



Corporate Services Division

Form #: 001

# SAMOA PORTS AUTHORITY

## Application for Employment Form

This application form is to be completed as accurately as possible and in the applicant's own handwriting. Please note that an understanding of English is required to perform duties applied for

APPLICANT MUST ACCEPT THAT NO GUARANTEE OF EMPLOYMENT IS GIVEN BY THE COMPLETION OF THIS FORM

### Section 1: Position Details

Position Title: \_\_\_\_\_

Salary Grade: \_\_\_\_\_ Salary Rate: \_\_\_\_\_

Division: \_\_\_\_\_

### Section 2: Personal Details

Full Name: \_\_\_\_\_

Gender: Male  Female

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address (residential): \_\_\_\_\_

email: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Marital Status: \_\_\_\_\_

### 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

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** *(please provide claims as to why you satisfy each criterion)*

1	Holder of a Bachelor's Degree in Accounting or relevant discipline (Essential).
2	At least five (5) years of practical accounting or auditing experience (Essential).
3	Must pay high attention to detail, with critical thinking and excellent analytical skills (Essential).
4	Must be a person with integrity and be able to make sound independent judgment (Essential).
5	Must be a team player with business acumen (Essential).
6	Must have the ability to assess internal systems, identify risks and provide recommendations (Essential).
7	Must have a sound understanding of auditing standards and procedures, laws and regulations, policies and procedures governing the IA function (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 ( <i>word</i> )		Database Management ( <i>Access</i> )	
Spreadsheets ( <i>Excel</i> )		Other ( <i>specify</i> )	
Presentation Powerpoint		Other ( <i>specify</i> )	
E-mail		Other ( <i>specify</i> )	

**Section 8: Discipline Record Check**

Do you have a discipline record; any criminal conviction; 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 and attach it to this form. This information will be kept confidential and only be seen by the Assessment Committee.

**Section 9: Declaration of Close Relations:**

Do you have a close relative currently employed by SPA? No  Yes

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

**Section 10: Declaration of Referees**

Please note that you need to declare full names, addresses and contact numbers of three referees.

Referee Name	Designation	Address / Contact Numbers
1.		
2.		
3.		

**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 authorize the Authority to undertake any necessary checks to confirm the information provided by me.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_