

Flight Operations Recruitment

APPLICATION FOR EMPLOYMENT FLIGHT CREW

A	Name in Full	Surname	Other Names	
	Address			
	Telephone No.		E-Mail	
	Mobile No.		Skype Address	
	Date Of Birth		Nationality	
	Passport No.		Exp. Date	

B	LICENCE PARTICULARS				
	LICENCE – CURRENT	NO	COUNTRY OF ISSUE	DATE OF ISSUE	DATE OF EXPIRY

C	Personnel Licensing Regulations & Standards of the State which issued the License

D	MEDICAL PARTICULARS			
	CLASS	ISSUING AUTHORITY	DATE OF ISSUE	DATE OF EXPIRY

E	LIMITATIONS OR ENDORSEMENTS ON LICENCE

F	INSTRUMENT RATING (LAST PILOT PROFICIENCY CHECKS – SIMULATOR DATE)			
	TYPE OF AIRCRAFT	LAST I.R. CHECK	DATE OF EXPIRY	REMARKS

G	FLIGHT RADIOTELEPHONE OPERATOR ENDORSEMENT		
	ISSUING AUTHORITY	DATE OF ISSUE	DATE OF EXPIRY

H FLYING EXPERIENCE (ACTUAL AIRCRAFT FLYING DATE)						
TYPE OF AIRCRAFT	ALL UP WEIGHT (Kg)	COMMANDER		CO-PILOT		
		P1 HOURS	DATE OF LAST FLIGHT	P1(U/S) HOURS	P2 HOURS	DATE OF LAST FLIGHT

I FLYING EXPERIENCE - During the Preceding 12 months (Actual Aircraft Flying)					
		Type	Hours	Type	Hours
Pilot-In-Command					
Co-Pilot					
Flight Instructor					

J AVIATION BACKGROUND			
AIRLINE	ORGANISATION	PERIOD OF EMPLOYMENT	AIRCRAFT TYPE

HAVE YOU BEEN INVOLVED IN ANY ACCIDENT OR INCIDENT ?

HAVE YOU BEEN INVOLVED IN ANY INQUIRY OR INVESTIGATION ?

DO YOU HAVE A WAIVER ON YOUR PILOT MEDICAL CERTIFICATE ?

HAS THE RENEWAL OF YOUR LICENCE EVER BEEN DEFERRED ON MEDICAL GROUND ?

.....
NAME

.....
SIGNATURE

.....
DATE