

Civil Aviation Authority of Sri Lanka

No.04, Hunupitiya Road, Colombo 02.

Application for Employment

E-mail: employment@caa.lk Fax: +94-112304697 Website: www.caa.lk

INSTRUCTIONS: Please answer each question clearly and completely. Completed application forms shall reach the Director-General of Civil Aviation & Chief Executive Officer, the Civil Aviation Authority of Sri Lanka on or before the deadline given in the advertisement. If a particular question is not applicable please indicate "Not applicable" in the relevant cage.							IMPORTANT				
1. Particulars of the Post applying for								se Attach			
1.1 Title				1	.2 Code					ent Colour	
								Photograph Here			
2. Surname (and maiden name, if applicable)		if	3. First Name				4. Middle name				
5. Name with initials	3										
6. Permanent address					7. Reside	ntial A	Address				
8. Grama Seva Division of Residen			9. Elec	ctorate of	Residence			10. District of Residence			
11. Land Phone No. 12		2. Mobile	Phone N	О.	13. Emergency Contact N			t No. 14. e-mail address			
15. Date of Birth		16. Place of Birth			17. Country of Birth				18. C	Current Citiz	enship
19. National Identity (rrent Passport						
20.1 Number 20.2 I		Date of Issue 21.			Number 21.2 I			Date of Issue 21.3 Place o			e of Issue
21. Sex	22. Marital Status		s 23. Heigh		tht (cm)			24. Weight (kg)			
25. Language Skills Sinhala			Tamil					English			
Read		Write	Speak	Read	Write	Spe	ak	Read		Write	Speak
Fair	ᆜ				<u> </u>			Щ			
Good	ᆜ										
Very Good	닏							Щ			
other	Ш										
26. Education Qualifications	A. University or tertiary educational qualifications (for degrees not awarded by a local university, please indicate whether the degree is recognized by the University Grants Commission) – Indicate NVQ level, in respect of qualifications other than university degrees.										
Name and Place	Year a From	To	Q	ualificatio	n ontained		NVQ Level	Nature of specializati		zation	

		1	1		1		CAA/A	FE/Form U1/1/
	B. Secon	l ndarv leve	el schools					
Name and Place	Year atte					G 11 .	1.0 1.	1' 1
	From	То	Highest	Examinations Passed		Subjects	s and Results	achieved
27. Professional Quali			VVQ leve	els, where applicable)		ī		
Name and Place	Year at From	ttended To	Qι	nalification obtained	NVQ Level	Na	ture of specia	alization
	Tiom	10			Level			
			irses that	you have followed in resp	ect of civ	vil aviatio	n (Please use	separate
sheets, if space is 1]	Duration					Whether the	course is
Name and Place of the training organization	From	То	No of	Title of the c	ourse		recognized by	
training organization	FIOIII	10	Days				Yes	No

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	ption of men tional affair		f professional soc	cieties, and activities undertaken in field of civic, public or
30 List an	v significan	t publicatio	ons vou have writ	ten (do not attach)
50. List an	y significan	n publicano	ms you have will	ten (do not attach)
31. List an equipn	y special sk nent and sof	ills you pos tware	ssess and office r	nachines and equipment you can use. In particular any computer
attenti	on to any sig	gnificant ex	perience, which	our present position, list in reverse order all positions, paying special will be helpful in evaluating your record. Use a separate block for each ired. Include service in the armed forces and any period of unemployment
Details of	Present or n	nost recent	employment	Description of your work
Dates (DD	/MM/YY)	Salaries 1	per annum	
From	То	Starting	Most recent	
Exact title	of your pos	ition		
Staff Categ	gory			
Executive		Non – Exe	ecutive	
Name of e	mployer	Type of	business	
Address of	femployer	Name of	supervisor	
Number ar	nd kind of			
employees supervised				
Reason for	leaving, if	applicable		

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Details of the Employment held			Description of your work	
Dates (DD	/MM/YY)	Salaries 1	per annum	
From	То	Starting	Most recent	
Exact title	of your pos	ition		
Staff Categ	gory			
Executive		Non – Exe	ecutive	
Name of en	mployer	Type of	business	
Address of	employer	Name of	supervisor	
Number an				
employees supervised	by you			
Reason for	leaving, if	applicable		
Details of t	the Employ	ment held		Description of your work
Dates (DD	/MM/YY)	Salaries 1	per annum	
From	То	Starting	Most recent	
Exact title	of your pos	ition		
~ ~~				
Staff Catego Executive	ory	Non – Ex	ecutive \square	
Name of ea	mplover	Type of		
	r	JI		
Address of	employer	Name of	supervisor	

CAA/AFE/Form 01/17 Number and kind of employees supervised by you Reason for leaving, if applicable Details of the Employment held Description of your work Dates (DD/MM/YY) Salaries per annum From To Most recent Starting Exact title of your position Staff Category Executive Non − Executive Type of business Name of employer Address of employer Name of supervisor Number and kind of employees supervised by you Reason for leaving, if applicable 33. Please read the following and mark in the respective cage as it relates to you No Remarks Yes Are you a lawful citizen of Sri Lanka b. In your assessment have you fulfilled the Qualification and Experience requirements specified in the approved Scheme of Recruitment (SoR)? If so please indicate under Remarks, under which Options in the SoR, you would be qualified. c. Have you been dismissed by any organization in which you were d. Are you an accused of any disciplinary inquiry being processed?

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e.	Have you ever been served with	a notice for Vacation of Post?			
f.	Are you ordained in any religiou	s order?			
g.	Have you been subjected to a f aboard?	ine or term imprisonment in Sri Lanka or			
h.	Are you medically fit to serve condition?	e in any part of the country under any			
i.	Do you possess sound constitution	on and excellent moral character?			
j.	Are you a full time or part time of	employee of any organization at present?			
34.De	etails of your involvements and/or	performance at sports, religious, social or w	elfare	activit	ties etc. if
		CAA previously? If so please mention the p			<u> </u>
36 P	afarancas: List three persons not r	elated to you who are familiar with your cha	ractor	and a	valifications. Do not
70. r	epeat names of supervisors listed u	inder Item 32.		ana qe	duffications. Do not
	Full Name	Full address (also telephone or fax number or e-mail address, if known)			Occupation
certif	y that the particulars given above i	in the application are true and correct to the	best of	f my k	nowledge.
certif	y that the particulars given above i	in the application are true and correct to the	best of	f my k	nowledge.

NOTE:

a. Applications not conforming to the above format will be rejected. Late applications will also be rejected.

b. If the space provided above is not sufficient to provide details about any matter asked for above, you may use additional sheets to provide such information by stating relevant the number and the topic.

c. You may be requested, in the course of the selection procedure, to supply documentary evidence in support of the statements you have made above. Please do not, however, send any documentary evidence until you have been asked to do so.

Date

Signature of the applicant