

A **PERSONAL DETAILS**

1. NAME (as per passport) :	
2. DATE OF BIRTH :	
3. ADDRESS :	
4. TELEPHONE/MOBILE	
NO:	
5. EMAIL ADDRESS :	
6. CITIZENSHIP :	
7. NATIONAL I.D. NO:	

B EDUCATIONAL QUALIFICATIONS

G.C.E. O/L EXAMINATION				
SU	JBJECT	GRADE	YEAR	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Certified by Commissioner of Examination Department /OR certificate attached		
Signature	Date	

G.C.E. A/L EXAMINATION				
S	SUBJECT GRADE YEAR			
1.				
2.				
3.				
4.				

Certified by Commissioner of Examination Department/OR certificate attached:

•••••	
Signature	

•••••	•••••
Date	

DEGREE FROM A RECOGNISED UNIVERSITY			
DEGREE INSTITUTION YEAR			

C PROFESSIONAL DETAILS

HAVE YOU APPLIED FOR THE POST OF JFO	YES	NO
BEFORE?		

YEAR APPLIED	PRELIMINARY INTERVIEW	SIM ASSESSMENT	ADAPT ASSESSMENT	FINAL INTERVIEW

LICENCE PARTICULARS						
LICENCE-CURRENT &COUNTRYNO.DATE OFDATE OFLAPSEDOF ISSUEISSUEEXPIRY						

D	LIMITATIONS OR ENDORSEMENTS ON LICENCE		

Ε	INSTRUMENT RATING				
				DATE-A/C TYPE OF LAST I/R CHECK	

F FLYING EXPERIENCE								
TYPE OF AIRCRAFT	ALL UP WEIGHT	COMMANDER		CO-PILOT				
	(kg)	P1 HRS	DATE OF LAST FLIGHT	P1 (U/S) HOURS	P2 HOURS	DATE OF LAST FLIGHT		

G AVIATION BACK GROUND							
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

