



Job Application Form Form 2

Form must be completed by ALL Applicants

Section 1: Position Details

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|--------------------------------------|---|----------------------------|--|
| SQA | Section: RESEARCH, POLICY & PLANNING DIVISION | Location: MALIFA | |
| Position Code: RPPD02/2009 | Title: Research, Policy & Planning Officer | Salary Grade: O1 | Salary Rate: \$20,668.00 per annum |

Section 2: Personal Details

| | |
|------------------|--------------------------|
| Full Name: | Gender: |
| Mailing Address: | Contact Phone No. |
| Contact Address: | Date of Birth (DD/MM/YY) |

Section 3: Education Details

| Most Recent Qualification | Major Area of Study | Institution Attended | Date Started | Date Finished |
|-------------------------------|---------------------|----------------------|--------------|---------------|
| Any previous qualification(s) | | | | |
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Section 4: Training History

| Courses Relevant to Selection Criteria ONLY | Date | Duration (in days) |
|---|------|--------------------|
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| | | |

Section 5: Employment History

Current/Most Recent Position

| | | |
|-----------------------|----------------------------------|--------------------|
| Employer's Name | Date | Duration (in days) |
| Position Title | Number of Staff Reporting to you | |
| Main Responsibilities | | |

Next previous position

| | | |
|-----------------|----------------------------------|--------------------|
| Employer's Name | Date | Duration (in days) |
| Position Title | Number of Staff Reporting to you | |

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| | | |

Next previous position

| | | |
|-----------------|----------------------------------|--------------------|
| Employer's Name | Date | Duration (in days) |
| Position Title | Number of Staff Reporting to you | |
| | | |
| | | |

Next previous position

| | | |
|-----------------|----------------------------------|--------------------|
| Employer's Name | Date | Duration (in days) |
| Position Title | Number of Staff Reporting to you | |
| | | |
| | | |

Section 6: Selection Criteria

Based on an analysis of the duties of this position as determined by the Manager 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 fulfillment of the selection criteria listed below then please attach that information to this application form

| Selection Criteria |
|---|
| 1. Degree in economics, social science, education or relevant discipline (Essential) |
| 2. Sound oral and written communication skills in both Samoan and English (Essential) |
| 3. Computer literate (Essential) |
| 4. Ability to work as part of a team to develop collaboratively with stakeholders (Essential) |
| 5. Experience or knowledge in policy development and/ or strategic planning (Highly Desirable) |
| 6. Experience or knowledge in research development (Highly Desirable) |
| 7. Demonstrated analytical and report writing skills (Highly Desirable) |
| 8. Have a reasonable understanding of Government's social and economic goals (D) |
| 9. Have a reasonable understanding of SQA's mandate and functions (D) |
| 10. Sound interpersonal, networking, team work, and group facilitating skills with the capacity to think strategically, and to show initiative and creativity (D) |

Section 7: Computer Literacy

Indicate competency level for each system

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

| Main Systems | | Other Systems | |
|-------------------------|--|------------------------------|--|
| Word Processing (Word) | | Other Systems | |
| Spreadsheets (Excel) | | Database Management (Access) | |
| 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 |
|--|--|---------|-----------------|-------|------|-------|
| | Samoa | English | Other (specify) | | | |
| CODE: 1. Limited conversation, reading of newspapers, routine correspondence 2. Engage freely in discussions, read, write more difficult material 3. Speak, read and write (nearly) as well as mother tongue | | | | | | |

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

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|----|
| 1. |
| 2. |
| 3. |

Section 11: Declaration of Close Relations

Do you have a lose relation (family ties) to an individual(s) currently employed anywhere in SQA 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

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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:

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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 authorize SQA any necessary checks to confirm the information provided by me.

| | |
|------------------|-------------|
| Signature | Date |
|------------------|-------------|