



CONFIDENTIAL
PILOT'S 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. A motivation letter, telling us why you want to join Air Mauritius, must accompany your application form.
4. Do not leave any item blank. If it is not applicable to you, please indicate "NA".

POST APPLIED FOR : _____

JOB REFERENCE : _____

PERSONAL DETAILS

SURNAME (in full) : _____

OTHER NAMES (in full): _____

ADDRESS FOR CORRESPONDENCE:

CURRENT ADDRESS:

PHONE No. (Include full code):

Home _____ Office _____ Mobile _____

E-MAIL ADDRESS: _____

GENDER: 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 (please use additional sheet (s) if necessary)

NAME OF QUALIFICATION	RESULT	NAME OF INSTITUTION & ADDRESS	YEAR

Are you submitting equivalence certificate along with this application:

Yes No

HIGHER SECONDARY QUALIFICATIONS (please use additional sheet(s) if necessary)

NAME OF QUALIFICATION	RESULT	NAME OF INSTITUTION & ADDRESS	YEAR

If others, are you submitting equivalence certificate along with this application:

Yes No

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
CPL/IR				
ATPL Subjects (Frozen ATPL)				
ATPL				
Medical Class 1				

English Language Proficiency Level: _____

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

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

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

TOTAL FLYING HOURS ON COMMERCIAL AIR TRANSPOT AIRCRAFT	
TOTAL FLYING HOURS ON MULTI ENGINE EASA PART 23 AIRCRAFT	
TOTAL FLYING HOURS MULTI ENGINE EASA PART 25 AIRCRAFT	
TOTAL FLYING HOURS ON MULTI ENGINE JET AIRCRAFT	
TOTAL FLYING HOURS AS PIC ON JET AIRCRAFT	

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.

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

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

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

(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 duly completing this form.

Please return your duly completed application form, together with a copy of your academic certificate(s) (incl. equivalences if applicable), medical certificate, licenses.

Air Mauritius Limited
Human Resources Department
Flight Operations Business Unit
SSR International Airport
Plaine Magnien
REPUBLIC OF MAURITIUS