



**HUMAN RESOURCES
APPLICATION FORM FOR CADET PILOTS**

A PERSONAL DETAILS

| | |
|-----------------------------------|--|
| 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 CADET PILOT BEFORE? | YES | NO |
| | | |

| YEAR APPLIED | PRELIMINARY INTERVIEW | TECH TEST | SIM ASSESSMENT | ADAPT ASSESSMENT | FINAL INTERVIEW |
|--------------|-----------------------|-----------|----------------|------------------|-----------------|
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| LICENCE PARTICULARS | | | | |
|--------------------------|------------------|-----|---------------|----------------|
| LICENCE-CURRENT & LAPSED | COUNTRY OF ISSUE | NO. | DATE OF ISSUE | DATE OF EXPIRY |
| | | | | |
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**D LIMITATIONS OR ENDORSEMENTS ON LICENCE
& VALID ATPL KNOWLEDGE ENDORSEMENT**

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E INSTRUMENT RATING

| | | | DATE-A/C TYPE OF LAST I/R CHECK |
|--|--|--|------------------------------------|
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| | | | |
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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 |
| | | | | | | |
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Total Number of Flying Hours to Date :

G AVIATION BACK GROUND

| AIRLINE | ORGANISATION | PERIOD OF EMPLOYMENT | AIRCRAFT TYPE |
|----------------|---------------------|-----------------------------|----------------------|
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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