

Job Application Form

Section 1:	Position	Details
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Position Title:

Division:	Corporate Services		Location:	LTA Office - Vaitele	e-uta		
Title:	G1/S1 - G		G1/S1 - G2/S7				
Section 2: Per	sonal Deta	ails					
Full Name:					Gender:		
Contact Phone No:			Date of Birth (Day/Month/Year):				
Address:							
Section 3: Edu	scation Do	taile					
Most Red Qualifica	cent	Major Area of Study	Institut	tion Attended	Date Started	Date F	inished
			l		1	<u>-I</u>	
Section 4: Tra			the Desitio		Date	Draw	ation
Trainings and Courses Relevant to the Position			Date	Dure	шин		
Section 5: Em Current/Most		=					
Employer's Name:	Recent	USICION				Date:	Duration:
Position Title:							L taff reporting you
Main Responsibilities:							
Next previous	sposition						
Employer's Name:						Date:	Duration:
Position Title:						Number of Si	taff reporting

Next previous	position					
Employer's Name:	, p			Date:	Duration	
Position Title:				-	 f Staff reportin to you	
Main Responsibilities:						
	ection Criteria e claims as to why you satisf Qualification.					
	A minimum qualification of	of PSSC or Samoa Schoo	ol Leaving Certifica	ate. Esse n	itial	
2	Work Experience. Minimum of 2 years releva	nt working experience	. Essential			
3	Knowledge & Skills. General Knowledge of LTA					
4	Should have the ability to the Authority. Essential	vork together with oth	er staff of the divis	sion as we	ell as of	
5	Demonstrated ability to have excellent communication (English & Samoan) and interpersonal skills. Essential					
6	Demonstrated ability to work meticulously, accurately, respectfully and honestly. Essential					
Indicate competen	nputer Literacy cy level for each system code: 1- no knowledge; 2-basic knowled	ige; 3-good working knowledge	; 4- strong/advanced capa	abilities		
	Main Systems		Other Syste	ems		
Microsoft Wor	d	Microsoft	Microsoft Access			
Microsoft Exce	·l	Other Sys	Other System (Specify)			
Microsoft Pow	erPoint	Other Sys	Other System (Specify)			
E-mail		Other Sys	Other System (Specify)			
Section 8: Dis	cipline Records Check					
Do you have a against you?	discipline record, any criminal	convictions, or current l	egal proceedings	No	Yes	
				- 1	-	
If yes, please 1	provide discipline record					
If yes, please p	provide discipline record					
	claration of Close Relations					

If yes, please provi	de name(s) and nature of relatio	onship	
		•	
Section 10: Declar	ation of Defences		
Section 10: Deciar	ation of Referees		
	Name	Designation	Contact Phone No
1			
2			
3			
	cation & Authorisation t the information given in my aplic	ration is true and correct.	
Signatu	re		Date
	Please at	tach the following	
	1 Un to date Curriculum Vita		

Certified academic qualifications and relevant trainings
3 Written Reference, 2 from previous employer with up to date contact

3

4

details

Valid Police Report