

Flight Operations Recruitment

APPLICATION FOR EMPLOYMENT FLIGHT CREW

A	Name in Full	ne in Full Surname				Other Names				
	Address									
	Telephone No.				E-Mail					
	Mobile No.					ress				
	Date Of Birth					Nationality				
	Passport No.				Exp. Date					
В	LICENCE PAR									
	LICENCE – CURRI	NT NO		COUNTRY OF ISSUE		DATE OF ISSUE		DATE OF EXPIRY		
С	C Personnel Licensing Regulations & Standards of the State which issued the License									
D	D MEDICAL PARTICULARS									
	CLASS	ISSUING AUTHORITY				DATE OF ISSUE		DATE OF EXPIRY		
E	LIMITATIONS	OD END	ODCEMENT		TCENCE					
	LIMITATIONS	OK END	UKSEMEN	IS UN L	ICENCE					
F	INSTRUMENT RATING (LAST PILOT PROFICIENCY CHECKS – SIMULATOR DATE)									
	TYPE OF AIRCRA	AFT	LAST I.R. CHECK		DATE OF EXPIRY		ZY	REMARKS		
		+								

G	FLIGHT RADIOTELEPHONE OPERATOR ENDORSEMENT						
	ISSUING AUTHORITY	DATE OF ISSUE	DATE OF EXPIRY				

H FLYING EXPERIENCE (ACTUAL AIRCRAFT FLYING DATE)											
TYPE OF AIRCRAFT		ALL UP WEIGHT	COMMANDER								
		(Kg)	P1 HOU		DATE OF LAST		P1(U/S) HOURS	P2 HOURS I		DATE OF LAST FLIGHT	
			HOURS		FLIGHT		HOOKS			ILIGIII	
I											
- ·	<u> </u>				Туре		Hours	I	уре	Hours	
	-In-Command										
Co-F											
Fligh	t Instructor										
J	AVIATION BAC AIRLINE	KGROUND	ORG	ANIS	ATION		PERIOD OF		AIR	CRAFT TYPE	
AIRLINE				ANISATION		EMPLOYMEN'	Г				
HAV	E YOU BEEN INVO	LVED IN ANY	ACCIDI	ENT (OR INCIDEN	Т?					
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?											
NAM	NAME SIGNATURE DATE							DATE			