



## SAMOA FIRE AND EMERGENCY SERVICES AUTHORITY

APPLICANT INFORMATION			
Last Name:	First Name:	M / F	DOB
Village:		District:	
Home phone:	Mobile phone	Other	
Email:	Drivers Licence?:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Position Applying for:			
Are you a citizen of Samoa?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If NO, are you authorized to work in Samoa?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you related to anyone in SFESA?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If YES, Who?	
Have you ever been convicted of any criminal convictions?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain	

EDUCATION			
<b>High School:</b>		Address:	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Qualification
<b>University:</b>		Address:	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Qualification
<b>Other:</b>		Address:	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Qualification

Current Employment	
Company/ Organisation:	Employment Period
Position Title	Supervisor
Main Responsibilities	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	

PREVIOUS EMPLOYMENT		
(i)Company/ Organisation:	Employment Period	
Position Title	Supervisor	
Main Responsibilities		
(ii)Company/ Organisation:	Employment Period	
Position Title	Supervisor	
Main Responsibilities		
(iii)Company/ Organisation:	Employment Period	
Position Title	Supervisor	
Main Responsibilities		
May we contact your previous employer for a reference?      YES <input type="checkbox"/> NO <input type="checkbox"/>		

TRAINING HISTORY		
<i>Trainings Relevant to the Advertised Position</i>		
TRAINING/COURSE NAME	INSTITUTION/COUNTRY	DATE

REFERENCES	
<i>Please list three professional references.</i>	
1.Full Name	Relationship
Company	Phone (    )
Address	

2.Full Name	Relationship
Company	Phone (    )
Address	

3.Full Name	Relationship
Company	Phone ( )
Address	

**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:**

- i. indicate aspects of their work experience which indicate their ability to satisfy each criterion;**
- ii. complete this information in a true and accurate way (failure to do so will disqualify the Applicant); and**
- iii. Supply supporting documentation should they be called for short-listed interviews.**

**Note: 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. SKILLS AND ABILITIES (refer JD)**

**2. PERSONAL ATTRIBUTES (refer JD)**

**3. EXPERIENCE AND PREVIOUS WORK PERFORMANCE (refer JD)**

**4. QUALIFICATIONS (refer JD)**

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in the termination of my services.

Signature

Date