



MINIMUM REQUIREMENTS

- 1) Hold a Professional Pilot License as per the specific requirements stated below.
- 2) Hold a Valid Class 1 Medical.
- 3) The License, Ratings and Medical Certificate accompanying the License must be valid for at least **6 months** from the date of joining the Company.
- 4) The maximum age must be 65 years.
- 5) ICAO English Language Proficiency **Level 4** or above.
- 6) Passport must be valid for minimum of **1 year** (Foreign Nationals).
- 7) Pass an Assessment and Interview conducted by TMA.

SPECIFIC REQUIREMENTS

CAPTAINS- DIRECT ENTRY (Float Operations)

1. Valid ICAO ATPL acceptable to Maldivian Civil Aviation Authority for a Validation.
2. Minimum Total Flight Experience:
 - a) 3000 hrs, Including at least 500 hrs on DHC-6; or
 - b) 4000 hrs, with no DHC-6 experience.
3. Minimum Total Floats Experience:
 - a) 750 hrs, including at least 500 hours on DHC-6 floats; or
 - b) 1500 hrs, with no DHC-6 experience.
4. Minimum PIC experience of 500 hrs on aeroplanes.
5. Preference will be given for candidates who has DHC- 6 Experience.

FIRST OFFICERS (Float Operations)

1. Hold a valid Maldivian FCL CPL/MEP/IR with ATPL theory credit;
2. Or a valid CPL/MEP/IR, with ATPL theory credit, which complies with Maldivian Part- FCL, in order for the issuance of a Maldivian FCL.
3. Or a valid ICAO CPL/ME/IR, without ATPL theory credit can be considered provided that the candidate has a considerable amount of Flight Experience and/or Float Experience, in order for a issuance of a validation.
4. All Ratings must be valid and endorsed on the same License.
5. Minimum total flying experience- 160 hours.
6. Minimum of 70 hours PIC on aero planes.
7. Preference will be given for candidates who has Float experience.
8. Preference will be given for candidates who has DHC- 6 experience.
9. GCE Ordinary level Subjects (or equivalent) - Min of 6 passes, with 3 credits (including English Language).

IMPORTANT :APPLICATION AND DOCUMENTATION

1. All sections of this application form must be completed in **ELECTRONICALLY**. If a field is not applicable **N/A** must be entered,
2. Your name must be the same as it appears on your passport.
3. The date format used must be **DD-MON-YY**. *For example 02-MAR-18.*
4. All documents must be scanned and clear. *Snip shots* and photos of documents will not be accepted.
5. Incomplete or unclear application form and supporting documents will not be accepted and the application will not be processed any further.
6. The total size of all the documents including this application form must be less than **10MB** in size.
7. The following documents must be submitted along with this application. Should you be contacted for an Interview please ensure that you bring the originals of the same.
 - a) Valid Pilot license with the required ratings endorsed on the same license.
 - b) Valid medical certificate.
 - c) Passport (relevant information pages).
 - d) Last 3 pages of logbook certified by current or last Employer/Flight school.
 - e) English Language Proficiency Certificate (if not recorded on license).
 - f) Last DHC-6 Pilot Proficiency check report (if applicable).
 - g) Last DHC-6 Line check report (if applicable).
 - h) Current CV / Resume (with references).
 - i) ATPL or CPL theory certificate with marks mentioned.
 - j) GCE O level and/or other equivalent educational certificates.



1. PERSONAL DETAILS					
Position applied for					Attach one recent passport size photograph (must be less than 3 months old)
Name (Last)					
Name (First)					
Name (Other)					
Passport/ID No:			Date of Expiry:		
Nationality:			Marital status:		
Age:			Date Of Birth:		
Contact Number:			Email:		
Permanent Address:					
2. LICENSE AND MEDICAL					
Do you hold a license with passes in all EASA ATPL theory subjects? (YES/NO):			Type of License (ie: ATPL/FROZEN ATPL/CPL):		
Yes		No			
License No:		First Issue Date:		Expiry Date:	
Issuing Authority:		Ratings held: (ie: ME/IR/SES)		ELP level:	
Expiry Dates	Class 1 Medical:	Single Engine:	Multi Engine:	Instrument Rating:	
3. FLYING EXPERIENCE					
TOTAL	Multi Engine	Floats	Night	Instrument	PIC
DHC-6 Hours ONLY	Wheels	Floats	Amphibian	Skis	Total DHC- 6
PIC					
SIC					
Total					
Last Date of Flight & Type of A/C flown					
Last Date of LPC/PPC & Type of A/C flown					
Last Date of flight on DHC-6 type aircraft (if applicable)					
Total Flying hours in the last 28 days				Total Flying hours in the last 12 months	



4. EDUCATIONAL DETAILS

Indicate your highest level of education achievement:

Indicate any other education qualifications you have obtained:

5. BACKGROUND QUESTIONNAIRE- If YES , please state details in the remarks space below

YES NO

- 1) Have you ever been convicted of a criminal offence?
- 2) Has your flying license ever been revoked or suspended?
- 3) Have you ever been involved in any aircraft accident or incident?
- 4) Have you ever been grounded or your license revoked for any medical reasons?
- 5) Have you ever been dismissed from another air operator?
- 6) Have you ever required treatment or counseling for drug or alcohol abuse?
- 7) Do you have any pre-existing medical condition/illness/backbone related medical conditions?
- 8) Have you ever undergone a major surgery or treated for severe illnesses
- 9) Do you suffer from any physical defect or partial disability?
- 10) Do you have any limitations on your license?
- 11) Do you have any obligation to a long term employment or training bond with your current employer?
- 12) Have you been interviewed previously by Trans Maldivian Airways?
- 13) Are you a member of any Professional Association/Club/Society?
- 14) Have you ever been refused a Visa or Employment permit by the Maldivian Authorities?
- 15) Have you ever failed a proficiency check?

Remarks:

6. EMPLOYMENT HISTORY

Current Employer:		Position	
Employed from:		Email	
Previous Employer:		Position	
Duration (Years/Months)		Email	
Previous Employer:		Position	
Duration (Years/Months)		Email	



7. State (in less than 50 words) why you would like to work for Trans Maldivian Airways

Empty text box for answer to question 7.

8. REFERENCES: Details of two non-related references

NAME	POSITION	EMAIL	PHONE NUMBER (with country code)

9. DECLARATION

By submitting this form along with the other documents to Trans Maldivian Airways I;

- 1) Hereby declare that the information given is true and correct and that I have not withheld any information which might affect my suitability for employment.
- 2) Understand that if Trans Maldivian Airways discovers any false statement, omission, misrepresentation or adverse medical or health condition, it may lead to the withdrawal of the offer of employment or termination of employment.
- 3) Authorize Trans Maldivian Airways to obtain references as necessary.
- 4) Verify the information provided on this form and other documentation is true and correct.
- 5) Acknowledge that this is only the preliminary stage of the application and that I will be contacted ONLY if the application (review stage) is successful.

By ticking this box, I verify the information provided on this form is true and correct. **Date:**

FOR OFFICIAL USE ONLY

Shortlist for Psychometric test

Remarks

Empty text box for remarks.