

	,	APPLI					REW E		OYEME	NT			
Full Name													
Surname					Preferred Name								
Date of Birth	Year Month			:h	Date								
NIC No	Citizen			enship				Sex	М		F		
Marital Status (✔)	Single		Marrie			Divo	orced		Separated		Widov	Widowed	
Address										,	·		
Telephone No/s							E-mail Address						
Height in cms							Weight in Kgs						
Name of School / Colle		IONS											
G.C.E O/L	Ye	ar											
Subject	Gradii		ng	Subject					Grading				
<u>1.</u> 2.					6. 7.								
3.					8.								
4.					9.								
5.					10.								
G C E A/L	Ye	ar											
1.	1 . 5	- •			2.								
3.					4.								
Language Spoken (✓)	anguage Spoken (✔) English		Japanese			Germ	nan		Chinese	Ot	her		
You will be assessed	l on you	r profic	ciency p	rior t	to emp	loym	ent						<u>, </u>

EMPLOYMENT RECORD											
From Date To Da		To Date	te Name of the Company		Position	Duties/I	Duties/Responsibilities				
HAVE YOU BEEN EMPLOYED BY SRILANKAN AIRLINES PREVIOUSLY? Yes/No											
If yes, please give particulars											
From Date	rom Date To Date		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											
I declare that the above information furnished by me is true and correct to the best of my knowledge.											
Signature: Da						Date:					