

PILOT RECRUITMENT FORM



POSITION APPLIED FOR:

CAPT. A340 ☐ F/O A340 ☐

PARTICULARS:

NAME GIVEN NAME(S)

DATE OF BIRTH PLACE OF BIRTH (TOWN/COUNTRY) NATIONALITY
DD / MM / YYYY

PASSPORT NUMBER COUNTRY OF ISSUE

RESIDENTIAL ADDRESS POSTAL ADDRESS (IF DIFFERENT)

E-MAIL PHONE MOBILE

MARITAL STATUS NUMBER OF DEPENDENTS IN HOUSEHOLD

LICENCE:

TYPE COUNTRY OF ISSUE VALID UNTIL

RATINGS/ENDORSEMENTS ICAO LEVEL ENGLISH 4 ☐ 5 ☐ 6 ☐ VALID UNTIL
DD / MM / YYYY

MEDICAL:

CLASS VALID UNTIL
DD / MM / YYYY

EMPLOYMENT HISTORY:

EMPLOYER	FROM	UNTIL	POSITION	TYPE OF AIRCRAFT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

MM / YYYY MM / YYYY

EXPERIENCE:

PIC on Type hrs Last flight DD/MM/YYYY PIC other > 50t MTOW hrs PIC all other hrs PIC Total Time hrs
F/O on Type hrs Last flight DD/MM/YYYY F/O other > 50t MTOW hrs F/O all other hrs F/O Total Time hrs

OTHER RELEVANT QUALIFICATIONS (please specify)

WERE YOU EVER INVOLVED IN AN AIR INCIDENT / ACCIDENT? N ☐ Y ☐ if yes, please explain

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE? N ☐ Y ☐ if yes, please explain

☐ I UNDERSTAND AND AGREE THAT AS PART OF THE EMPLOYMENT CONTRACT, I WILL BE REQUIRED TO COMPLY WITH REGIONALLY APPLICABLE HEALTH REGULATIONS, WHICH MAY INCLUDE HAVING SPECIAL IMMUNIZATIONS OR WEARING RESPIRATOR MASKS.

The information provided herein is current as of DATE

DD / MM / YYYY