

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 and motivation letter, telling us why you want to join Air Mauritius.
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/ STATE	DATE (dd-mm-yyyy)	VALID UNTIL (dd-mm-yyyy)	RESTRICTIONS
ATPL				
CPL				
INSTRUMENT RATING				
MEDICAL CERTIFICATE				
Frozen ATPL (All subjects)				

AIRCRAFT FLOWN	SINGLE ENGINE	TWIN ENGINE	PERIOD	First Officer's Hrs	Captain's Hrs

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

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

TOTAL TURBO PROP HOURS	
TOTAL JET HOURS	
TOTAL HOURS	

DO YOU HAVE A CURRENT JAA CLASS 1 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 (dd-mm-yyyy)	To (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: _____

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.

I undertake not to indulge in any act of corruption in order to obtain this position.

Date: _____

Signature of applicant: _____

Thank you for completing this form.

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

Human Resources Department
Air Mauritius Ltd
Flight Operations Department
SSR International Airport
Plaine Magnien
Mauritius.