Srilankan HUMAN RESOURCES

APPLICATION FORM FOR CADET PILOTS

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						
SUBJECTGRADEYEAR						
1.						
2.						
3.						
4.						

Certified by Commissioner of Examination Department/OR certificate attached:				
	•••••			
Signature	Date			

DEGREE FROM A RECOGNISED UNIVERSITY						
DEGREE INSTITUTION YEAR						

C **<u>PROFESSIONAL DETAILS</u>**

HAVE YOU APPLIED FOR THE POST OF CADET PILOT	YES	NO
BEFORE?		

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

LICENCE PARTICULARS								
LICENCE-CURRENT & LAPSED	COUNTRY OF ISSUENO.DATE OF ISSUEDATE 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	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

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SIGNATURE

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DATE

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