



Photo

Cabin Crew Application Form

PERSONAL DETAILS

Name:			
Date Of Birth (dd/mm/yyyy)		Age	
Home Address:			
Mobile Number:			
Email Address:			
Nationality:		Other Nationality	
Height in CM:		Weight in Kg	
Marital Status:	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Divorced <input type="checkbox"/>

LANGUAGE (Read, Speak, Write)

	Fair <input type="checkbox"/>	Good <input type="checkbox"/>	Very Good <input type="checkbox"/>
	Fair <input type="checkbox"/>	Good <input type="checkbox"/>	Very Good <input type="checkbox"/>
	Fair <input type="checkbox"/>	Good <input type="checkbox"/>	Very Good <input type="checkbox"/>
	Fair <input type="checkbox"/>	Good <input type="checkbox"/>	Very Good <input type="checkbox"/>

Experience

Airline	Aircraft Type	From	To

Are you able to work night duties, vacations, or Holidays

YES NO

Willing to work in team environment?

YES NO

Are you able to work under stress?

YES NO

Are you able to swim?

YES NO

Are you a smoker?

YES NO

Are you suffering from any illness?

YES NO

Hereby I declare that all information is correct

Name:

Signature: