SriLankan Flight Operations

Flight Operations Recruitment

APPLICATION FOR EMPLOYMENT
FLIGHT CREW

A	**Name in Full**	**Surname**	**Other Names**	
	Address			
	Telephone No.		**E-Mail**	
	Mobile No.		**Skype Address**	
	Date Of Birth		**Nationality**	
	Passport No.		**Exp. Date**	

B LICENCE PARTICULARS

LICENCE – CURRENT	NO	COUNTRY OF ISSUE	DATE OF ISSUE	DATE OF EXPIRY

C Personnel Licensing Regulations & Standards of the State which issued the License

D MEDICAL PARTICULARS

CLASS	ISSUING AUTHORITY	DATE OF ISSUE	DATE OF EXPIRY

E LIMITATIONS OR ENDORSEMENTS ON LICENCE

F INSTRUMENT RATING (LAST PILOT PROFICIENCY CHECKS – SIMULATOR DATE)

TYPE OF AIRCRAFT	LAST I.R. CHECK	DATE OF EXPIRY	REMARKS

G FLIGHT RADIOTELEPHONE OPERATOR ENDORSEMENT

ISSUING AUTHORITY	DATE OF ISSUE	DATE OF EXPIRY

H	FLYING EXPERIENCE (ACTUAL AIRCRAFT FLYING DATE)					
TYPE OF AIRCRAFT	ALL UP WEIGHT	COMMANDER		CO-PILOT		
	(Kg)	P1 HOURS	DATE OF LAST FLIGHT	P1(U/S) HOURS	P2 HOURS	DATE OF LAST FLIGHT

I	FLYING EXPERIENCE - During the Preceding 12 months (Actual Aircraft Flying)			
	Type	Hours	Type	Hours
Pilot-In-Command				
Co-Pilot				
Flight Instructor				

J	AVIATION BACKGROUND		
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 ?

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NAME **SIGNATURE** **DATE**