



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
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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

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	COMMANDER		CO-PILOT		
		P1 HRS	DATE OF LAST FLIGHT	P1 (U/S) HOURS	P2 HOURS	DATE OF LAST FLIGHT
	(kg)					
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

.....
SIGNATURE

.....
DATE