



- 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 and a copy of your identity card.
  4. Submit a letter of no objection from your present employer, if you are presently employed.
  5. 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"/>	
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

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

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:

If yes, please provide full details:

**APPLICANT'S DECLARATION**

- I declare that all the information given in this application form are accurate and complete.
- I am aware that if, after employment, any information given is found to be inaccurate, then my employment can be terminated.
- I understand that the company may seek information about me from my school or other sources.
- If employed I agree to obey the 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:  Time:

Signature:  Date:

Checked by:  Remarks:

Signature:  Date:

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

**Head of Human Resources  
Island Aviation Services Ltd.  
M. Raaverige, Majeedhee Magu, Male' 20345  
Phone: 3331265, Fax: 3314806, Email: hr@iasl.aero**

**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.**