

**CONFIDENTIAL**

**PILOT'S APPLICATION FORM**

Please paste a recent photograph of yourself.

**General Information and instructions to candidates:**

1. Answer each item completely and accurately. Incomplete answers on this application may disqualify you or may cause delays. False answers may lead to rejection or dismissal.
2. This form may be typed or handwritten in CAPITAL LETTERS only. Please attach additional sheets if required. CVs are required along with this form but are not a substitute for completing the form.
3. Application should accompany curriculum vitae, motivation letter, and copies of licenses and logbook.
4. Do not leave any item blank. If it is not applicable to you, please indicate "NA".
5. Copies of your birth and educational certificates should be attached to the application form.

POST APPLIED FOR: \_\_\_\_\_

JOB REFERENCE : \_\_\_\_\_

**PERSONAL DETAILS**

SURNAME (in full) : \_\_\_\_\_

OTHER NAMES (in full): \_\_\_\_\_

ADDRESS FOR CORRESPONDENCE:  
\_\_\_\_\_  
\_\_\_\_\_

CURRENT ADDRESS:  
\_\_\_\_\_  
\_\_\_\_\_

PHONE Nos: Home \_\_\_\_\_ Office \_\_\_\_\_ Mobile \_\_\_\_\_  
(Include full code)

EMAIL ADDRESS: \_\_\_\_\_

SEX : Male  Female

MARITAL STATUS: Married  Single  Other (please specify)  \_\_\_\_\_

DATE OF BIRTH (dd-mm-yyyy): \_\_\_\_\_ NATIONALITY: \_\_\_\_\_

NATIONAL IDENTITY NO (Mauritian Nationals): \_\_\_\_\_

LANGUAGES (Written): \_\_\_\_\_

LANGUAGES (Spoken): \_\_\_\_\_

## EDUCATIONAL DETAILS

### SECONDARY QUALIFICATIONS

Examining Body: \_\_\_\_\_

Name and address of college /school: \_\_\_\_\_

Certificate obtained: SC  GCE (O)  Other (Please specify)  \_\_\_\_\_

Month/Year of Examination: \_\_\_\_\_ Overall Results: \_\_\_\_\_

| SUBJECTS TAKEN | GRADES | SUBJECTS TAKEN | GRADES |
|----------------|--------|----------------|--------|
|                |        |                |        |
|                |        |                |        |
|                |        |                |        |
|                |        |                |        |

### HIGHER SECONDARY QUALIFICATIONS

Examining Body: \_\_\_\_\_

Name and address of college/school: \_\_\_\_\_

Certificate obtained: HSC  GCE (A)  Other (Please specify)  \_\_\_\_\_

Month/Year of Examination: \_\_\_\_\_ Overall Results: \_\_\_\_\_

| MAIN SUBJECTS | GRADES | SUBSIDIARY SUBJECTS | GRADES |
|---------------|--------|---------------------|--------|
|               |        |                     |        |
|               |        |                     |        |
|               |        |                     |        |
|               |        |                     |        |
|               |        |                     |        |

### TERTIARY/PROFESSIONAL QUALIFICATIONS (please use additional sheet(s) if necessary)

| NAME OF QUALIFICATION | RESULT | NAME OF INSTITUTION & ADDRESS | YEAR |
|-----------------------|--------|-------------------------------|------|
|                       |        |                               |      |
|                       |        |                               |      |
|                       |        |                               |      |
|                       |        |                               |      |
|                       |        |                               |      |
|                       |        |                               |      |

| LICENCES HELD              | COUNTRY/<br>STATE | DATE<br>(dd-mm-yyyy) | VALID<br>UNTIL<br>(dd-mm-yyyy) | RESTRICTIONS |
|----------------------------|-------------------|----------------------|--------------------------------|--------------|
| ATPL                       |                   |                      |                                |              |
| CPL                        |                   |                      |                                |              |
| INSTRUMENT RATING          |                   |                      |                                |              |
| MEDICAL CERTIFICATE        |                   |                      |                                |              |
| FROZEN ATPL (All subjects) |                   |                      |                                |              |

| AIRCRAFT<br>FLOWN | SINGLE/<br>TWIN<br>ENGINE | TYPE<br>RATING<br>VALIDITY | PERIOD | FIRST<br>OFFICER'S<br>HOURS | CAPTAIN'S<br>HOURS |
|-------------------|---------------------------|----------------------------|--------|-----------------------------|--------------------|
|                   |                           |                            |        |                             |                    |
|                   |                           |                            |        |                             |                    |
|                   |                           |                            |        |                             |                    |
|                   |                           |                            |        |                             |                    |

**RELATED EMPLOYMENT HISTORY/EXPERIENCE** (please use additional sheet(s) if necessary)

| FROM<br>(dd-mm-yyyy) | TO<br>(dd-mm-yyyy) | NAME OF COMPANY | AIRCRAFT | LAST<br>SALARY<br>DRAWN | REASON FOR<br>LEAVING |
|----------------------|--------------------|-----------------|----------|-------------------------|-----------------------|
|                      |                    |                 |          |                         |                       |
|                      |                    |                 |          |                         |                       |
|                      |                    |                 |          |                         |                       |
|                      |                    |                 |          |                         |                       |

|                        |  |
|------------------------|--|
| TOTAL TURBO PROP HOURS |  |
| TOTAL JET HOURS        |  |
| TOTAL HOURS            |  |

|  |  |
|--|--|
| DO YOU HAVE A CURRENT JAA CLASS 1<br>MEDICAL (Yes/No): |  |
|--|--|

| TOTAL FLYING HOURS IN LAST 12 MONTHS | AIRCRAFT |
|--------------------------------------|----------|
|                                      |          |
|                                      |          |
|                                      |          |

**ADDITIONAL INFORMATION:**

(1) Have you worked for Air Mauritius in the past? If yes, please specify.

| From<br>(dd-mm-yyyy) | To<br>(dd-mm-yyyy) | Position held |
|----------------------|--------------------|---------------|
|                      |                    |               |
|                      |                    |               |
|                      |                    |               |

(2) Have you been through the selection process at Air Mauritius in the past? If yes, please specify.

(3) Please give a candid account of your personal qualities; both strength and weaknesses (please use additional sheet(s) if necessary).

(4) If selected, when would you be available to start employment? : \_\_\_\_\_

(5) Give an indication of the level of salary you would expect from the company: \_\_\_\_\_

(6) If shortlisted when will you be able to attend interviews? \_\_\_\_\_

**To the best of my knowledge, the facts set forth in my application for employment are true and complete. I understand that if considered for employment, any false statement may result in my failure to receive an offer or if I am hired, my termination of employment.**

**Date:** \_\_\_\_\_

**Signature of applicant:** \_\_\_\_\_

Thank you for completing this form. Due to the volume of applications we receive, only shortlisted applicants will be contacted.

Please return your completed application form (on or before the closing date specified in the advertisement) to:

Human Resource Department  
Recruitment and Selection Section  
Air Mauritius Center, 16<sup>th</sup> Floor  
Port Louis  
Mauritius.