



**HUMAN RESOURCES**  
**APPLICATION FORM FOR CADET PILOTS**

**A**     **PERSONAL DETAILS**

<b>1.NAME</b> (as per passport) :	
<b>2.DATE OF BIRTH</b> :	
<b>3.ADDRESS</b> :	
<b>4.TELEPHONE/MOBILE NO:</b>	
<b>5.EMAIL ADDRESS</b> :	
<b>6.CITIZENSHIP</b> :	
<b>7.NATIONAL I.D. NO:</b>	

**B**     **EDUCATIONAL QUALIFICATIONS**

<b>G.C.E. O/L EXAMINATION</b>		
<b>SUBJECT</b>	<b>GRADE</b>	<b>YEAR</b>
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:**

..... <b>Signature</b>	..... <b>Date</b>
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DEGREE FROM A RECOGNISED UNIVERSITY		
DEGREE	INSTITUTION	YEAR

**C PROFESSIONAL DETAILS**

<b>HAVE YOU APPLIED FOR THE POST OF CADET PILOT BEFORE?</b>	<b>YES</b>	<b>NO</b>

YEAR APPLIED	PRELIMINARY INTERVIEW	TECH TEST	SIM ASSESSMENT	ADAPT ASSESSMENT	FINAL INTERVIEW

LICENCE PARTICULARS				
LICENCE-CURRENT & LAPSED	COUNTRY OF ISSUE	NO.	DATE OF ISSUE	DATE OF EXPIRY

**D LIMITATIONS OR ENDORSEMENTS ON LICENCE  
& VALID ATPL KNOWLEDGE ENDORSEMENT**


**E INSTRUMENT RATING**

			DATE-A/C TYPE OF LAST I/R CHECK

**F FLYING EXPERIENCE**

TYPE OF AIRCRAFT	ALL UP WEIGHT (kg)	COMMANDER		CO-PILOT		
		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**

<b>AIRLINE</b>	<b>ORGANISATION</b>	<b>PERIOD OF EMPLOYMENT</b>	<b>AIRCRAFT TYPE</b>

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