

APPLICATION FOR CABIN CREW EMPLOYEMENT SRILANKAN AIRLINES										
Full Name										
Surname				Preferred N	lame					
Date of Birth	Year		Month			Date				
NIC No			Citizenship				М	•	F	
Marital Status (🗸)	Single Mar		ied	Divorced		Separa	ted	Widowed		
Address										
Telephone No/s				E-mai	E-mail Address					
Height in cms				Weigł	nt in Kg	S				
EDUCATIONAL QUA	LIFICATION	S								

Name of School / College

G.C.E O/L	Year					
Subje	ect	Grading	Subject	Grading		
1.			6.			
2.			7.			
3.			8.			
4.			9.			
5.			10.			
	Veri		10.			
G C E A/L	Year					
1.			2.			
3.			4.			

Language Spoken (🗸)	English		Japanese		German		Chinese		Other		
You will be assessed on your proficiency prior to employment											

EMPLOYMENT RECORD									
From Date		To Date		Name of the Company		Position		Duties/Responsibilities	
HAVE YOU BEEN EMPLOYED BY SRILANKAN AIRLINES PREVIOUSLY? Yes/No									
If yes, pleas	se gi	ve part	icular	S					
From Date	To	Date	Positi	tion		taff No	Departmer	ıt	
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.									
Signatu	r e:.					Date:.			