

# HELICOPTER PILOT APPLICATION FORM

#### 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 Mauritius Helicopter Limited.
- 4. Do not leave any item blank. If it is not applicable to you, please indicate "NA".

| POST APPLIED FOR                      | ₹ :            |              |        |                        |   |
|---------------------------------------|----------------|--------------|--------|------------------------|---|
| JOB REFERENCE                         | :              |              |        |                        |   |
| PERSONAL DETA                         | ILS            |              |        |                        |   |
| SURNAME (in full)                     | :              |              |        |                        |   |
| OTHER NAMES (in f                     | ull):          |              |        |                        | _ |
| ADDRESS FOR COP                       | RESPONDEN      | NCE:         |        |                        |   |
|                                       |                |              |        |                        |   |
| CURRENT ADDRES                        | S:             |              |        |                        |   |
|                                       |                |              |        |                        |   |
|                                       |                |              |        |                        |   |
| PHONE Nos: Hom<br>(Include full code) | e              |              | Office | Mobile                 |   |
| EMAIL ADDRESS:                        |                |              |        |                        |   |
| SEX :                                 | Male           | Fe           | male   |                        |   |
| MARITAL STATUS:                       | Married        | Sir          | ngle   | Other (please specify) |   |
| DATE OF BIRTH (dd                     | -mm-yyyy): _   |              | NAT    | TONALITY:              |   |
| NATIONAL IDENTIT                      | Y NO (Mauritia | n Nationals) | :      |                        |   |
| LANGUAGES (Writte                     | en):           |              |        |                        |   |
| LANGUAGES (Spoke                      | ən):           |              |        |                        |   |

### **<u>TERTIARY/PROFESSIONAL QUALIFICATIONS</u>** (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 (H) / CPL (H)             |                   |                      |                                |              |
| INSTRUMENT RATING              |                   |                      |                                |              |
| MEDICAL CERTIFICATE<br>(Class) |                   |                      |                                |              |

# English Language Proficiency Level:.....

| HELICOPTER FLOWN | SINGLE ENGINE | TWIN ENGINE | PERIOD | TOTAL<br>HRS | PIC HRS |
|------------------|---------------|-------------|--------|--------------|---------|
|                  |               |             |        |              |         |
|                  |               |             |        |              |         |
|                  |               |             |        |              |         |
|                  |               |             |        |              |         |

## **<u>RELATED EMPLOYMENT HISTORY/EXPERIENCE</u>** (please use additional sheet(s) if necessary)

| FROM<br>(dd-mm-yyyy) | TO<br>(dd-mm-yyyy) | NAME OF COMPANY | HELICOPTER | REASON FOR LEAVING |
|----------------------|--------------------|-----------------|------------|--------------------|
|                      |                    |                 |            |                    |
|                      |                    |                 |            |                    |
|                      |                    |                 |            |                    |
|                      |                    |                 |            |                    |

| TOTAL Piston Engine Hours  |  |
|----------------------------|--|
| TOTAL Turbine Engine Hours |  |
| TOTAL HOURS                |  |

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

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

| TOTAL FLYING HOURS ON HELICOPTERS   |  |
|---|--|
| TOTAL FLYING HOURS AS <b>PILOT IN</b><br><b>COMMAND</b> ON BELL JET RANGER B206 |  |
| DATE OF LAST FLIGHT ON BELL JET<br>RANGER B206                                  |  |

#### **ADDITIONAL INFORMATION:**

(1) Have you ever been involved in any previous accident / incident? If yes, please give details:

(2) Please give a summary of your personal strength and weaknesses (please use additional sheet(s) if necessary).

(3) If selected, when would you be available to start employment?

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.

Please return your completed application form to:

Mauritius Helicopter Limited Human Resources Department 16<sup>th</sup> Floor, Air Mauritius Centre President John Kennedy Street Port Louis Mauritius

or by e-mail to : pilotrecruitment@mauritiushelicopter.com