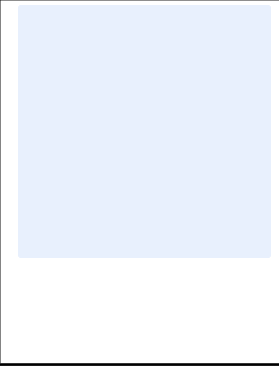


RESUME OF CABIN CREW

(Applied position: ☐ Cabin Manager ☐ Experienced Cabin Crew ☐ Cabin Crew)

1. Full Name	:	_____	
2. Date of birth	:	_____	
3. Gender	:	_____	
4. Marital Status	:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	
ID/Passport	:	_____	
5. Number	:	_____	
6. Nationality	:	_____	
7. Religion	:	_____	
8. Mobile number	:	_____	
9. Email Address	:	_____	
10. Skype ID	:	_____	
11. Home Address	:	_____	

PART I - WORKING EXPERIENCE

No.	Organization	Position	Period (dd/mm/yyyy)		Note <i>(For experienced cabin crew, please kindly state your last on duty date and total flight hours in previous airlines if any)</i>
			From	to	
1.					
2.					
3.					
4.					
5.					

PART II - EDUCATION RECORDS

No.	Degree/Diploma Certificate	Training Organization	Location	Period (dd/mm/yyyy)	
				From	to
1.					
2.					
3.					
4.					
5.					

PART III - CURRENT VALID QUALIFICATIONS (for Experienced Cabin Crew only)

No.	Qualifications	Content	Date of issue	Date of expiration
1.				
2.				
3.				
4.				
5.				

PART IV – PROFICIENCY OF FOREIGN LANGUAGE

No.	Foreign language	Training Organization	Level	Date of issue
1.				
2.				
3.				

PART V – MEDICAL INFORMATION

1.	Height	:	
2.	Weight	:	
3.	BMI Index	:	
4.	Are you taking any medication now (If YES please state)	:	
5.	When did you get the 1 st dose?	:	
	What was the vaccine's name?	:	
6.	When did you get the 2 nd dose?	:	
	What was the vaccine's name?	:	
7.	When did you get the 3 rd dose?	:	
	What was the vaccine's name?	:	
8.	Did you have any surgery before?	:	
9.	Do you have any infectious diseases?	:	
10.	Are you taking any medication now (If YES please state)	:	

PART VI – SAFETY RECORDS☐ YES☐ NO☐ N/A**PART VII – AVAILABILITY**☐ IMMEDIATELY☐ WITHIN TWO WEEKS☐ NOTICE PERIOD:**PART VIII – DECLARATION**

I hereby assure the accuracy, fidelity of and bear all responsibilities in relation to above content.

Declarant

(Signature & full name)
