



## Application Form

### Deputy Commissioner – National Operations

Applicant No. (Office use only)

Intake (office use only)

**Instructions:**

- This form **must be completed and signed** by the applicant;
- Please read all questions and instructions carefully;
- Complete all sections of the form accurately and honestly;
- Attach all supporting documents – copies of originals and
- Refer to checklist on the back page before submitting your application.

**Attach photograph (passport size) – for external applicants only**

**1. Personal Details**

Mr     Mrs     Ms

Surname (Family Name)

Given Names (In full)

Other Name(s)

**2. Contact Details**

Village/Place of Residence

Mailing Address

Contact Number

Email

**3. Birth Details**

Date of Birth

Age

Birth Certificate or Passport Photograph Page Attached  Yes  No  
*(external applicants only)*

Place of Birth

Country

Are you a Samoan Citizen?  Yes  No  
*(external applicants only)*

**4. Motor Driver's License *(external applicants only)***

Do you hold a valid and current Driver's License?      Yes       No

Copy of Driver's License attached      Yes       No

**5. Medical Clearance Certificate *(external applicants only)***

Medical Clearance Certificate (MPP/HR-*RS4*) completed by a Medical Practitioner and attached  
Yes       No

**6. Education**

Qualification and Major Area of Study	Institution/School	Date Started	Date Finished

Certified copy of each qualification and transcripts attached       Yes       No



**7. Training**

Training/Courses Relevant to Selection Criteria ONLY

Training/Course	Year(s)	Duration

Certified copy of training/courses attached  Yes  No

**8. Employment**

**8.1. Current/Most Recent Employment**

Employer and Address

Employed From

To

Job/Position Title/Rank

Number of Staff Supervised

Main responsibilities & key achievements

Manager/Supervisor and Contact

Name:  
Email:  
Phone Number:

**8.2. Previous Employment**

Employer and Address

Employed From

To

Job/Position Title/Rank

Number of Staff Supervised

Main responsibilities & key achievements

Manager/Supervisor and Contact

Name:  
Email:  
Phone Number:

**8.3 Next Previous Employment**

Employer and Address

Employed From

To

Job/Position Title/Rank

Number of Staff Supervised

Main responsibilities & key achievements

Manager/Supervisor and Contact

Name:  
Email:  
Phone Number:

**8.4 Next Previous Employment**

Employer and Address

Employed From

To



Job/Position Title/Rank

Number of Staff Supervised

Main responsibilities & key achievements

Manager/Supervisor and Contact

Name:  
Email:  
Phone Number:

**9. Language Proficiency**

Indicate your Language proficiency

	English	Samoaan
1. Fair		
2. Fluent		
3. Speak		
4. Read		
5. Write		

**10. Computer Literacy**

(Competency Level): 1 = no knowledge; 2 = basic knowledge; 3 = good working knowledge; 4 = advanced capability

Word	
Excel	
PowerPoint	
E-mail	
Other (specify)	

**11. Discipline Records**

Do you have a discipline record, any criminal or serious traffic convictions or any current legal proceedings against you?

Yes  No

IF YES, please provide full details including offence type, sentence/penalty:

**12. Declaration of Close Relations**

Do you have a close relation (family ties) to an individual(s) currently employed anywhere in the Samoa Police Service?

Yes  No

If yes, please provide name(s) of your relations and state nature of relationship

**13. Community Status**

Outside the work environment, do you hold any positions (including *matai* titles) associated with community services, and if so, please specify below?

**14. References**

Please provide at least two written references from previous employers or supervisors or community members other than family or relatives who have known you for no less than 12 months.

**Referee 1**

Name:  
Relationship:  
Length of Acquaintance:  
Contact details: Telephone:  
Email:

Written Reference Provided Yes  No

**Referee 2**

Name:  
Relationship:  
Length of Acquaintance:  
Contact details: Telephone:  
Email:

Written Reference Provided Yes  No

**Referee 3**

Name:  
Relationship:  
Length of Acquaintance:  
Contact details: Telephone:  
Email:

Written References provided Yes  No



**15. Response to Selection Criteria (Competencies)**

Set out below are the selection criteria that will be used in assessing your suitability for the role. It is your responsibility to:

1. Indicate aspects of work or life experience which demonstrate your ability to satisfy each criterion
2. Complete this section in a true and accurate way (failure to do so will disqualify your application; and
3. 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

**1. Qualifications and work experience (refer JD for full details).**

**2. Leadership Competencies (refer JD for full details).**

**3. Managerial Expertise (refer JD for full details).**

**4. Intellectual and Technical competencies (refer JD for full details)**



5. Values and Professionalism ( refer JD for full details)

6. Building and Sustaining Relationships ( refer JD for full details)

**16. Personal Statement**

In your own handwriting, please write a 100-word summary on why you think you should be considered for the position as advertised.



**17. Declaration**

- I hereby declare that the information I have provided in this application is correct and complete.
- I acknowledge that I will be required to undergo a screening process involving the SPS making integrity and background checks and inquiries about myself from current and previous employers, police, courts, educational institutions, community members and other similar agencies.
- I hereby consent and authorize the SPS to make all such inquiries and checks including the release and disclosure of all information about myself by any person or body to the SPS, for the purpose of confirming the information provided in this application and in determining my merit for appointment to the above mentioned position.

Signed

Full Name (Print)

Date



**Application Checklist:**

Prior to submitting your application, please check that you have completed all of the following and that all supporting documents are attached (Note: N/A means 'Not Available'):

Office Use only		Yes	No	N/A
	1. Have you provided all of your personal details in Part 1?			
	2. Have you provided your contact details in Part 2?			
	3. Have you attached a certified copy of your Birth Certificate or Passport Photograph Page as in Part 3, if you are applying from outside the SPS?			
	4. Have you attached a certified copy of your Driver's License as in Part 4, if you are applying from outside the SPS?			
	5. Has a Medical Practitioner completed, certified and signed the Physical Assessment - Medical Clearance Certificate Form as in Part 5, if you are applying from outside the SPS?			
	6. Have you attached certified copies of all educational qualifications and transcripts as in Part 6?			
	7. Have you attached certified copies of all relevant training attended as in Part 7?			
	8. Have you listed all details of your current and previous employment as in Part 8?			
	9. Have you completed the Language Proficiency in Part 9?			
	10. Have you completed the Computer Literacy in Part 10?			
	11. Have you provided details relating to any discipline records that you have as in Part 11?			
	12. Have you disclosed details of any close relation that you have with an individual(s) currently employed in the SPS as in Part 12?			
	13. Have you provided details on any community status that you hold as in Part 13?			
	14. Have you provided details of a minimum of three referees to be contacted in confidence for further information regarding your application as in Part 14?			
	15. Have you addressed the Selection Criteria required in Part 15?			
	16. Have you completed the Personal Statement required in Part 16?			
	17. Have you signed the declaration in Part 17?			