (DESIRABLE)

Section 7: Computer Literacy

Indicate competency level for each Application

Competency Level code: 1= no knowledge; 2= basic knowledge; 3= good working knowledge; 4= strong/advanced capabilities

Main Applications		Other Systems	
Word processing (Word)		Database Management (Access)	
Spreadsheets (Excel)		Other (specify)	
Presentation PowerPoint		Other (specify)	
E-mail		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 tongue by ticking a box below

Speak

Read

Write

CODE

1. Limited conversation, reading of newspapers, routine correspondence

2. Engage freely in discussions, read write more difficult materi

3. Speak, read and write (nearly) as well as mother tongue.

Samoan

English

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

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 note that you need to declare addresses and contact numbers of three referees.

Referee Name	Designation	Address/Contact Numbers
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 TICK the appropriate box)

No

Yes

If YES, please provide name(s) of your relation(s) and state nature of relationship

Section 12: Community Status

Outside the work environment, do you hold any positions (including matai titles) associated with community services, and if so, please list:

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
-----------	------