

APPLICATION FOR EMPLOYMENT – AIRCREW

Personal data provided by the applicant will be used by HK Bellawings. Jet Limited (the “Company”) to assess the suitability of each candidate. It is the Company policy to retain personal data for possible future recruitment purposes. Under the Personal Data (Privacy) Ordinance, an applicant has the right to request access to, and the correction of, personal data in relation to his/her application. If an applicant wishes to exercise these rights, he/she must complete a “Personal Data Access Form” and forward it to the Personnel Department.

1. PERSONAL PARTICULARS

Please ensure the following information is exactly as it is in your passport.

Surname Name					
Given Name					
Chinese Name (if any)					
Date of Birth: DD/MM/YY		Country of Birth:		Nationality:	
Passport No.:		Place of Issue:		Date of Expiry: DD/MM/YY	
Gender:		Height (cm):		Weight (kg):	
HKID No. (if any):		Marital Status:		No. of children:	
Language Proficiency					
Residential Address:					
Email:					
Home No.:			Mobile No.:		

2. LICENCES

LICENCE DETAILS (1)				
State of Issue	Licence Type	Number	Date Issue	Valid Until
Aircraft Type(s) on This Licence				
Instrument Rating (Last Renewal Date)	Multi Engine:		Single Engine:	
Radio Telephony Licence Number:		Period of Validity		to
Class One Medical Certificate Number:		Period of Validity		to
ICAO English Level:		Period of Validity		to
LICENCE DETAILS (2)				
State of Issue	Licence Type	Number	Date Issue	Valid Until
Aircraft Type(s) on This Licence				
Instrument Rating (Last Renewal Date)	Multi Engine		Single Engine:	
Radio Telephony Licence Number:		Period of Validity		to
Class One Medical Certificate Number:		Period of Validity		to
ICAO English Level:		Period of Validity		to

3. TECHNICAL QUALIFICATIONS (list in reverse chronological order)

3A. INITIAL TYPE RATING/RECURRENT TRAINING DETAILS				
Valid Period		Course	Licence Details	Obtained From
From	To			
MM/YY	MM/YY			

3B. GROUND TRAINING DETAILS	
Please tick "√" the certificates you have obtained	Last Renewal Date
<input type="checkbox"/> SEP Training	
<input type="checkbox"/> SMS Training	
<input type="checkbox"/> Fire & Smoke Drill	
<input type="checkbox"/> Wet Drill	
<input type="checkbox"/> Sliding Drill	
<input type="checkbox"/> First Aid Training	
<input type="checkbox"/> CRM Training	
<input type="checkbox"/> Corporate Aviation Security	
<input type="checkbox"/> Dangerous Goods (HAZMAT) Recognition Training	
<input type="checkbox"/> Cold Weather Operations (including Aircraft Surface Contamination)	
<input type="checkbox"/> International Operations Procedures	
<input type="checkbox"/> CPDLC	
<input type="checkbox"/> ADS-B	
<input type="checkbox"/> ALAR/CFIT	
<input type="checkbox"/> Crew Emergency Training	
<input type="checkbox"/> TCAS/ACAS	
<input type="checkbox"/> Weather Radar	
<input type="checkbox"/> EVAS	
<input type="checkbox"/> ICAO Upset Prevention Techniques	
<input type="checkbox"/> PBN/PBCS	

5. FLYING EXPERIENCE (list in reverse chronological order)

Aircraft Type	P1/PIC	P2/SIC	Date of Last Flight	Date of Last SIM Check	Total
FIXED WING MULTI JET					
Other Types					
Total					
FIXED WING PROPELLER-DRIVEN SINGLE/MULTI ENGINE					
Other Types					
Total					
OTHER CATAGORIES					
GRAND Total – All Aircraft					

6. Captain Up-grade Training Record (Only for Captain)

Dates		Aircraft Type	Name of the Company
From	To		
MM/YY	MM/YY		

7. REFERENCES

7A. Do you object to HK Bellawings. Jet Limited referring to your previous employers?
<input type="checkbox"/> NO (Please continue to question 7B)
<input type="checkbox"/> YES (Please give reason)

7B. Please give names and contact details of two persons whom we may approach for a reference, one of whom should be your supervisor or human resources personnel from your present employer.				
	Name	Company	Title	Email
1.				
2.				

8. QUESTIONNAIRE

ANSWER THE FOLLOWING QUESTION BY CHOOSING $\sqrt{\quad}$ 'YES' OR 'NO' IN THE BOXES PROVIDED. IF 'YES' GIVE DETAILS IN THE RIGHT-HAND MARGIN.		
Have you ever been charged with or convicted of any criminal offence?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Has any bankruptcy action ever been taken against you?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
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	
Have you signed a promissory note or any acknowledgement of indebtedness for which the amount pledged has not already been fully paid?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you suffered from any mental illness or disability for which you have received medical treatment? (e.g. diabetes, tuberculosis, epilepsy, asthma, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you have any endorsement on your pilot medical certificate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you been grounded for medical reasons or has the renewal of your licence ever been deferred on medical grounds?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you or have you been dependent on alcohol and/or drugs?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you been involved in any flying incidents/accidents?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Personal Information Collection Declaration

I give my consent for HK Bellawings. Jet 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. I declare that all information given by me herein is true and complete to the best of my knowledge and that I have not withheld any relevant particulars. This declaration shall, if I am employed by the Company, be part of my contract service. I accept that if any of the information given by me in this application for employment is, in any way false, or incorrect, the Company shall have the right to dismiss me without notice and without assigning any reason and I shall reimburse the Company for all costs connected with my training.

Date (DD/MM/YY): _____ Signature: _____