



ACCIDENT COMPENSATION CORPORATION

JOB APPLICATION FORM

Applications are invited from interested, qualified and highly motivated persons for the position of **MANAGER CLAIMS AND INVESTIGATION** with the Accident Compensation Corporation

SECTION 1: Position Details

Division: Claims and Investigation Division (CID)	Due Date: 14 th March at 4:00pm
Position Title: MANAGER	Salary Grade: \$92,771 p.a.

SECTION 2: Personal Details

Name(s):	Family Name:	Other Names:
Gender:	Date of Birth:	NPF No:
Marital Status:	Physical Address (1):	Physical Address (2):
Post Code:	Phone No (1):	Phone No (2):
e-Mail:	Facsimile:	

SECTION 3: Education - Provide Details in CV

Most Recent Qualifications	Major Area of Study	Institution Attended	Issued Date	Year Graduated

SECTION 4: Training History - Provide Details in CV

<i>Courses relevant to Selection Criteria ONLY</i>	<i>Institution/Country</i>	<i>Dates</i>

SECTION 5: Employment History - Provide Details in CV

Current / Most Recent Position

Employer's Name:	Start Date:	Duration:
Position Title:		Number of Staff:
Main Responsibilities:		

Previous Position

Employer's Name:	Date:	Duration:
Position Title:		Number of Staff:
Main Responsibilities:		

Previous Position

Employer's Name:	Date:	Duration:
Position Title:		Number of Staff:

Main Responsibilities:

SECTION 6: Selection Criteria

Based on an analysis of the duties of this position, 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 with this application.

Note: If you feel the need to supply additional arguments to support your fulfilment of the selection criteria listed below then please attach that Information to this application form.

1.	At least 7 years of responsible professional and managerial experience in a government Ministry or Corporation or a recognized organization dealing with social security system; (Essential)
2.	A minimum qualification of a Bachelor’s Degree in Management, Economics or other relevant qualification from a recognized higher educational institution; (Essential)
3.	Demonstrated ability and knowledge in strategic planning and analytical thinking and interpreting the legislation in relation to the accident compensation scheme; (Essential)
4.	Demonstrated ability on mechanisms that enhances reporting of accidents from work places, after hours, and specified conveyance propelled by engines accidents; (Essential)
5.	Demonstrated skills and confidence in the use of electronic software and programs for research into investigation and compensation schemes; (Essential)
6.	Show in-depth knowledge of the Accident Compensation legislations; (Essential)
7.	Plan, Coordinate and Prepare Corporate Plans, Annual Reports, Divisional Plans, Quarterly Reports and Board Submissions on a timely basis; (Essential)
8.	Showed excellent command of written and oral Samoan and English languages as well as team work abilities; (Essential)

SECTION 7: Computer Skills & Competency

Indicate your level of competency: 1 means excellent/advanced, 2 means good knowledge, 3 means basic knowledge and 4 means no knowledge

Computer Software	Competency Level	Other Systems	Competency Level
MS. Word		MS. Access/Database	
MS. Excel		MS. Outlook	
MS. PowerPoint		Other (specify):	

MS. Publisher			
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SECTION 8: Discipline Records Check

Do you have a discipline record, any criminal convictions or any current legal proceeding against you? If Yes, please provide full statement in a separate sheet.

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SECTION 9: Declaration of Three Referees

Please provide addresses and contact numbers of three Referees

Referee Name:	Designation:	Address/Contact Numbers:

SECTION 10: Declaration of Close Relations

Do you have a close relation (family ties) to an individual(s) currently employed in the ACC to which you are applying? If YES, please provide name(s) of your relation(s) and state nature of relationship.

	<i>No</i>	<i>Yes</i>
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SECTION 11: Community Status

Outside the work environment, do you hold any position (including matai titles) associated with community services, and if so, please list:

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SECTION 12: Certification and Authorisation

I hereby certify that the information given in my Application is true and correct. I also give consent to conduct any character checks about me.

<i>Signature:</i>	<i>Date:</i>