APPLICATION FORM – FORM 2

Section 1: Position Details

Position Code	Title		Supervisor Position Code
EV000051	MASS REGISTRATION FIELD ASSISTANT		EV000011
	(PART TIM	IE)	
Division			Location
	REGISTRATION DIVISION)N	OEC, MAIN OFFICE
Salary Grade		Salary Rate	·
A3/L3		\$7,	453 p.a.

Section 2: Personal Details

First Name:	Last Name:	Other Names:
Gender:	Date of Birth:	NPF No:
Marital Status:	Physical Address (1):	Physical Address (2):
Phone No (1):	Phone No (2)	Email:

Section 3: Education Details

Most recent qualification	Major Area of Study	Institution Attended	Date started	Year Graduated

Section 4: Training History

Trainings relevant to Selection Criteria ONLY	Institution / Country	Dates

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nent History	
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Date:	Duration:
,	Number of Staff reporting to you:
	·
Date:	Duration:
	Number of Staff reporting to you:
Date:	Duration:
	Number of Staff reporting to you:
Date:	Duration:
L	Number of Staff reporting to you:
	Date:

Section 6: Selection Criteria

Based on an analysis of the duties of this position as determined by the Divisional Head responsible, set out below are the criteria that will be used in assessing the suitability of each Applicant to 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. Attach ALL supporting documents to the Application Form

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.

MERIT FACTORS / JOB COMPETENCIES (refer to JD for full details)				
1. Skills and Abilities	 Interviewing Skills Customer Service Skills Communication & Presentation Skills Computer Skills Attention of Details 			
2. Personal Attributes	- Honesty			

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	 Impartiality Service Respect Transparency Accountability Efficiency & Effectiveness Commitment & Results driven
3. Experience and Past work performance	 Experience in community field work, good customer service and elections Good knowledge of OEC Legislations
4. Qualifications	- A minimum qualification of a Tertiary Certificate in a relevant field

Section 7: Computer Literacy

Indicate competency level for each application.

Competency Level Code: I = No knowledge, 2 = Basic Knowledge, 3 = Good working Knowledge; 4 = strong/advanced capabilities

Main Applications	<u>Code</u>	Other Systems	Code
Word processing (Word)		Database Management (Access)	
Spreadsheets (Excel)		Other (specify)	
Presentation Power Point		Other (specify)	
E-mail		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 language by ticking a box below	Speak	Read	Write
1. Limited conversation, reading of	Samoan			
newspapers, routine	English			
correspondence	Other (specify)			
2. Engage freely in discussions, read write more difficult materials				
3. Speak, read and write (nearly) as well as mother tongue				

Section	9:	Discipline	Records	Check

	Yes
Police Report MUST be provided & attached to this form	

Section 10: Declaration of Referees

Please note that you need to declare addresses and contact numbers of three (3) referees.

Referee's Name	Designation	Address / Contact numbers
1.		
2.		
3.		

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Section 11: Declaration of Close Relations		
Please TICK the appropriate box Do you have a close relation (family ties) to an individual(s) currently employed anywhere in the Office of the Electoral Commission? If YES, please provide name (of your relation(s) and state nature of your relationship in the space provided below	s)	Yes
Section 12: Community Status		
Outside the work environment, do you hold any positions (including matai titles) a community services and if so, please list:	ssociated with	
Section 13: Certification and Authorisation		
I hereby certify that the information given in my application is true and correct. I also acknowledge that any false information that i provide my appointment will be revoked. I also authorise the Office of the Elany necessary checks to confirm the information provided by me.		
Signature:	Date:	