Rev. 5 / 20190927

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| **FLIGHT CREW APPLICATION FORM** |
|  |  |  |  |  |
| First Name |  |  | Phone Number |  |
| Last Name |  |  | E-mail |  |
| Date of Birth |  |  | Nearest International Airport |  |
| Nationality as per Passport |  |  |  |  |
|  |  |  |  |  |
| **License** |  |  | **Medical** |  |
| Type & Number |  |  | Date of last Medical/Class |  |
| Date of Issue |  |  | Date of Expiry of Medical |  |
| Date of Expiry |  |  | Restrictions on Medical |  |
| Type Ratings |  |  |  |  |
| LPC Expiry Date |  |  |  |  |
|  |  |  |  |  |
| **Flight Hours** |
|  |  |  |  |  |
| **Aircraft Type** | **Total Hours** | **PIC Hours** | **FO Hours** | **Date of Last Flight on Type** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Total hours on all A/C (excluding SIM) |  |  |  |  |
|  |  |  |  |  |
| **Employment History** |
|  |  |  |  |  |
| **Company** | **Start Date** | **End Date** | **Position** | **Reason for Leaving** |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |

Please provide contact information of 2 referees from your last employment \* :

|  |  |  |
| --- | --- | --- |
| Name , Last Name | Position held | Email, Phone |
|  |  |  |
|  |  |  |

\*The referees must hold (or have held in the past) a managerial or training position.

|  |  |
| --- | --- |
| Earliest availability for screening? |  |
| Earliest availability for OCC? |  |
| ICAO Level English Language Proficiency |  |

I HEREBY CONFIRM THAT ALL THE ABOVE INFORMATION IS TRUE AND CORRECT:
(name, last name, signature)