

	,	APPLI	CATIO		OR CAB				OYEMEI	NT			
Full Name													
Surname				Pr			eferred Name						
Date of Birth	Year		Month					Date					
NIC No	Citizenship			enship		Sex			М	M F			
Marital Status (✔)	Single		Marrie			Divo	orced		Separated			Widowed	
Address													
Telephone No/s							E-mail Address						
Height in cms							Weight in Kgs						
EDUCATIONAL QUA	LIFICAT	IONS											
Name of School / Colle	ge												
G.C.E O/L	Ye	ar											
Subject		Grading				Subject					Grading		
1.					6. 7.								
2. 3.					8.								
4.					9.								
5.					10.								
											•		
G C E A/L	Ye	ar											
1.					2.								
3.					4.								
Language Spoken (✓) English			Japanese			Gern	nan		Chinese	:	Other		
You will be assessed	d on you	r profic	ciency p	prior	to emp	loym	ent		, '		,	•	1

EMPLOYMENT RECORD										
From Date To Date		9	Name of the Company	Position	D	Duties/Responsibilities				
HAVE YOU BEEN EMPLOYED BY SRILANKAN AIRLINES PREVIOUSLY? Yes/No										
If yes, please give particulars										
From Date	e To Date Po		Positi	on	Staff No	Department				
Reason for leaving										
THOSE WHO LEFT SRILANKAN AIRLINES THROUGH VSS / VRS OR TERMINATION WILL NOT BE ELIGIBLE TO APPLY.										
Have you been interviewed by SriLankan Airlines previously for Cabin Crew?										
If Yes, When?										
Have you completed the IATA Cabin Crew course conducted by the International Aviation Academy of SriLankan Airlines? Yes/No If yes the period										
If yes the period										
I declare that the above information furnished by me is true and correct to the best of my knowledge.										
Signature: D						Date:				