Srilankan HUMAN RESOURCES APPLICATION FORM FOR JUNIOR FIRST OFFICER

A <u>PERSONAL DETAILS</u>

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							
	SUBJECT 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						
	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 & COUNTRY NO. DATE OF DATE OF								
LAPSED	OF ISSUE		ISSUE	EXPIRY				

D	LIMITATIONS OR ENDORSEMENTS ON LICENCE			

E INSTRUME	E 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	
Total Number of Flying Hours to Date :							

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

.....