**ETHIOPIAN AIRLINES GROUP**

**HUMAN RESOURCE DEPARTMENT**

Position Applied For/Aircraft type:

Application Source: - **Ethiopian Website**\_\_\_\_\_\_ **Agencies\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_**

**If other please specify** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | PERSONAL DATA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | | | Middle Name | | | | | |  | | | | | | First Name | | | | | | | | Country of birth | | | | | | | Date of Birth (DD/MM/YYYY) | |
| Nationality 1 | | | | Passport No. | | | | | |  | | | | | | Place of Issue | | | | | | | | Date of Issue | | | | | | | Expired date | |
| Nationality 2 | | | | Passport No. | | | | | |  | | | | | | Place of Issue | | | | | | | | Date of Issue | | | | | | | Expired date | |
|  | CONTACT DETAILS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Permanent Address | | | | | |  | | | | | | | | | | | | | Temporary Address | | | | | | | | | | | | | |
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| Residence Telephone: | | | | | |  | | | | | | | | | | | | | Residence Telephone: | | | | | | | | | | | | | |
| Skype address: | | | | | |  | | | | | | | | | | | | | Skype address: | | | | | | | | | | | | | |
| Mobile: | | | | | |  | | | | | | | | | | | | | Mobil: | | | | | | | | | | | | | |
| E-Mail | | | | | |  | | | | | | | | | | | | | E-Mail | | | | | | | | | | | | | |
| Alternative E-Mail: | | | | | |  | | | | | | | | | | | | | Alternative E-Mail: | | | | | | | | | | | | | |
| Viber or WhatsApp | | | | | |  | | | | | | | | | | | | | Viber or WhatsApp | | | | | | | | | | | | | |
|  | FLYING EXPERIENCE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aircraft  Type | | Total Time (Hours Flown as ) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Airline | | | | | | | Commander | | | | | | | | | | | | | | | | | | | | | Co-Pilot | | |
| P1 | | | | | | Date of Last Flight | | | | | | P1 U/S  (Cruise Capt.) | | | | | | | | | P2 | | Date of Last Flight |
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| Total Time | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | | | |  | |  |
| INSTRUCTOR QUALIFICATION (EXPERIENCE) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aircraft | | Type of training (Line/Base/Ground/SIM/TRE) | | | | | | | | | | | | | | | | Airline | | | | | Instructor Hours in aircraft, simulator or Flight training device | | | | | | | | | |
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| LICENSE AND MEDICAL CERTIFICATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| License 1 | | | | | | | License II | | | | | | | | | | | | | | | | | | | License III | | | | | | | |
| Type & Number: | | | | | | | Type & Number: | | | | | | | | | | | | | | | | | | | Type & Number: | | | | | | | |
| Date of Issue: | | | | | | | Date of Issue: | | | | | | | | | | | | | | | | | | | Date of Issue: | | | | | | | |
| Date of Expiry: | | | | | | | Date of Expiry: | | | | | | | | | | | | | | | | | | | Date of Expiry: | | | | | | | |
| **Country of Issue:** | | | | | | | Country of Issue: | | | | | | | | | | | | | | | | | | | | Country of Issue: | | | | | | |
| Type Ratings: | | | | | | | License Expiration Date: | | | | | | | | | | | | | | | | | | | | License Expiration Date: | | | | | | |
| Date of Last Medical: | | | | | | | Date of Last Medical: | | | | | | | | | | | | | | | | | | | | Date of Last Medical: | | | | | | |
| Date of Expiry of Medical: | | | | | | | Medical Certificate expiration date: | | | | | | | | | | | | | | | | | | | | Medical Certificate expiration date: | | | | | | |
| CURRENCY RECORD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Flying Hours in Last 6 and 12 Months: | | | | | | | | | | | | | A/C Type | | | | | | | | | P1 | | | | | | P2 | | | F/E Time | | |
|  | | | | | | | | | | | | |  | | | | | | | | |  | | | | | |  | | |  | | |
| Date of Last Proficiency Check: | | | | | | | | | | | | | Aircraft Type: | | | | | | | | | | | | | | | Renewal Date: | | | | | |
| Date of Last Instrument Rating: | | | | | | | | | | | | | Aircraft Type: | | | | | | | | | | | | | | | Renewal Date: | | | | | |
| EMPLOYMENT HISTORY (Please enter most recent employers) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company (Airline) | | | | | Position | | | | | | From  (dd/mm/yy) | | | | | | | | | To  (dd/mm/yy) | | | | | | | | | | Reason for Leaving | | | |
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| **EDUCATION AND QUALIFICATIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | **DATES** | | | | |
|  | | | | | | | | | | | | **Qualifications Achieved (Degree/ Diploma/Certificate)** | | | | | | | | | | | | | | | | | **FROM**  **(dd/mm/yy** | | | **TO**  **(dd/mm/yy** | |
| **Secondary Education** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | |  | |
| **University/ Tertiary Education** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | |  | |
| **Business/ Professional** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | |  | |
| **Training** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | |  | |
| **Others** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | |  | |
| **ENGLISH LANGUAGE PROFICIENTY (Please indicate which level you are)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **LEVEL 4\_\_\_\_\_\_\_\_\_\_\_\_**  Date of Expiry-------------------- | | | | | | | | **LEVEL 5 \_\_\_\_\_\_\_\_\_\_\_**  Date of Expiry----------------- | | | | | | | | | | | | | | | | | **LEVEL 6\_\_\_\_\_\_\_\_\_\_\_\_\_**  Date of Expiry---------------------- | | | | | | | | |
| **ACCIDENT/INCIDENTS/ATC VIOLATIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **CRIMINAL RECORD (Please attach your free criminal record)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **AVAILABILITY FOR EMPLOYMENT / NOTICE TERM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **REFERENCE (Please give 2 business and 1 personal reference)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Business Address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Name** | | |  | | | | | | | | | | | **Full Name** | | | | | | | | | | | | | | |  | | | | |
| **Address:** | | |  | | | | | | | | | | | **Address:** | | | | | | | | | | | | | | |  | | | | |
| **Position** | | |  | | | | | | | | | | | **Position** | | | | | | | | | | | | | | |  | | | | |
| **Mobile No.** | | |  | | | | | | | | | | | **Mobile No.** | | | | | | | | | | | | | | |  | | | | |
| **E-Mail** | | |  | | | | | | | | | | | **E-Mail** | | | | | | | | | | | | | | |  | | | | |
| **Personal Address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full Name** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Position** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Mobile No.** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **E-Mail** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FAMILY MEMBER WORKING IN ETHIOPIAN (Please State Your Relationship)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **FAMILY MEMBER APPLIYING TO JOIN ETHIOPIAN (Please State Your Relationship)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| DECLARATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I certify that this application is true and correct to the best of my knowledge and that if any falsification is found this will be grounds for termination of application process or agreement with written notice having immediate effect.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant Signature | | | | | | | | | | | | | | | | | Date | | | | | | | | | | | | | | | | |

**Thank you for taking your time to fill out this form**