



JOB APPLICATION FORM

SECTION 1: Position Details – Re- Advertisement

Position Title:	Manager
Department:	Legal Services Department
SOE:	Samoa Airport Authority
Salary:	\$94,624p.a
Due Date:	4pm, Friday 20 th February, 2026

SECTION 2: Personal Details

First Name:	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 Details

Qualifications	Major Area of Study	Institution Attended	Issued Date	Year Graduated

*Please attach copies of Academic Qualifications



SECTION 4: Training History

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

***Please attach copies of relevant Training Certificates attended**

SECTION 5: Employment History

Current / Most Recent Position

<i>Employer's Name:</i>	<i>Date:</i>	<i>Duration:</i>
<i>Position Title:</i>	<i>Number of Staff:</i>	
<i>Main Responsibilities:</i>		

Next Previous Position

<i>Employer's Name:</i>	<i>Date:</i>	<i>Duration:</i>
<i>Position Title:</i>	<i>Number of Staff:</i>	
<i>Main Responsibilities:</i>		

***Please attach CV with further employment history**

SECTION 6: Selection Criteria

Set out below are the competencies that will be used in assessing the suitability of each Applicant for the position. Please address each competency in detail. You may attach extra information separately if necessary. **Refer to Job Description and Selection Criteria Attachment. Please make sure to provide answers for ALL sections of the Selection Criteria.**



SECTION 7: Computer Skills & Competency

Indicate competency level for each Application

Competency level code: 1=no knowledge; 2=basic knowledge; 3=good knowledge; 4=strong/advanced capabilities

Main Applications:	Competency level:	Other Systems:	Competency level:
Ms Word		Ms Access	
Ms Excel		Other (specify)	
Ms PowerPoint		Other (specify)	

SECTION 8: Declaration of Referees

Please note that you need to declare addresses and contact numbers of THREE Referees.

Referee Name:	Designation:	Address / Contact Numbers:

SECTION 9: Declaration of Close Relatives

Do you have a close relation (family ties) to an individual(s) currently employed with Samoa Airport Authority? (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

SECTION 10: Community Status

Outside the work environment, do you hold any positions (including Matai Titles) associated with community services including voluntary work, and if so, please list:



SECTION 11: Certification and Authorisation

I hereby certify that the information provided in my application is true and correct to the best of my knowledge. I acknowledge that any false or misleading information may result in the revocation of my appointment. I also authorize the Office to conduct any necessary checks to verify the information I have submitted.

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