

职位申请表 **Application Form**

	Full Names 全名 (on the passport) 护照上名字		Gender 性别
	Present Nationality 国籍	Date of Birth 出生日期 (DD/MM/YYYY)	Country of Birth 出生地
	Languages Spoken 语言	Marital Status 婚姻状况	
Cell Phone No. 手机号码		E-mail Address 邮箱地址	
Home Tel No. 座机号码		Skype Address	
Current Address 当前住址			
Height (cm) 身高		Weight (kg) 体重	
Highest Education Degree 最高学历		ICAO English Level 英语等级	

Passport Information 护照信息		
Nationality 国籍	Passport No. 护照号码	Expiry Date 有效期至 (DD/MM/YYYY)
British		
Remark 注意	If you have more than one nationality, please use the passport which has the same nationality as on the pilot license to apply for this position.	

Pilot License Details 飞行员执照信息



License Type 执照类型	Licensing Country 执照颁发国	Type Ratings 型别等级	License Number 执照号码	Valid Until 有效期至 (DD/MM/YYYY)

Total Flight Time: 6700(hr) 总飞行时间:						
Aircraft Type 机型	Total Time 总时间	PIC Time 机长时间	Co-Pilot Time 副驾驶时间	Instructor Time 教员时间	Date of Last SIM Check 最近模拟机检查 (DD/MM/YYYY)	Date of Most Recent Flight 最近飞行时间 (DD/MM/YYYY)

Flight Time in the Last 6 Months: 400(hr) 近 6 个月飞行时间:			
Aircraft Type 机型	P1 左座	P2 右座	Instrument 仪表

Training Qualifications 训练资格证书			
Company Name 公司名称	Aircraft Types 机型	Training Type (TRE, TRI, CRE, CRI, FI) 训练类型	Specify Approvals i.e. Line Base, Sim, CAA, FAA
Remark 注意	TRE: Type Rating Examiner; TRI: Type Rating Instructor; CRE: Class Rating Examiner; CRI: Class Rating Instructor; FI: Flight Instructor; LTC: Line Training Captain.		

Medical Information 体检信息



Class 级别	Issuing Country 颁发国	Start Date 起始日期 (DD/MM/YYYY)	Valid Until 有效期至 (DD/MM/YYYY)
Limitation 限制	NIL		
Remark 注意	The medical certificate should be in accordance with your pilot license.		

Record of Education (from high school) 教育记录 (从高中填起)				
School 学校名称	From 从	To 至	Major 学科	Degree 学位

Employment History (at least three records) 工作经历 (至少三条记录)					
Company 公司名称	From 从	To 至	Position 职位	Aircraft Type 机型	Total Time 总时间

How Did You Get This Recruitment Information? 您获取此招聘讯息的渠道?					
<input type="checkbox"/> Career Fair 招聘会	<input type="checkbox"/> Internet 网络	<input type="checkbox"/> Print Media 杂志报刊	<input type="checkbox"/> Agency 中介	<input type="checkbox"/> Referral 推荐	<input type="checkbox"/> Other 其他
Which scheduling option you apply for? 您选择哪一种工作模式?					
<input type="checkbox"/> Option 1 30 days annual leave	<input type="checkbox"/> Option 2 45 days annual leave	<input type="checkbox"/> Option 3 6 weeks on/2 weeks off, or 92 days annual leave	<input type="checkbox"/> Option 4 6 weeks on/4 weeks off	<input type="checkbox"/> Option 5 4 weeks on/4 weeks off	



Have you ever attended a screening with a Chinese airline in the past?

你之前参加过中国大陆范围内其他航空公司的应聘吗?

- Yes. Which airline? _____ When? _____ What position? _____
- No.

If Yes, What tests did you do during the screening when you applied for a position with an airline in China?

您参加的考核项目有哪些?

ATPL?	Pass/Fail? Score _____.
Medical Check-up?	Pass/Fail?
Airline Simulator Check?	Pass/Fail?
CAAC Simulator Check?	Pass/Fail?

Have you worked for Chinese Airlines or obtained a Chinese (CAAC) license in the past?

你之前获得过中国飞行员执照吗?

- Yes. Which airline? _____, from _____ to _____ (MM/YYYY).
- No.

Any accident / incident? 有无事故/事故征候?	No
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Present employer? 目前雇主?	
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Notice period? 通知时间?	<input type="checkbox"/> Immediately	<input type="checkbox"/> Other, 31/10/2015.
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I hereby declare that:

- I have not been convicted of criminal offence or been declared bankrupt in any country.
- The particulars in this application form and all documents attached hereto are true in every respect.
- I have not willfully suppressed any material fact.
- I hereby declare the above information is true.

本人声明:

- 我没有被判犯有刑事犯罪或在任何国家被宣告破产。
- 本申请表格内所有内容及我提交的附件材料都是真实有效的。
- 我没有故意隐瞒任何重要事实。
- 本人声明以上信息是真实的。

Signature 签名	Date 日期



Total Flight Hours in the past 12 months: 800 HRS

Please use an "X" to choose "yes" or "no" for each question.

Condition	Yes	No	Condition	Yes	No	Condition	Yes	No
(1) mental disorder			(15) Gastrointestinal diseases			(29) wear lens/glasses		
(2) unconscious or fainting			(16) diabetes			(30) frequent usage of sleeping medicine or tranquilizer		
(3) Inflight or ground incapacitation			(17) allergic diseases			(31) current usage of drugs		
(4) epilepsy or convulsion			(18) colitis or gall system disease			(32) infectious disease		
(5) frequent or severe headache			(19) kidney stone or hematuria			(33) hospitalizing history in past 1 year		
(6) head injury			(20) history of injury or surgery operation			(34) vacation or rehabilitation after illness in past 1 year		
(7) insomnia, agrypnia			(21) pains of waist, back, or lamb joints			(35) fatigue		
(8) flight illusion			(22) gynecology diseases			(36) smoking		
(9) abnormal feeling of limbs			(23) tinnitus or hearing loss			(37) others		
(10) accident or accident symptom in flight			(24) pneumatic trauma of Ears			(38) Family History of Certain Diseases (first time application only)		
(11) alcohol or substance abuse or dependence			(25) motion sickness			(a) cardiovascular diseases		
(12) Precordial distress or Heart disease			(26) vertigo, dizziness			(b) diabetes		
(13) Hypertension or hypotension			(27) Dysopia or oculopathy			(c) epilepsy		
(14) Asthma or pneumopathy			(28) surgery of myopia			(d) mental diseases		

If you answered "yes" to any question above, list the reason here:

- 1.
- 2.