



**SAMOA
SHIPPING
CORPORATION
LIMITED**

Job Application Form

Section 1: Position Details

| | |
|-------------------------------|------------------------------------|
| Division OPERATION | Location APIA |
| Title AGM OPERATION | Salary Level \$94,624.24 |

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 |
|--------------------------------------|---------------------|----------------------|--------------|---------------|
| <i>Any previous qualification(s)</i> | | | | |
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Section 4: Training History

| Course Relevant to Selection Criteria ONLY | Date Started | Date Finished |
|--|--------------|---------------|
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Section 5: Employment History

Current / Most recent position

| | | |
|-----------------------|----------------------------------|--------------------|
| Employer's Name | Date | Duration (in days) |
| Position Title | Number of staff reporting to you | |
| Main Responsibilities | | |

| Next previous position | | |
|------------------------|----------------------------------|--------------------|
| Employer's Name | Date | Duration (in days) |
| Position Title | Number of staff reporting to you | |
| Main Responsibilities | | |

| Next previous position | | |
|------------------------|----------------------------------|--------------------|
| Employer's Name | Date | Duration (in days) |
| Position Title | Number of staff reporting to you | |
| Main Responsibilities | | |

| Next previous position | | |
|------------------------|----------------------------------|--------------------|
| Employer's Name | Date | Duration (in days) |
| Position Title | Number of staff reporting to you | |
| Main Responsibilities | | |

Section 6: Selection Criteria

Based on an analysis of the duties of this position as determined by the General Manager, set out below are the criteria that will be 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. supply supporting documentation should they be called for short-listed interviews;***
- 3. complete this information in a true and accurate way (failure to do so will disqualify the Applicant); and***

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. Must have a university degree, advance diploma or recognized qualification in Maritime and Shipping (Essential) |
| 2. Must have 5 years proven practical experience in Management/Supervisory level(Essential) |
| 3. Must have 5 years relevant experience in shipping operations and port logistics (Essential) |
| 4. Must have good reporting, negotiation and communication skills (fluent in both English and Samoan, spoken and written) with strong analytical skills to analyze operational data to predict operational problems (Essential) |
| 5. Must have effective leadership skills and ability to multi-task in meeting deadlines (Essential) |
| 6. Must have strong organizational skills, ability to take a teamwork approach to build a constructive team spirit where team members are committed to the goals of the division by meeting multiple deadlines (Desirable) |
| 7. Must be computer literate with demonstrated proficiency in the use of the Microsoft (MS) Office programs, relevant operations software and advance knowledge on computer skills (Essential) |

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 | |
|---------------------------|--|------------------------------|--|
| Word processing (Word) | | Other Systems | |
| Spreadsheet (Excel) | | Database Management (Access) | |
| Presentation (Powerpoint) | | Other (specify) | |
| Email | | Other (specify) | |

Section 8: Knowledge of Languages

| For languages other than your mother tongue, enter appropriate number from code below to indicate level of your language skills | Indicate your mother tongue by ticking a box below | Speak | Read | Write |
|---|--|-------|------|-------|
| CODE | <i>Samoan</i> | | | |
| 1. Limited conversation, reading of newspapers, routine correspondence | <i>English</i> | | | |
| 2. Engage freely in discussions, read write more difficult material | <i>Other (specify)</i> | | | |
| 3. Speak, read and write (nearly) as well as mother tongue. | | | | |

Section 9: 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 |
|--|----|-----|
| 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 committee | | |

Section 10: Declaration of Referees

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

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|----|
| 1. |
| 2. |
| 3. |

Section 11: Declaration of Close Relations

| Do you have a close relation (family ties) to an individual(s) currently employed anywhere in the Department to which you are applying? (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 12: Community Status

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

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Section 13: Certification and Authorisation

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 Division to undertake any necessary checks to confirm the information provided by me.

| | |
|-----------|------|
| Signature | Date |
| | |