



Job Application Form

Form must be completed by the Applicant

Section 1: Position Details

Division: Safety Promotion and Prevention	Location: Main Office, level 5 ACC House
Title: Safety Promotion Officer - Sports	Salary: Not Less than \$24,000 per annum, depending on qualification

Section 2: Personal Details

Full Name:	Gender:
Mailing Address:	Contact Phone No.:
Contact Address:	Date of Birth (Day/ Month/ Year):

Section 3: Education Details

Most recent qualification	Major Area of Study	Institution Attended	Date Started	Date Finished

Section 4: Education Details

Courses Relevant to Selection Criteria	Date	Duration

Section 5: Employment History

Current / Most recent Position

Employer's Name:	Started in:	Duration:
Position Title:	Number of employees reporting to you:	
Main Responsibilities:		

SAFETY PROMOTION OFFICER - SPORTS
ACCIDENT COMPENSATION CORPORATION

APPLICATION FORM

Previous Position

<i>Employer's Name:</i>	<i>Started in:</i>	<i>Duration:</i>
<i>Position Title:</i>	<i>Number of employees reporting to you:</i>	
<i>Main Responsibilities:</i>		

Previous Position

<i>Employer's Name:</i>	<i>Started in:</i>	<i>Duration:</i>
<i>Position Title:</i>	<i>Number of employees reporting to you:</i>	
<i>Main Responsibilities:</i>		

Section 6: Selection Criteria/Merit Factors

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 criterion 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.

Minimum Requirements:

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| 1. Diploma or degree in Occupational Safety and Health Management, Sports Management or related fields with at least 3 years relevant work experience; |
| 2. Computer literate with excellent analytical and report writing skills; |
| 3. Honest, committed and reliable and is willing to be part of the team; |
| 4. Fluent in English and Samoan both written and oral; |
| 5. Ability and flexibility to work long hours when needed with minimum supervision; and |
| 6. Good public relation skills |

SAFETY PROMOTION OFFICER - SPORTS
ACCIDENT COMPENSATION CORPORATION

APPLICATION FORM

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	
Microsoft Word		Email	
Microsoft Excel		Internet	
Outlook		Other (Specify)	

Section 8: 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
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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 Panel.

Section 9: Declaration of Referees

Please note that you need to declare addresses and contact numbers of three referees.

Names	Addresses	Contacts

Section 10: Declaration of Close Relations

Do you have a close relation (family ties) to an individual(s) currently employed in the ACC? (Please TICK [✓] the appropriate box).	No	Yes
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If YES, please provide name(s) of your relation(s) and state nature of relationship.

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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:

Section 12: Certification and Authorization

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 the Accident Compensation Corporation to undertake any necessary checks to confirm the information provided by me.

Signature:	Date:
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