

Application Form



| | |
|---|---------------------|
| <input type="checkbox"/> Interview <input type="checkbox"/> Waiting List <input type="checkbox"/> Return Remarks: _____ Received: _____ | Recent Photo |
|---|---------------------|

Please use handwriting and answer in English

Position Applied For

| | | | |
|-----------|------------------------|---|---|
| Position: | When can you commence? | <input type="checkbox"/> Permanent <input type="checkbox"/> Summer/replacement | <input type="checkbox"/> Timeframe: _____ |
|-----------|------------------------|---|---|

Personal Information

| | | | | |
|---|----------------|--------------------------------------|--------------|---------|
| Family name: | | Date of birth (DDMMYY): | Nationality: | Height: |
| Given name(s): | | Social security No.: | | Weight: |
| Passport no: | Date of issue: | Place of issue: | Valid until: | |
| Family status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other: _____ | | Spouse (name and position): | | |
| Address: | | Children (name and age): | | |
| Street: | | Close relative (name and telephone): | | |
| Post Code: | City: | | | |
| Country: | | | | |
| Phone No. (country code + phone no) | | | | |

General Information

| | | | |
|---|-----------------------|--------------------------------|--|
| Why are you interested in the position your are applying for? | | | |
| | | | |
| | | | |
| Have you previously applied to the company? | | If Yes, when? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Have you lived abroad? | If Yes, where? | If Yes, for how long? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Reason for living abroad? | | | |
| <input type="checkbox"/> Accompanying Parents <input type="checkbox"/> Studying <input type="checkbox"/> Working <input type="checkbox"/> Other: _____ | | | |
| Religion: | Hobbies: | | |
| Have you at any time been charged with criminal offense other than a motoring offence, or do you have outstanding any taxes or alimony payments? If so, please give full details (attached on separate sheet). | | | |
| Have you previously worked with an airline or tourism? | If Yes, where? | If Yes, holding what position? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Have you been absent from work during the last year? | If Yes, for how long? | If Yes, indicate reason(s): | Do you smoke? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Previous Employment | | | | | | |
|----------------------------|---------------|------|----|--|--|--|
| Name of employer | Your position | From | To | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| Education – Skill - Training | | | |
|-------------------------------------|------------------|------|----|
| School / Establishment | Degree / Diploma | From | To |
| | | | |
| | | | |
| | | | |
| | | | |

Can you swim? ☐ Yes ☐ No

Do you hold a current driving licence? ☐ Yes ☐ No

| Languages | Speak | | | Write | | |
|-----------|--------|---------|------|--------|---------|------|
| | Fluent | Average | Fair | Fluent | Average | Fair |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| References (Do not refer to relatives. Refer to colleagues or employers) | |
|---|------------|
| Name and position: | Telephone: |
| | |
| | |

Enclosed copies of documents: _____

(Please do not send originals) _____

I undersigned have answered all above questions truthfully and I am aware that any deliberate misinformation can affect my employment with the company.

| | | |
|-------|------|-----------|
| Place | Date | Signature |
|-------|------|-----------|