Srilankan HUMAN RESOURCES

APPLICATION FORM FOR JUNIOR FIRST OFFICER

A <u>PERSONAL DETAILS</u>

1. NAME (as per passport) :	
2. DATE OF BIRTH :	
2. DATE OF DIKTIT.	
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 **<u>PROFESSIONAL DETAILS</u>**

HAVE YOU APPLIED FOR THE POST OF JFO BEFORE?	YES	NO

YEAR APPLIED	PRELIMINARY INTERVIEW	SIM ASSESSMENT	ADAPT ASSESSMENT	FINAL INTERVIEW

LICENCE PARTICULARS								
LICENCE-CURRENT & LAPSED	Γ &COUNTRY OF ISSUENO.DATE OF ISSUEDATE OF EXPIRY							
D								
D LIMITATIONS OR ENDORSEMENTS ON LICENCE								

E INSTRUMENT RATING				
			DATE-A/C TYPE OF LAST I/R CHECK	

F FLYING EXPERIENCE						
TYPE OF	ALL UP	COMMANDER		CO-PILOT		
AIRCRAFT	WEIGHT					
	(kg)	P1 HRS	DATE OF	P1 (U/S)	P2	DATE OF
			LAST	HOURS	HOURS	LAST
			FLIGHT			FLIGHT
Total Number of Flying Hours to Date :						

G AVIATION BACK GROUND					
AIRLINE	ORGANISATION	PERIOD OF	AIRCRAFT TYPE		

	EMPLOYMENT	

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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