



(PLEASE STAPLE A
RECENT PASSPORT
SIZED PHOTOGRAPH)

APPLICATION FORM

PLEASE READ THESE INSTRUCTIONS CAREFULLY

1. This form is to be electronically completed or in your own handwriting in black ink and returned to Human Resources Department, P. O. Box 22550, Doha, State of Qatar or by email to the following addresses :

❖ Flight Deck Crew applications : flighttopscareers@qatarairways.com.qa

2. Do not leave any item blank. If it is not applicable to you, indicate "N.A."

3. Please attach a scanned copy of your passport showing all relevant details.

4. False particulars or willful suppression of material facts will render you liable to disqualification, or, if appointed, to termination and/or appropriate legal proceedings.

5. Qatar Airways does not enter into correspondence with regard to the reasons for non-selection of candidates.

Position Applied For :

Name : _____
Title First Middle Family / Surname

Present Postal Address

Residence Tel. : _____

Office Tel. : _____

Mobile Tel. : _____

Fax : _____

Email Address : _____

Permanent Postal Address

Residence Tel. : _____

Office Tel. : _____

Mobile Tel. : _____

Fax : _____

Email Address : _____

Personal Details

Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Place of Birth	City	<input type="text"/>	
	D	D	M	M	Y	Y		Country	<input type="text"/>	<input type="text"/>	
Nationality at Birth	<input type="text"/>										
Nationality at Present	<input type="text"/>										
Do you hold Dual Nationality?	<input type="checkbox"/> Yes		<input type="checkbox"/> No								
If Yes, please specify	<input type="text"/>										
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed						
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Religion								<input type="text"/>

Passport Number	Place of Issue	Date of Issue	Date of Expiry
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever been convicted of a criminal offence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever required medical treatment or counseling for drug or alcohol abuse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please give details	<input type="text"/>	

Have you any pre-existing medical condition / illness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you suffer from any physical defect or partial disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please give details	<input type="text"/>	

Have you been interviewed / employed by Qatar Airways or any of its subsidiaries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please give details	<input type="text"/>	
Do you have any obligation to a training bond with your current employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please give details	<input type="text"/>	

Do you have any relatives employed by Qatar Airways or any of its subsidiaries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, please give details	Name	<input type="text"/>
	Relationship	<input type="text"/>
	First	Middle
	Family / Surname	
	Designation	<input type="text"/>

Emergency contact details	Name	<input type="text"/>
	First	Middle
	Family / Surname	
Address	Relationship	<input type="text"/>
	Residence Tel.	<input type="text"/>
	Mobile Tel.	<input type="text"/>

Do you wear	a) Glasses ?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	b) Contact Lenses?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, please give details		Long sighted / Short sighted / other :			
Do you suffer from colour blindness ?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Can you swim (minimum of 30 meters) ?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Do you smoke ?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Have you ever worked irregular hours?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you prepared to do shift work?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Do you hold a valid driving license ?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
If yes, please give details		Issued in		Valid until	

Education & Qualifications

	Qualifications Achieved	Dates			
		From		To	
		MM	YY	MM	YY
School / College (Highest Qualification)					
University / Other					
Business / Professional					
Other					

Please indicate competency in languages [B = basic I = intermediate F = fluent]							
Language	Read	Write	Speak	Language	Read	Write	Speak

Employment History (Start with your current / last employer)

Name and City of Employer	Dates				Position held	Gross Annual Salary Package
	From		To			
	MM	YY	MM	YY		
Reason for leaving last position :						
Notice Period from current position :						
Expected Gross Annual Salary Package :						

References

Please give at least 2 business and 1 personal references (NOT family members)

1	Name					
	Address					
	Position or Title					
	Telephone			Fax		
	Email Address					
2	Name					
	Address					
	Position or Title					
	Telephone			Fax		
	Email Address					
3	Name					
	Address					
	Position or Title					
	Telephone			Fax		
	Email Address					

Please give us the details of your Chief Pilot (Current Employer)

1	Name					
	Telephone			Fax		
	Email Address					

Please give us the details of your Human Resources Manager (Current Employer)

2	Name					
	Telephone			Fax		
	Email Address					

Family Details

No.	Name	Relationship	Date of Birth			Passport Number
			DD	MM	YY	
Spouse						
1						
2						
Parents						
1						
2						
Parents in Law						
1						
2						
Brothers / Sisters						
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						

No.	Name	Custody (Yes / No)	Relationship	Date of Birth			Passport Number
				DD	MM	YY	
Children							
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Are you a member of any Professional Association / Club / Society ?

Yes

No

If Yes, please give details

Please list any interest in sports and/or other hobbies ?

Briefly state why you wish to join Qatar Airways or any of its subsidiaries?

Use the following space to bring to our attention any further details you feel may assist us in placing you in employment. Include your leisure time activities. Please attach an additional sheet(s) if space is insufficient.

Declaration

I hereby declare that the information given is correct to the best of my knowledge and belief, and that I have not withheld any information which might reasonably be calculated to adversely affect my suitability for employment.

I understand that if Qatar Airways discovers any false statement, omission, misinterpretation or adverse medical or health condition it may lead to the withdrawal of the offer of employment or termination of employment.

I authorize Qatar Airways to verify my medical records and obtain references as necessary on the understanding that Qatar Airways will not contact my current employer until I am offered employment or I have given specific authority in writing to obtain such references.

Dated :

Signed :



Flight Deck Crew Supplementary Application Form

Name :			
Title	First	Middle	Family / Surname

Have you ever been involved in any aircraft accident or incident ? Yes No

If Yes, please give details

Flying/Medical license Information

Medical Class	Date of Last Medical	Date of Expiry	Issuing Authority

Have you been grounded for medical reasons or has the renewal of your license ever been deferred on medical grounds ? Yes No

If Yes, please give details

Type of Flying license	Issuing Authority and Country	license Number	Date of First Issue	Date of Expiry	Limitations

Has your flying license ever been revoked or suspended ? Yes No

If Yes, please give details

Have you ever been employed in an appointment / training capacity ? Yes No

If Yes, please give details

FLYING EXPERIENCE

Please note the following when entering your Flying Hours

1. For aircraft type, include variants. For example, if you have flown the A300B2, A300B4 & A300-600 then show them as separate entries. A single entry showing total hours on all three types is not acceptable
2. Hours should be rounded to the nearest hour.
3. Command hours should only include time when operating as the nominated Pilot-in-Command (PIC)
4. Cruise Captain hours (P1U/S) should be logged along with First Officer time
5. Second Officer hours should be logged under Second Officer. In addition Flight Engineer hours should be logged as Second Officer time.

Use separate sheet of paper if space provided is insufficient

When & where did you receive your professional flying training?

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Aircraft with MTOW above 20,000 Kgs. (Multi engine turbojet or turboprop)

Aircraft Type	Hours Flown as						
	Airline	Commander		Co-Pilot			Date of Last Flight
		P1	Date of Last Flight	P1 U/S (Cruise Capt.)	P2	Second Officer	
Total (A)							

Aircraft other than the above

Aircraft Type	Hours Flown as						
	Airline	Commander		Co-Pilot			Date of Last Flight
		P1	Date of Last Flight	P1 U/S (Cruise Capt.)	P2	Second Officer	
Total (B)							

Grand Total (A + B)							
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