

MPP/HR-RS4B

#### Application Form Carpenter

Applicant No. (Office use only)	Intake (office use only)
<ul> <li>Instructions:</li> <li>This form must be completed and signed by the applicant;</li> <li>Please read all questions and instructions carefully;</li> <li>Complete all sections of the form accurately and honestly;</li> <li>Attach all supporting documents – copies of originals and</li> <li>Refer to checklist on the back page before submitting your application.</li> </ul>	Attach photograph (passport size) — for external applicants only
1. Personal Details  Mr Mrs Miss	Birth Certificate or Passport Photograph Page Attached  (external applicants only)
Surname (Family Name)	Place of Birth
Given Names (In full)	Country
Other Name(s)	Are you a Samoan Citizen? Yes No (external applicants only)
2. Contact Details	4. Motor Driver's Licence (external applicants only)  Do you hold a valid and current  Driver's Licence?  Yes No
Village/Place of Residence	Copy of Driver's Licence attached Yes No
Mailing Address	5. Medical Clearance Certificate (external applicants only) Medical Clearance Certificate (MPP/HR-RS4) completed by a Medical Practitioner and attached Yes No
Contact Number	Qualification and Institution/ Date Date Major Area of Study School Started Finished
Email	Major Area of Stary
3. Birth Details	
Date of Birth Age	Certified copy of each qualification
	and transcripts attached Yes No



7. Training			Job/Position Title/Rank
Training/Courses Relevant to S			
Training/Course	Year(s)	Duration	
			Number of Staff Supervised
			Main responsibilities & key achievements
			Train responsionates a key demovements
			Manager/Supervisor and Contact Name:
			Email:
Certified copy of training/cour	ses ,	Yes No	Phone Number:
attached		res INO	
			8.3 Next Previous Employment
8. Employment			Employer and Address
8.1. Current/Most Recent Emp	olovment		
Employer and Address	,		
			Employed From To
Employed From	Го		
			Job/Position Title/Rank
Job/Position Title/Rank			
Job/1 Gittori Title/Rank			
			Number of Staff Supervised
Number of Staff Supervised			
			Main responsibilities & key achievements
Main responsibilities & key ach	nievements		
			Manager/Supervisor and Contact
Manager/Supervisor and Cont	act		Name:
Name:			Email:
Email: Phone Number:			Phone Number:
Phone Number:			0431
8.2. Previous Employment			8.4 Next Previous Employment Employer and Address
Employer and Address			Employer and Address
			Francisco d Francis
Employed From	Го		Employed From To



Job/Position Title/Rank	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?			
Number of Staff Supervised				
	Yes No			
	If yes, please provide name(s) of your relations and state			
Main responsibilities & key achievements	nature of relationship			
	13. Community Status Outside the work environment, do you hold any			
Manager/Supervisor and Contact	positions (including matai titles) associated with			
Name:	community services, and if so, please specify below?			
Phone Number:				
9. <u>Language Proficiency</u> Indicate your Language proficiency				
English Samoan	14. References			
1. Fair	Please provide at least two written references from previous employers or supervisors or community			
2.Fluent 3.Speak	members other than family or relatives who have known			
4. Read	you for no less than 12 months.			
5. Write	Referee 1			
10. Computer Literacy	Name:			
(Competency Level): 1 = no knowledge; 2 = basic knowledge; 3	Relationship:			
= good working knowledge; 4 = advanced capability  Word	Length of Acquaintance:			
Excel	Contact details: Telephone:			
	Email:			
PowerPoint	Written Reference Provided Yes No			
E-mail				
Other (specify)	Referee 2 Name:			
11. <u>Discipline Records</u> Do you have a discipline record, any criminal or serious	Relationship:			
traffic convictions or any current legal proceedings against	Length of Acquaintance:			
you?	Contact details: Telephone:			
Yes No	Email:			
IF YES, please provide full details including offence type,	Written Reference Provided Yes No			
sentence/penalty:	Referee 3			
	Name:			
	Relationship			
	Relationship:			
	Length of Acquaintance:			
	Contact details: Telephone:			
	Email:			
	Written References provided Yes No			



<ul> <li>15. Response to Selection Criteria (Competencies)</li> <li>Set out below are the selection criteria that will be used in assessing your suitability for the role. It is your responsibility to:</li> <li>1. Indicate aspects of work or life experience which demonstrate your ability to satisfy each criterion</li> <li>2. Complete this section in a true and accurate way (failure to do so will disqualify your application; and</li> <li>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</li> </ul>	
1. Skills and Abilities ( refer to JD for full details)	
2. Personal Attributes ( refer to JD for full details)	
Experience and Past Work Performance ( refer to JD for full details)	



3. Qualification ( refer to 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.
duvertised.
<ul> <li>17. <u>Declaration</u></li> <li>I hereby declare that the information I have provided in this application is correct and complete.</li> <li>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.</li> </ul>
<ul> <li>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.</li> </ul>
Signed
Full Name (Print)
Tail Haine (Fill)
Date



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#### **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?			
		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?			
		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?			