

DRIVING LICENSE: YES / NO DATE OBTAINED:			IF YOU HAVE ANY ENDORSEMENTS ON YOUR DRIVING LICENSE, PROVIDE DETAILS		
TYPE OF LICENSE:					
EMPLOYER	POSITION	PRESENT / LAST SALARY	FROM - TO	REASONS FOR LEAVING	
TYPES OF AIRCRAFTS HANDLED					
INTEREST AND HOBBIES					
ANY OTHER INFORMATION (E.G. COMMUNITY WORK MEMBERSHIP/ ALUMNI OF CLUBS)					
REFERENCES	NAME	OCCUPATION	COMPANY	ADDRESS	TELEPHONE
DECLARATION (Please Tick (✔) where appropriate)	BANKRUPT	YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES, PLS GIVE DETAILS _____	
	CRIMINAL RECORDS	YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES, PLS GIVE DETAILS _____	
	CURRENTLY ARE YOU SERVING ANY BOND?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES, PLS GIVE DETAILS _____	
	CURRENTLY ARE YOU STUDYING FOR ANY COURSES?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES, PLS GIVE DETAILS _____	

MEDICAL STATUS (Please Tick (✔) where appropriate)	HAVE YOU SUFFERED FROM ANY ILLNESS REQUIRING HOSPITALISATION FOR A MONTH OR MORE.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES, PLS GIVE DETAILS _____ _____
	ARE YOU SUFFERING FROM ANY ILLNESS OF A CHRONIC NATURE SUCH AS DIABETES, HIGH BLOOD PRESSURE, KIDNEY LIVER PROBLEMS.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES, PLS GIVE DETAILS _____ _____
	ARE YOU SUFFERING FROM ANY MENTAL ILLNESS OR CONDITION (SCHIZOPHRENIA, BIPOLAR & MOOD DISORDERS, DEPRESSION, ANXIETY, DEMENTIA.)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	IF YES, PLS GIVE DETAILS _____ _____
EXPECTED SALARY IN US DOLLARS			AVAILABILITY	
HOW DO YOU COME TO KNOW ABOUT THIS JOB OPENING? (Please Tick (✔) where appropriate)	ADVERTISEMENT <input type="checkbox"/>	WEBSITE <input type="checkbox"/>	RECOMMENDED BY FRIENDS PLEASE PROVIDE DETAILS: _____	<input type="checkbox"/>

RELATIVES INSIDE UAE:

EMPLOYER	NATIONALITY	NAME
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

I DECLARE THAT ALL INFORMATION GIVEN IN THE APPLICATION IS CORRECT AND TRUE.

SIGNATURE OF APPLICANT

DATE

FOR OFFICIAL USE ONLY

RECEIVED BY	_____ NAME	_____ SIGNATURE	DATE:
REMARKS			