



Civil Aviation Authority of Sri Lanka

No.152/1, Minuwangoda Road
Katunayake**Application for Employment**E-mail: employment@caa.lk

Fax: +94-112257154

Website: www.caa.lk

<p>INSTRUCTIONS: Please fill each item in the application form clearly and completely. Completed application form may be sent to 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 either by hand, registered post or email. If a particular item is not applicable please write “<i>Not applicable</i>” in the relevant cage. Incomplete applications will be rejected without notice and only applications received by e-mail will be acknowledged. If the space provided is not sufficient to respond, use extra sheets with reference number for response.</p>																							<p>IMPORTANT Please attach your recent standard colour photograph (2” X 2”) here</p>				
<p>1. Particulars of the Post applying for</p>																											
1.1 Title															1.2 Code												
2. Surname (and maiden name, if applicable)										3. First Name							4. Middle name										
5. Name with initials																											
6. Permanent address												7. Residential Address															
8. Grama Seva Division of Residence								9. Electorate of Residence								10. District of Residence											
11. Land Phone No.				12. Mobile Phone No.				13. Emergency Contact No.				14. e-mail address															
Current		Previous		Current		Previous		Current		Previous		Current			Previous												
15. Date of Birth					16. Place of Birth							17. Country of Birth						18. Current Citizenship									
19. National Identity Card details												20. Current Passport details															
20.1 Number				20.2 Date of Issue				21.1 Number				21.2 Date of Issue				21.3 Place of Issue											
21. Sex					22. Marital Status								23. Height (cm)						24. Weight (kg)								
Male <input type="checkbox"/>					Married <input type="checkbox"/>				No of Children																		
Female <input type="checkbox"/>					Widow <input type="checkbox"/>																						
					Single <input type="checkbox"/>																						
25. Language skills	25.1 Local Languages												25.2 ICAO Official Languages														
	Sinhala			Tamil			English			Arabic			Chinese			French			Spanish			Russian					
	R	W	S	R	W	S	R	W	S	R	W	S	R	W	S	R	W	S	R	W	S	R	W	S			
Fair	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excellent	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	R – Read									W- Write						S-Speak											
26. Education Qualifications					<p>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. For any degree qualifications, indicate the duration of the standard course within brackets against the name of the degree.</p>																						

Name and Place	Year attended		Qualification obtained	NVQ Level	Nature of specialization
	From	To			

B. Secondary level schools					
Name and Place	Year attended		Highest Examinations Passed	Subjects and Results achieved	
	From	To			

27. Professional Qualifications (Indicate NVQ levels, where applicable) (Indicate the duration of the course in weeks within brackets against course name)

Name and Place	Year attended		Qualification obtained	NVQ Level	Nature of specialization
	From	To			

28. Indicate the details of the training courses followed on civil aviation

Name and Place of the training organization	Duration			Title of the course	Whether the course is recognized by ICAO	
	From	To	No of Days		Yes	No
					<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"/>
					<input type="checkbox"/>	<input type="checkbox"/>

29. Description of membership of professional societies, and activities undertaken in field of civic, public or international affairs

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30. List any significant publications you have written (do not attach)

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31 Skills in the use of computer equipment and software and special skills.

Use of the following Computer Software	Yes	No	Special Skills, if any
Operating Systems (Microsoft Windows)	<input type="checkbox"/>	<input type="checkbox"/>	
Application Software (Microsoft Office)	<input type="checkbox"/>	<input type="checkbox"/>	
Email tools (Gmail/Microsoft outlook)	<input type="checkbox"/>	<input type="checkbox"/>	
Communication tools (Skype, WebEx)	<input type="checkbox"/>	<input type="checkbox"/>	
Document Management & Sharing (SharePoint)	<input type="checkbox"/>	<input type="checkbox"/>	
Security and Backup tools	<input type="checkbox"/>	<input type="checkbox"/>	

32. EMPLOYMENT RECORD: Starting with your present position, list in reverse order all positions, paying special attention to any significant experience, which will be helpful in evaluating your record. Use a separate block for each position. Use additional sheets of paper as required. Include service in the armed forces and any period of unemployment

32.1 Details of Present or most recent employment				Description of your work (may attach the JD for the post)	
Dates (DD/MM/YY)		Salaries per annum			
From	To	Starting	Most recent		
Exact title of your position					
Staff Category					
Managerial	<input type="checkbox"/>	Executive	<input type="checkbox"/>	Non – Executive	<input type="checkbox"/>

Name of employer		Type of business		
Address of employer		Name of supervisor		
Number and kind of employees supervised by you				
Whether you were subjected to any disciplinary inquiry? If so, please give details.				
Reason for Leaving				
32.2 Details of the Employment held				Description of your work (may attach the JD for the post)
Dates (DD/MM/YY)		Salaries per annum		
From	To	Starting	Most recent	
Exact title of your position				
Staff Category				
Managerial <input type="checkbox"/>	Executive <input type="checkbox"/>	Non – Executive <input type="checkbox"/>		
Name of employer		Type of business		
Address of employer		Name of supervisor		

Number and kind of employees supervised by you				
Whether you were subjected to any disciplinary inquiry? If so, please give details.				
Reason for Leaving				
32.3 Details of the Employment held			Description of your work (may attach the JD for the post)	
Dates (DD/MM/YY)		Salaries per annum		
From	To	Starting	Most recent	
Exact title of your position				
Staff Category				
Managerial <input type="checkbox"/>	Executive <input type="checkbox"/>	Non – Executive <input type="checkbox"/>		
Name of employer		Type of business		
Address of employer		Name of supervisor		
Number and kind of employees supervised by you				

Whether you were subjected to any disciplinary inquiry? If so, please give details.				
Reason for Leaving				
32.4 Details of the Employment held		Description of your work (may attach the JD for the post)		
Dates (DD/MM/YY)		Salaries per annum		
From	To	Starting	Most recent	
Exact title of your position				
Staff Category				
Managerial <input type="checkbox"/>	Executive <input type="checkbox"/>	Non – Executive <input type="checkbox"/>		
Name of employer		Type of business		
Address of employer		Name of supervisor		
Number and kind of employees supervised by you				
Whether you were subjected to any disciplinary inquiry? If so, please give details.				

Whether you were subjected to any disciplinary inquiry? If so, Please give details.	
Reason for Leaving	

33. Details of your involvements and/or performance at sports, religious, social or welfare activities etc. if

Level of Involvement	Sports Activities	Religious Activities	Social Activities	Welfare Activities
National Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provincial Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
District Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please give details, as applicable

34. Details of any commendation, honour or medal that you have received in recognition of your service?

35. Have you applied to any post of the CAASL previously? If so please mention the post and the date/year

	Yes	No	Details/Remarks
a. Do you have citizenship in other countries? If so give details.	<input type="checkbox"/>	<input type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	
c. Have you had any lawsuit with any of previous employer? If so give details	<input type="checkbox"/>	<input type="checkbox"/>	
d. Did you apply for this post earlier? If so give dates	<input type="checkbox"/>	<input type="checkbox"/>	
e. Have you been dismissed by any previous employer?	<input type="checkbox"/>	<input type="checkbox"/>	
f. Are you an accused of any disciplinary inquiry being processed?	<input type="checkbox"/>	<input type="checkbox"/>	

g. Have you ever been served with a notice for Vacation of Post?	<input type="checkbox"/>	<input type="checkbox"/>	
h. Has there been any Type of Judgment by a Court of law involving you?	<input type="checkbox"/>	<input type="checkbox"/>	
i. Have you been subjected to a fine or term imprisonment in Sri Lanka or aboard?	<input type="checkbox"/>	<input type="checkbox"/>	
j. Are you suffering from any life threatening disease?	<input type="checkbox"/>	<input type="checkbox"/>	
k. Do you possess sound constitution and excellent moral character?	<input type="checkbox"/>	<input type="checkbox"/>	
l. Are you a full time or part time employee of any organization at present?	<input type="checkbox"/>	<input type="checkbox"/>	
m. Is any of your close relatives serving the CAASL at present?	<input type="checkbox"/>	<input type="checkbox"/>	
n. Do you have any aviation related business currently operating?	<input type="checkbox"/>	<input type="checkbox"/>	
o. Are you ordained in any religious order?	<input type="checkbox"/>	<input type="checkbox"/>	
37. When will you be available from the date of notice , if you are selected for the post			
Immediately <input type="checkbox"/> Within 7 days <input type="checkbox"/> Within 15 days <input type="checkbox"/> Within 30 days <input type="checkbox"/> Pl specify :-			
38. If you are an applicant from within the CAASL, indicate under which option of the Scheme of Recruitment you are applying for the post and the reasons therefor.			
39. References: List three persons not related to you who are familiar with your character, qualifications and level of experience. Do not repeat names of supervisors listed under Item 32.			
Full Name	Full address (also telephone or fax number or e-mail address, if known)	Occupation	

I certify that the particulars given above in the application are true and correct to the best of my knowledge. I agree that I would be disqualified for employment if any particulars above are found to be wrong before selection and for immediate discontinuation from service at any stage after selection without any compensation.

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Date

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Signature of the applicant

- NOTE:**
- Applications not conforming to the above format will be rejected. Late applications will also be rejected. Only applicants who have satisfactorily satisfied the requirements in the approved Scheme of Recruitment will be called for interviews.
 - 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.
 - You may be requested, in the course of the application screening process, to supply documentary evidence in support of the statements you have made above. Please do not send any documentary evidence **other than the documents which are required to prove your eligibility for the post and service certificates from your previous employers (those needs to be sent together with the application)**, until you have been asked to do so.
 - If you are employed in a Government /Local Government Institution or Public Enterprise, your application will be entertained only if the application is forwarded through the respective Head of the Organization, with an endorsement on the application itself. Internal candidates shall forward their applications through the respective channel communications.