



- Attention:
1. This application form should be clearly filled in black or blue inked pen.
 2. Submit copies of your educational certificates.
 3. Attach a passport size photo, a copy of your identity card and a copy of your birth certificate.
 4. Submit a copy of the last 03 pages of the logbook, licence copy and a Class I medical.
 5. Submit a letter of no objection from your present employer, if you are presently employed.
 6. Applications with inaccurate information, which do not meet requirements and which are incomplete will be disqualified.

YOUR PERSONAL INFORMATION

Applied Position:		Please attach passport size photo
Job ref. no.:	Advertisement ref. no. and date:	
Applicant's name:		
I. D. Card No.:		
Date of birth: D <input type="text"/> M <input type="text"/> Y <input type="text"/>	Age: <input type="text"/>	
Blood group:		
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Height: <input type="text"/> cm	Weight: <input type="text"/> kg
Marital Status: S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/>		
Email Address:		Contact no.:
Permanent Address		Present Address
House Name: <input type="text"/>		House Name: <input type="text"/>
Street: <input type="text"/>		Street: <input type="text"/>
Ward: <input type="text"/>		Ward: <input type="text"/>
Atoll/Island: <input type="text"/>		Atoll/Island: <input type="text"/>
Contact no.: <input type="text"/>		Contact no.: <input type="text"/>

Parent/Guardian:	
Name: <input type="text"/>	Contact no.: <input type="text"/>
Address: <input type="text"/>	Relationship: <input type="text"/>

EDUCATIONAL BACKGROUND

Schools/Institutions attended:

Name of School/Institution	Year entered	Year left	Last grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Secondary and Higher Secondary Examinations: Please list SSC, GCE (OL), HSC, GCE (AL), etc results.

Exam Name	Subject	Grade	Year	Exam Name	Subject	Grade	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Training and Qualifications: Please list any other qualifications which are not listed above.

Institution/Examining Body	Details of Training or Qualification	Duration of Training

EMPLOYMENT RECORDS

Previous employment records: Please give details of any employment since leaving school.

Start Date	End Date	Position and Employer's Name	Main duties and Responsibilities

Reason(s) for leaving the previous job(s):

REFEREES

Give name and phone number of two referees (one academic) who can give information about you.

Name:	Relation:	Contact no.:
Name:	Relation:	Contact no.:

OTHERS

Were you employed in aviation industry in the past: Yes No

If yes, give details:

Have you applied for any other job(s) from this company: Yes No

If yes, give details:

Have you applied for any other job(s) from any other employer: Yes No

If yes, give details:

Have you applied for a course/scholarship: Yes No

If yes, give details: _____

Do you intend to go abroad for studies: Yes No

If yes, give details: _____

Your Ambition/Interested field:

Extra Activities/Hobbies: _____

Describe Island Aviation Services Ltd. as you know it: _____

Reason(s) for your interest in this company: _____

Do you have any relative(s), friend(s) working in this company: Yes No
 If yes, give details:

Do you have relative(s), friend(s) working at the following organizations:

Organization	Yes	No	If yes, give details
1. Maldives Airports Company Ltd.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Maldives Customs Service	<input type="checkbox"/>	<input type="checkbox"/>	
3. Department of Immigration & Emigration	<input type="checkbox"/>	<input type="checkbox"/>	
4. Port Health	<input type="checkbox"/>	<input type="checkbox"/>	
5. Civil Aviation Department	<input type="checkbox"/>	<input type="checkbox"/>	

Do you have Asthma, Migraine problems or any other medical problem? Yes No
 If yes, please provide full details: _____

Do you have any records with the Police? Yes No
 If yes, please provide full details: _____

APPLICANT'S DECLARATION

1. I declare that all the information given in this application form are accurate and complete.
 2. I am aware that if, after employment, any information given is found to be inaccurate, then my employment can be terminated.
 3. I understand that the company may seek information about me from my school or other sources.
 4. If employed I agree to conform to rules and regulations of the company.

Applicant's signature:

Date:

The information given by the applicant in this application form will be held "strictly confidential" and would not be disclosed to any other party.

FOR USE OF HUMAN RESOURCE DEPARTMENT ONLY

Received by: <input type="text"/>	Time: <input type="text"/>
Signature: <input type="text"/>	Date: <input type="text"/>

Checked by: <input type="text"/>	Remarks: <input type="text"/>
Signature: <input type="text"/>	Date: <input type="text"/>

Please submit the completed application form, with supporting documents to the following addresses:

<p align="center">Manager Human Resource Island Aviation Services Ltd. 26, Ameer Ahmed Magu, Male', 20026, Republic of Maldives Phone: 3331262, Fax: 3314806, Email: hr@island.com.mv</p>	<p align="center">Applicants selected for interview will be contacted through their contact numbers provided on this application. Disqualified/Unsuccessful applicants will be informed through the email address provided on this application.</p>
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