



# FLIGHT DECK APPLICATION FORM

FHR - 002-1

POSITION APPLIED FOR

AIRCRAFT/FLEET

--	--



## PERSONAL DETAILS

FIRST NAME

MIDDLE NAME

LAST NAME

--	--	--

GENDER

DATE OF BIRTH

AGE

NATIONALITY

ID/PASSPORT NO.

--	--	--	--	--

EMAIL ADDRESS

MOBILE

--	--

FACEBOOK

LINKEDIN

facebook.com/

linkedin.com/in/

--	--

EMERGENCY CONTACT (NAME / PHONE)

MARITAL STATUS

	/		SINGLE <input type="checkbox"/>	MARRIED <input type="checkbox"/>	DIVORCED <input type="checkbox"/>
--	---	--	------------------------------------	-------------------------------------	--------------------------------------

RESIDENTIAL ADDRESS

POSTAL ADDRESS

(IF DIFFERENT FROM RESIDENTIAL ADDRESS)

ADDRESS

ADDRESS

--	--

FLAT/APT

FLAT/APT

--	--

STREET

STREET

--	--

CITY

CITY

--	--

ZIPCODE

ZIPCODE

--	--

STATE

STATE

--	--

COUNTRY

COUNTRY



## WORK EXPERIENCE

CURRENT EMPLOYER	AIRCRAFT TYPE	POSITION	TOTAL HOURS	
<b>NOTICE PERIOD</b>	<b>INCLUSIVE OF YOUR NOTICE PERIOD, HOW LONG WOULD IT TAKE FOR YOU TO JOIN MANTA AIR?</b>		<b>IF ANY, PLEASE SPECIFY THE MOUNT OF YOUR OUTSTANDING BOND IN USD (\$) WITH YOUR CURRENT EMPLOYER</b>	
PREVIOUS AIRLINES	AIRCRAFT TYPE	POSITION	FROM	TO

## FLYING EXPERIENCE

1. FOR AIRCRAFT TYPE INCLUDE VARIANTS. EXAMPLE ATR 72-500, ATR 72-600, ATR 42-500, DHC-6-300, DHC-6-400.
2. DO NOT INCLUDE SIMULATOR HOURS
3. HOURS SHOULD BE ROUNDED TO THE NEAREST HOUR.
4. COMMAND HOURS SHOULD ONLY INCLUDE TIME WHEN OPERATING AS NOMINATED PIC.

AIRCRAFT TYPE	AIRLINE	HOURS					
		COMMANDER		COPILOT			
		P1	DATE OF LAST FLIGHT	P1 U/S OR (CRUISE CAPT)	P2	SECOND OFFICER	DATE OF LAST FLIGHT
<b>TOTAL</b>		0		0	0	0	



## FLIGHT DECK INFORMATION

WHEN & WHERE DID YOU RECEIVE YOUR PROFESSIONAL FLIGHT TRAINING AND TYPE RATINGS?

TYPE OF TRAINING	TRAINING CENTER	YEAR

HAS YOUR LICENSE EVER BEEN REVOKED OR SUSPENDED? (IF YES, PLEASE SPECIFY)

--	--

HAVE YOU EVER BEEN INVOLVED IN ANY AIRCRAFT ACCIDENTS OR INCIDENTS? (IF YES, PLEASE SPECIFY)

--	--

## LICENSES & MEDICALS

TYPE OF LICENSE	ISSUING AUTHORITY	LICENSE NO.	DATE OF ISSUE	DATE OF EXPIRY	LIMITATIONS

MEDICAL CLASS	DATE OF LAST MEDICAL	DATE OF EXPIRY	ISSUING AUTHORITY

DATE OF LAST CHECK RIDE				
SIM/AIRCRAFT	A/C TYPE	CHECK TYPE	DATE	LOCATION

## EDUCATIONAL BACKGROUND

QUALIFICATION	YEAR STARTED	YEAR ENDED	SCHOOL/UNIVERSITY/INSTITUTE

## PLEASE INDICATE YOUR COMPETENCY IN DIFFERENT LANGUAGES

(B: BASIC | I: INTERMEDIATE | F: FLUENT | M: MOTHER TONGUE)

LANGUAGE	READ	WRITE	SPEAK



**MISCELLANEOUS**

FOR THE FOLLOWING QUESTIONS, IF YOUR ANSWER IS YES, PLEASE PROVIDE DETAILS

**HAVE YOU EVER BEEN CONVICTED OF CRIMINAL OFFENCE?**

--	--

**HAVE YOU EVER REQUIRED MEDICAL TREATMENT OR COUNSELING FOR DRUG OR ALCOHOL ABUSES?**

--	--

**DO YOU HAVE ANY RELATIVES EMPLOYED BY MANTA AIR OR ANY OF ITS SUBSIDIARIES?**

--	--

**PLEASE STATE WHY YOU WISH TO JOIN MANTA AIR?**

--	--

**WHERE DO YOU SEE YOURSELF IN THE NEXT FIVE YEARS?**

--	--

**PLEASE MENTION ANY SPECIFIC QUALITIES OR FURTHER DETAILS THAT YOU FEEL MAY ASSIST US IN PLACING YOU IN EMPLOYMENT.**

--	--



## MEDICAL INFORMATION

THE MEDICAL INFORMATION GIVEN IN THIS FORM ARE ADDITIONAL TO THE MEDICAL CERTIFICATE AND DO NOT PLACE IT. AS WITH THE GENERAL APPLICATION FORM, PROVIDING FALSE DETAILS OR INTENTIONALLY SUPPRESSING REQUIRED INFORMATION WILL RENDER YOU LIABLE TO DISQUALIFICATION, OR, IF APPOINTED, RESULT IN AUTOMATIC TERMINATION AND/OR APPROPRIATE LEGAL PROCEEDINGS.

HEIGHT (CM)

WEIGHT (KG)

BMI VALUE

--	--	--

HAVE YOU EVER BEEN GROUNDED FOR MEDICAL REASONS OR HAS THE RENEWAL OF YOUR LICENSE EVER BEEN DEFERRED DUE TO A MEDICAL REASON?

--	--

DO YOU WEAR

GLASSES

CONTACT LENSES

DO YOU SUFFER FROM COLOR BLINDNESS?

--	--	--

DO YOU SMOKE? *(IF YES, PLEASE SPECIFY TYPE AND HOW MUCH)*

--	--

DO YOU DRINK ALCOHOL? *(IF YES, PLEASE SPECIFY HOW MUCH DRINKS PER WEEK)*

--	--

I HEREBY CONFIRMED THAT ALL THE DATA MENTIONED ABOVE ARE VALID AND CORRECT. ALL FALSE AND UNTRUTH INFORMATION THAT IDENTIFIED IN THE FUTURE WOULD HAVE A CONSEQUENCE ON MY APPLICATION OR MY EMPLOYMENT. MEANWHILE, ANY OUSTANDING DOCUMENTS AND QUALIFICATIONS REQUIREMENT, WOULD BE COMPLETED ACCORDINGLY.

NAME:

DATE:

SINGATURE



## REFERENCES

PLEASE GIVE AT LEAST 3 PROFESSIONAL REFERENCES FROM PREVIOUS AIRLINES. PROVIDE WITH AIRLINE EMAIL ADDRESSES ONLY; PERSONAL EMAIL ADDRESSES ARE NOT ACCEPTED.

NAME		AIRLINE	
<input type="text"/>		<input type="text"/>	
POSITION/TITLE	EMAIL	PHONE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
NAME		AIRLINE	
<input type="text"/>		<input type="text"/>	
POSITION/TITLE	EMAIL	PHONE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
NAME		AIRLINE	
<input type="text"/>		<input type="text"/>	
POSITION/TITLE	EMAIL	PHONE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

## DETAILS OF YOUR CURRENT AIRLINE CHIEF PILOT

NAME		AIRLINE	
<input type="text"/>		<input type="text"/>	
EMAIL		PHONE	
<input type="text"/>		<input type="text"/>	

## DETAILS OF YOUR CURRENT AIRLINE HR MANAGER

NAME		AIRLINE	
<input type="text"/>		<input type="text"/>	
EMAIL		PHONE	
<input type="text"/>		<input type="text"/>	

**REQUIRED DOCUMENTS TO BE ATTACHED WITH THIS FORM**

- COPY/SCAN OF PASSPORT SHOWING ALL RELEVANT DETAILS AND STILL VALID FOR MINIMUM 2 YEARS
- CV WITH THE REFERENCES MENTIONED IN THIS FORM
- COPY / SCAN OF FLYING LICENSE WITH VALID RATING ENDORSED
- COPY / SCAN OF MEDICAL CERTIFICATE
- LAST TWO SIMULATOR CHECKS
- THE LAST THREE PAGES OF THE LOGBOOK (MUST BE STAMPED BY THE LAST EMPLOYER)
- PROOF OF ENGLISH PROFICIENCY
- A RECENT FORMAL PASSPORT PHOTO
- LICENSE VERIFICATION LETTER
- TRAINING CERTIFICATES (CRM, DANGEROUS GOODS, FIRE FIGHTING, ETC.)
- REFERENCE LETTER FROM PREVIOUS EMPLOYERS

PLEASE EMAIL THE COMPLETE FORM WITH ALL THE REQUIRED ATTACHMENTS TO

MANTA AIR  
HUMAN RESOURCE DEPARTMENT  
careers@mantaair.mv