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** |
|  | |  | |  | |  | |  |
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|  | |  | |  | |  | |  |
| 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)