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Application FormCabin Crew Member Initial Training

Place your picture here		Date of birth (dd, mm, yyyy):										
	Firs	First name										
		Last name Sex										
								Civil status	□ Marrie	ed □ Single		
								Driving license Yes No		Ability to swim Yes No		
Height	Weight			Vision								
Contact information		<u>I</u>		I								
Address												
Postal code			City									
Country		E-mail address										
Telephone	Telephone, mobile											
Education												
School	Programme/main subject		Year									





Application FormCabin Crew Member Initial Training

Additional training					
Work experience Employer	Position/job description	From (mm/yyyy)	End (mm/yyyy)		
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L annuara altilla					
Language skills Specify your language skills:					
Finnish	6 = Native language				
Swedish	5 = Excellent (fluent)	= Native language			
English Other	= Good (can handle conversation with confidence)				
- Curici	 4 = Good (can handle conversation with confidence) 3 = Average (can handle elementary situations) 				
	2 = Poor (understands but does not sp	peak so well)			
	1 = Basic skills (can handle simple qu	estions and phrases)			
Stay in foreign countries	 				
Country	Purpose of journey	Period			

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Application FormCabin Crew Member Initial Training

Short introduction - descri	be yourself:			
References				
Name		Position/company		Telephone or e-mail address
		<u>I</u>		<u> </u>
Date	Place		Signature	
Send your application by	mail to ProffsA	viation or by e-mail	to: info@proffsaviatio	n.fi.

Please remember to take your work and school certificates with you to the interview.

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