

Civil Aviation Authority of Sri Lanka

No.04, Hunupitiya Road, Colombo 02.

Application for Employment

E-mail: employment@caa.lk Fax: +94-112304697 Website: www.caa.lk

shall reach the Directo Authority of Sri Lanka	NSTRUCTIONS: Please answer each question clearly and completely. Completed application forms hall reach the Director-General of Civil Aviation & Chief Executive Officer, the Civil Aviation authority of Sri Lanka on or before the deadline given in the advertisement. If a particular question is ot applicable please indicate "Not applicable" in the relevant cage.										
1. Particulars of the Post applying for					IMPORTANT						
1.1 Title 1.2 Code				Please Attach Recent Colour							
										ograph Hei	ጉ
									11100	.081upii 1101	
2. Surname (and maid applicable)	en name,	if	3. First N	Name			4.	Middle	e name	e	
5. Name with initials	3	I.									
6. Permanent address	s				7. Reside	ntial A	Address				
8. Grama Seva Divis	ion of Re	esidence	9. Elec	ctorate of I	Residence		10). Distri	ct of F	Residence	
11. Land Phone No.		12. Mobile	Phone No. 13. Emergency Co			Contac	act No. 14. e-mail address				
15. Date of Birth	1	6. Place o	of Birth		17. Countr	y of I	Birth		18. C	Current Citiz	enship
19. National Identity (Card			20. Curre	ent Passport	,					
20.1 Number	20.2 Da	2 Date of Issue 21.1 Number 21.2 Date of Issue 21.3 Place		e of Issue							
21. Sex	22. Mai	rital Status		23. Heig	ght (cm)			24. W	eight	(kg)	
25. Language Skills	Sinl	nala		Tamil				Englis	sh		
23. Language Skins	Read	Write	Speak	Read	Write	Spe	ak	Read		Write	Speak
Fair											
Good											
Very Good											
other											
26. Education Qualifications	univers Commi	ity, please ssion) – In	indicate v	whether th	qualification qu	recogn	nized by	y the Ui	niversi	ity Grants	
Name and Place	From	To	Q	ualificatio	on obtained		NVQ Level	1	Nature	of specializ	zation

		1				1	CAA/A	FE/Form U1/1/
	B. Secon		el schools	S		T		
Name and Place	Year atte		Highest	Examinations Passed		Subjects	s and Results	achieved
	From	То						
27. Professional Quali	fications (l Indicate l	VVO leve	els, where applicable)				
		ttended			NVQ			11
Name and Place	From	То	Qı	nalification obtained	Level	Na	ture of specia	llization
28. Indicate the detail sheets, if space is i			irses that	you have followed in resp	ect of civ	vil aviatio	n (Please use	separate
		Duration					Whether the	course is
Name and Place of the			No of	Title of the co		recognized by		
training organization	From	То	Days				Yes	No
				<u> </u>				

CAA/AFE/Form 01/17

	ption of men tional affair		f professional soc	cieties, and activities undertaken in field of civic, public or
30 List an	v significan	t publicatio	ons vou have wri	ten (do not attach)
50. List an	y significan	n publicano	ms you have will	ten (do not attach)
31. List an equipn	y special sk nent and sof	ills you pos tware	ssess and office r	nachines and equipment you can use. In particular any computer
attentio	on to any sig	gnificant ex	perience, which	our present position, list in reverse order all positions, paying special will be helpful in evaluating your record. Use a separate block for each ired. Include service in the armed forces and any period of unemployment
Details of	Present or n	nost recent	employment	Description of your work
Dates (DD	/MM/YY)	Salaries 1	per annum	
From	То	Starting	Most recent	
Exact title	of your pos	ition		
Staff Categ	gory			
Executive		Non – Exe	ecutive	
Name of e	mployer	Type of	business	
Address of	femployer	Name of	supervisor	
Number ar	nd kind of			
employees supervised				
•				
Reason for	leaving, if	applicable		

CAA/AFE/Form 01/17

Details of the Employment held				Description of your work
Dates (DD	/MM/YY)	Salaries 1	per annum	
From	То	Starting	Most recent	
Exact title	of your pos	ition		
Staff Categ	gory			
Executive		Non – Exe	ecutive	
Name of en	mployer	Type of	business	
Address of	employer	Name of	supervisor	
Number an				
employees supervised	by you			
_				
Reason for	leaving, if	applicable		
Details of t	the Employ	ment held		Description of your work
Dates (DD	/MM/YY)	Salaries 1	per annum	
From	То	Starting	Most recent	
_	_			
Exact title	of your pos	ition		
G. CC G				
Staff Catego Executive	ory	Non – Ex	ecutive \square	
Name of en	mployer	Type of	<u> </u>	
	1 0			
Address of	employer	Name of	supervisor	

CAA/AFE/Form 01/17 Number and kind of employees supervised by you Reason for leaving, if applicable Details of the Employment held Description of your work Dates (DD/MM/YY) Salaries per annum From To Most recent Starting Exact title of your position Staff Category Non − Executive Executive Type of business Name of employer Address of employer Name of supervisor Number and kind of employees supervised by you Reason for leaving, if applicable 33. Please read the following and mark in the respective cage as it relates to you Yes No Remarks Are you a lawful citizen of Sri Lanka b. In your assessment have you fulfilled the Qualification and Experience requirements specified in the approved Scheme of Recruitment (SoR)? If so please indicate under Remarks, under which Options in the SoR, you would be qualified. c. Have you been dismissed by any organization in which you were d. Are you an accused of any disciplinary inquiry being processed?

				CAA/AFE/Form 01/1
e. Have you ever been	served with a notice for Vacation of Post?			
f. Are you ordained in	any religious order?			
g. Have you been subj aboard?	jected to a fine or term imprisonment in Sri Lanka of	or \Box		
h. Are you medically condition?	fit to serve in any part of the country under an	у 🗆		
• •	nd constitution and excellent moral character?			
j. Are you a full time of	or part time employee of any organization at present?			
34.Details of your involven	nents and/or performance at sports, religious, social or	welfare	activit	ties etc. if
35. Have you applied to any	y post of the CAA previously? If so please mention th	e post an	nd the o	late/year
35. Have you applied to any	y post of the CAA previously? If so please mention th	e post ar	nd the o	date/year
36. When will you be availa	able from the date of notice, if you are selected for the	e post		
Immediately Within 7	days Within 15 days Within 30 days P	l specify	:-	
37. References: List three p repeat names of supervision	persons not related to you who are familiar with your coisors listed under Item 32.	haracter	and qu	ualifications. Do not
Full Name	Full address (also telephone or fax number or e-mail address, if known)			Occupation
	L	<u> </u>		
certify that the particulars g	given above in the application are true and correct to the	ne best o	f my k	nowledge.
			9	Signature of the applicant

NOTE:

a. Applications not conforming to the above format will be rejected. Late applications will also be rejected.

- b. If the space provided above is not sufficient to provide details about any matter asked for above, you may use additional sheets to provide such information by stating relevant the number and the topic.
- c. You may be requested, in the course of the selection procedure, to supply documentary evidence in support of the statements you have made above. Please do not, however, send any documentary evidence until you have been asked to do so.
- d. If you are employed in a Government /Local Government Institution or Public Enterprise, your application will be entertained only if the application is forwarded through the respective Head of the Organization, with an endorsement on the application itself.



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