Application for Recruitment of NCS Flight Operations Inspector Consultant

To : Director-General of Civil Aviation Fax : (852) 2910 6399

 (Attn. : ADS(P)2)

EXPERIENCE RESUME

# Personal Particulars

|  |  |  |  |
| --- | --- | --- | --- |
| Surname |  | Given Name(s) |  |
| Nationality |  | Place/Date of Birth  |  |
| ID/Passport No.  |  | E-mail Address |  |
| Contact Tel. No. |  | Fax. No. |  |

**Class One Medical Certificate (with documentary proof)**

|  |  |  |
| --- | --- | --- |
| Issuing Authority | Date of Issue | Valid Till |
|  |  |  |
|  |  |  |

# Licences/Ratings Held (with documentary proof)

|  |  |  |  |
| --- | --- | --- | --- |
| Licence Type | Issuing Authority | Date of 1st Issue | Valid Till |
| ATPL (Aerorplane) |  |  |  |
| CPL (Aeroplane) |  |  |  |
| Instrument Rating |  |  |  |
| ATPL Examination Passed | Yes\* | No\* |  |  |

# Flying Training/Checking Experience (with documentary proof)

|  |  |  |
| --- | --- | --- |
| Experience | Issuing Authority | Aircraft Type(s) |
| Flight Instructor Rating |  |  |
| Type Rating Examiner |  |  |
| Instrument Rating Examiner |  |  |

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# Management Experience (with documentary proof)

|  |  |  |  |
| --- | --- | --- | --- |
| Post Held | Company | Period | Major Duties |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Flying Hours – Summary (Details below) (with documentary proof)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Total |  | hours | Command |  |  hours | Multi |  hours |
| Military |  | hours | Civilian |  | hours | Instructional | hours |
| EDTO Qualified | Yes\* | No\* | PBN Qualified | Yes\* | No\* |  |  |

# Flying Experience-Civilian

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Aircraft Type | MTOW(Kgs) | PIC/P1U/S | P2 | PU/T |
|  |  |  |  |  |
|  |  |  |  |  |
| Total : |  |  |  |  |

**Flying Experience-Military**

|  |  |  |  |
| --- | --- | --- | --- |
| Aircraft Type | PIC/P1U/S | P2 (Co-pilot) | PU/T (Dual) |
|  |  |  |  |
|  |  |  |  |
| Total : |  |  |  |

Please ensure that all parts in the form are completed and the information is accurate. If there is insufficient space, please give details on a separate sheet to be attached to the Experience Resume.

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I understand that if I willfully give any false information in this form or withhold any material information in this Experience Resume, it will render me liable to disqualification for employment by the Government or termination of employment, if already employed by the Government.

I consent to the Government making any necessary enquiries for purposes relating to recruitment by and employment with the Government and for the verification of the information given above. I authorize all government departments and other organizations or agencies to release any record or information as may be required for these enquiries (including, inter alia, obtaining a reference/performance appraisal report(s) from my current and/or previous employer(s) before offer of appointment; obtaining my medical examination reports, medical board reports or medical records from relevant authorities/agencies/medical personnel and transferring of such data to other authorities/agencies/medical personnel; and making enquiries from relevant government departments/institutions/agencies regarding my academic/language/professional qualifications and obtaining relevant records and transferring of such data to other government departments/authorities/agencies for qualifications assessment).

I understand and accept that the information given above will be provided to government departments and other organizations or agencies authorized to process the information for purposes relating to recruitment by and employment with the Government, e.g. qualifications assessment, medical examination, employer reference and integrity checking, etc. as may be necessary.

Signature : Date :

\* - Cross as appropriate

(rev. 03/2018)