

# Application for Employment - Cabin Crew

Thank you for your interest in Eastern Airways. We appreciate you taking the time to complete all sections of the application clearly in dark ink. Incomplete applications will **NOT** be accepted. CVs are not required.

**Please return completed application form to:** Cabin Crew Recruitment  
 Eastern Airways  
 Schiphol House  
 Humberside Airport  
 Kirmington, N. Lincs.  
 DN39 6YH

[www.easternairways.com/en/about-us/careers.html](http://www.easternairways.com/en/about-us/careers.html)

PERSONAL DETAILS	
Please attach a recent passport size photograph here	Title: MR / MRS / MISS / MS /OTHER Surname: ..... Forenames: ..... Preferred first name: ..... Maiden name: ..... Place of Birth: ..... Present Address: ..... ..... ..... Post Code: ..... Country: .....

Home Telephone: ..... Home Fax: .....

Work Telephone: ..... Office Fax: .....

Mobile Telephone: ..... EMail: .....

Temporary Address: .....  
 .....

From:..... To:..... Telephone:.....

Post Code:..... Country:.....

**To help us follow the Equal Opportunities Code of Practice, could you please indicate below the origins of your recent forebears by ticking the appropriate boxes.**

White	Irish	Black Caribbean	Black African	Black Other (specify)	Asian				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PASSPORT DETAILS**

Are there any restrictions placed on your employment in the UK/EEC? If yes, please specify  
.....

Passport Nationality: .....Passport No: .....

Date of Issue: .....Expiry Date: .....

Place of Issue: .....

**EDUCATION AND QUALIFICATIONS**

**FURTHER EDUCATION**

**Name and address of College/University**

Examination subject taken	Level	Grade

**FURTHER EDUCATION**

Name and address of College/University

<b>Examination subject taken</b>	<b>Level</b>	<b>Grade</b>

Professional Qualifications/Memberships or other qualifications e.g. licences, accountancy, secretarial

**LANGUAGE PROFICIENCY**

What is your mother tongue? .....

**OTHER LANGUAGES**

(Enter grade under each heading - Grade 1 - 5, 5 = Fluent)

Language	Read	Speak	Write

Name and address of your general practitioner:

How many days have you had sick during the last twelve months? Give brief details:

**MEDICAL QUESTIONNAIRE**

All questions must be answered yes or no by the applicant. Please tick the relevant box

	YES	NO	BRIEF DETAILS
1. Do you normally enjoy good health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2. To the best of your knowledge and belief have you suffered from any of the following;			
a) Illness affecting the heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
b) Illness affecting the lungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
c) Illness affecting the kidneys or bladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
d) Illness affecting the stomach or bowel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
e) Blood condition such as anaemia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
f) Nose, throat speech or hearing problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
g) Colour blindness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
h) Skin complaints, eg eczema, acne, psoriasis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
i) Allergy such as hay fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
j) Motion sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
k) Fainting attacks, fits or blackouts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
l) Claustrophobia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
m) Nervous or mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
n) Varicose Veins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
o) Rheumatism, arthritis, or any trouble with limbs or spine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
p) Recurrent headaches or migraine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
q) Alcoholism/Drug addiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
r) Menstrual Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
s) Serious accident (including concussion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
t) Surgical operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
u) Reaction to drugs, medication or vaccination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
v) High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
w) Is your eyesight visual acuity less than 6/9 with or without glasses/lenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
x) Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
y) Eating disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
z) Any illness not mentioned above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Do you smoke? **YES/NO** Consumption per day .....

If you have answered 'yes' to any points in Question 2 please give further details: .....

3. Are you presently taking any form of medication? If yes, give details of the medication including start date & dosage:

.....

.....

.....

**CREW BASING**

The company offers a choice of base where possible. Would you please state 1st, 2nd or 3rd preference base in the appropriate box

<b>ABERDEEN</b>	
<b>DURHAM TEES VALLEY</b>	
<b>EAST MIDLANDS</b>	
<b>HUMBERSIDE</b>	
<b>NEWCASTLE</b>	
<b>NORWICH</b>	

<b>WICK</b>	
<b>DIJON</b>	

How long will it take in time to travel from your home to your proposed choice of airport? .....

Approximate distance in miles: .....

If no vacancies exist at your 1st choice of base, would you be prepared to relocate? YES/NO

**OTHER QUALIFICATIONS**

Nursing, First Aid (give details of qualifications and experience): .....

.....  
.....

**PERSONAL STATISTICS**

Height: ..... Weight: .....

**(Cabin crew are required to be between 4'8" and 5'10")**

**ADDITIONAL INFORMATION - (Continue on a supplementary sheet if necessary).**

**EMPLOYMENT HISTORY**

**AFTER AN OFFER OF EMPLOYMENT HAS BEEN ACCEPTED, REFERENCES WILL BE TAKEN UP TO COVER THE LAST FIVE YEARS.**

Please note it is important to realise that any offer of employment made is subject to the Company obtaining satisfactory references from previous employers covering the previous 5 year period without any gaps. Reference requests will not be made until a provisional offer has been accepted by the applicant.

It is the policy of Eastern Airways and a requirement of the Aviation and Maritime Security Act to ask previous employers to confirm much of the detailed information given in this application form particularly relating to employment history. Mis-statements or unobtainable references can cause delay and could result in an offer being withdrawn

**IMPORTANT NOTICE : REFERENCES**

Airport security regulations may require the Company to pass copies of references to the appropriate authority

**PRESENT OR MOST RECENT EMPLOYER**

<b>Present Employer</b>	<b>Period From      To</b>	<b>Position(s) held, duties and responsibilities</b>	<b>Salary and benefits</b>
Company Name:  Address:   Tel No:  Notice Required:  Reason for wanting to leave:			

<b>Previous Employers</b>	<b>Period From      To</b>	<b>Position(s) held, duties and responsibilities</b>	<b>Salary and benefits</b>
Company Name:			

**FURTHER INFORMATION**

Did you see a company advertisement? YES/NO

If yes, please state where seen: .....

Were you introduced by a company employee? YES/NO

If yes, please detail name: .....

Do you hold a current valid driving licence YES/NO

Are there any endorsements on your driving licence YES/NO

If yes, please give full details including dates: .....

.....

Have you had any accidents or committed any motoring offences in the last 7 years? If YES, Detail below  
**(Continue on a supplementary sheet if necessary)**

.....

.....

.....

Have you applied for a position at Eastern Airways previously? YES/NO

If yes, please give title of position applied for, date and result of application:.....

.....

Are you prepared to re-locate within the UK? YES/NO

HOLIDAYS: Please give details of any holidays booked:.....

Are you prepared to Cancel? YES/NO

(Please note: if successful at interview any dates cannot be guaranteed)

Other interests, hobbies, clubs, involvement in local community activities etc.

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In accordance with the Rehabilitation of Offenders Act 1974 (exceptions) Order 1975 S11975 No 1023 as amended, and under Aviation Security Legislation all applicants are required to complete this form and advise Eastern Airways of the following:

Please confirm if you have a conviction that is not spent, providing relevant details. If you have no convictions, you **MUST** write in "not applicable" against "reason for conviction", sign and date the form.

Reason for conviction: .....  
.....  
.....

Sentence (includes suspended sentences): .....  
.....

Signed: ..... Date: .....

**NB: This information will not necessarily preclude you from sponsorship with Eastern Airways Ltd. This information will be shown to the Department of Transport on their request.**