



JOB APPLICATION FORM

SECTION 1: Position Details

Position Title:	CNS Technical Officer
Department:	Aeronautical Services Department
SOE:	Samoa Airport Authority
Salary:	G4 -1/10 \$15,088/\$18,897 pa max
Due Date:	4pm, Tuesday 13 th June, 2023

SECTION 2: Personal Details

First Name:	Family Name:	Other Names:
Gender:	Date of Birth:	NPF No:
Marital Status:	Physical Address (1):	Physical Address (2):
Post Code:	Phone No (1):	Phone No (2):
e-Mail:	Facsimile:	

SECTION 3: Education Details

<i>Qualifications</i>	<i>Major Area of Study</i>	<i>Institution Attended</i>	<i>Issued Date</i>	<i>Year Graduated</i>

**Please attach copies of qualifications when necessary*

SECTION 4: Training History

<i>Courses relevant to Selection Criteria ONLY</i>	<i>Institution/Country</i>	<i>Dates</i>

**Please attach copies of relevant training certificates attended*

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:</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:</i>
<i>Main Responsibilities:</i>		

**Please attach CV with further employment history*

SECTION 6: Selection Criteria

Set out below are the competencies that will be used in assessing the suitability of each Applicant for the position. Please address each competency in detail. You may attach extra information separately if necessary.

***Refer to Job Description and Selection Criteria Attachment. Please make sure to provide answers for all sections of the Selection Criteria.**

SECTION 7: Computer Skills & Competency

Indicate competency level for each Application

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

<i>Main Applications:</i>	<i>Competency level:</i>	<i>Other Systems:</i>	<i>Competency level:</i>
Ms Word		Ms Access	
Ms Excel		Other (specify)	
Ms PowerPoint		Other (specify)	

SECTION 8: Declaration of Referees

Please note that you need to declare addresses and contact numbers of THREE Referees.

<i>Referee Name:</i>	<i>Designation:</i>	<i>Address / Contact Numbers:</i>

SECTION 9: Declaration of Close Relatives

Do you have a close relation (family ties) to an individual(s) currently employed with Samoa Airport Authority? (Please **TICK** the appropriate box)

NO

YES

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

SECTION 10: Community Status

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

SECTION 11: 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 Office to undertake and necessary checks to confirm the information provided by me.

Signature:

Date:

