



# PILOT APPLICATION FORM

Position applied for: <input type="checkbox"/> Captain <input type="checkbox"/> First Officer		Current aircraft type rating: <input type="checkbox"/> A330 <input type="checkbox"/> Other Airbus type(s) _____ <input type="checkbox"/> Other(s) _____		<b>Photo</b>
Date of availability for interview				
Notification period required by current employer				
Date of availability to join if offered				
Current ICAO English Proficiency Level <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	Expire on (DD/MM/YYYY)			

1. Personal Information				
Family Name		Middle Name (if any)		
Given Name		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth (DD/MM/YYYY)	Place of Birth		Nationality	
Passport No.	Country of issue		Expiry Date (DD/MM/YYYY)	
HKID No. (if any)	Marital Status		No. of Children	
Residential Address			HK Permanent Resident	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile No.		Other Contact No.		
Primary Email		Secondary Email		

2. Language		
First Language	Second Language	Others

3. Personal Work Experience (chronological from most recent)					
Period		Name of Company	Position	Aircraft Type Flown	Reason for Leaving
From (MM/YYYY)	To (MM/YYYY)				

**4. Flying Experience (chronological from most recent)**

Please list ALL civil aircraft type flown (excluding SIM hours)

Aircraft Type	Fly by wire (Y/N)	Jet (Y/N)	MTWA (kg)	Flying Hours as PIC*		Flying Hours as Co-Pilot			
				P1	Last flown on (DD/MM/YYYY)	P1 U/S or Cruise Capt.	P2	P2X / P3**	Last flown on (DD/MM/YYYY)
	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N							
	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N							
	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N							
	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N							
	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N							
	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N							
<b>Grand Total Flying Hours:</b> (a+b+c)				Subtotal (a)		Subtotal (b)	Subtotal (c)	Subtotal**	

\* PIC time should only include operating time substantiated as Captain by company

 \*\* P2X/P3 hours not to be included in Grand Total Flying Hours

**5a. License Details 1 (This license will be used for HKCAD conversion and must have been obtained through examination)**

State of Issue	License Type (e.g. ATPL)	License Number	Issue Date (DD/MM/YYYY)	Expire Date (DD/MM/YYYY)	Aircraft Rating
Latest Test Date of Aircraft Rating (DD/MM/YYYY) (With Aircraft Type)		Latest Test Date of Instrument Rating (DD/MM/YYYY) (With Aircraft Type)		Expire Date of Radio Telephony License (DD/MM/YYYY)	
A330		A330			
ICAO English Proficiency Level	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	ICAO English Issuing Organization		ICAO English Expire Date	
Limitation on Class 1 Medical License				Class 1 Medical Expire Date	
Examinations with mark, date of passing & no. of attempt(s) (ATPL papers ONLY)	<i>e.g. Subject A</i>	85%	31/03/1997 (2 times)	Meteorology Theory	
	Flight Planning & Flight Monitoring			Meteorology Practical	
	Navigation			Radio Aids	
	Instruments			Human Performance	

**5b. License Details 2**

State of Issue	License Type (e.g. ATPL)	License Number	Issue Date (DD/MM/YYYY)	Expire Date (DD/MM/YYYY)	Aircraft Rating
Latest Test Date of Aircraft Rating (DD/MM/YYYY) (With Aircraft Type)		Latest Test Date of Instrument Rating (DD/MM/YYYY) (With Aircraft Type)		Expire Date of Radio Telephony License (DD/MM/YYYY)	
A330		A330			
ICAO English Proficiency Level	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	ICAO English Issuing Organization		ICAO English Expire Date	
Limitation on Class 1 Medical License				Class 1 Medical Expire Date	

**5c. Details of Other Licenses (chronological from most recent other than License 1 & 2)**

State of Issue	License Type (e.g. ATPL)	License Number	Issue Date (DD/MM/YYYY)	Expire Date (DD/MM/YYYY)	Aircraft Rating

**6. Education (chronological from highest level)**

Period		Name of School / Institute	Certificate / Degree
From (MM/YYYY)	To (MM/YYYY)		

**7. Other Relevant Technical Qualifications or Experience (chronological from highest level)**

Obtained from (MM/YYYY)	Qualification / Course (e.g. TRI/TRE/GTI)	Remarks (e.g. License Details)

**8. Additional Information**

**Reason to pursue a career with Hong Kong Air Cargo Carrier Ltd.**

**Supplementary comments regarding your qualifications, career objectives or any other details that could help us evaluate your job submission**

**9. Professional References** (Please provide the names and contact details of two persons whom we may approach for a reference, one of whom should preferably be from your present employer)

Name	Relationship	Email address / Address / Mobile
a.		
b.		

**10. Authorisation & Declaration**

a.	Do you object to Hong Kong Air Cargo Carrier Ltd. to obtain references and / or personal data from your <b>present employer</b> (listed in part 3) for the purpose of assessing your application?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b.	Do you object to Hong Kong Air Cargo Carrier Ltd. to obtain references and / or personal data from your <b>previous employer</b> (listed in part 3) for the purpose of assessing your application?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c.	Have you been involved in any flying incidents / accidents?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d.	Do you have any endorsement and / or restrictions on your pilot medical certificate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e.	Has the renewal of your license ever been deferred on medical grounds?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f.	Have you suffered from disability or mental illness for which you have received medical treatment and / or been grounded for any medical reasons?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
g.	Are you or have you been dependent on alcohol and / or drugs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
h.	Have you ever been charged with or convicted of any criminal offence? (All applications will require a submission of a recent criminal record certificate, or its equivalency, issued by agencies of the State of last residence of employment. To avoid delay in processing your application, we advise that this certificate be attached with your application form.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
i.	Has any court judgment or order ever been made against you ordering you to pay a debt to someone?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
j.	Do you have relatives employed with Hong Kong Air Cargo Carrier Ltd., Hong Kong Airlines, Hainan Airlines or its subsidiaries?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**Please provided further explanation of any above marked "Yes"**

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**Personal Information Collection Declaration**

I give my consent for Hong Kong Air Cargo Carrier Limited (the "Company") to use this information and all subsequent information provided for recruitment related purposes. I understand that the Company will retain the information provided for possible future recruitment purposes.

I hereby certify that the statements and information I have given in this application are true and correct to the best of my knowledge and belief. I understand that any false declaration, misrepresentation or misleading statement or any significant omission may result in my failure to receive an offer, have any offer withdrawn or render me liable to dismissal by the Company without notice and without reason assigned if I am offered employment and I shall reimburse the Company for all costs connected with my training(s).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_