

# APPLICATION FORM

	<p>Lot 12, General Aviation Area, MCAA, Pajac, Lapu-lapu city, Cebu. Philippines Tel: (63) 32 340 8694 Fax: (63) 32 495 7654 Email: pa.maint_services@yahoo.com.ph flywidbj@yahoo.com</p> <p style="text-align: center;"><i>Dreams within your reach!!</i></p>	<div style="border: 1px solid black; padding: 20px; min-height: 100px;"> <p>Paste here a recent photograph of yourself</p> </div>
<b>Mactan-Cebu Aero Flying Center Corporation</b>		

Course Applied for : \_\_\_\_\_

Date of Application (dd/mm/yyyy) : \_\_\_\_\_

## (1) PERSONAL PARTICULARS

Name :	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																							
Title :	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	MS <input type="checkbox"/>	Gender :	Male <input type="checkbox"/>	Female <input type="checkbox"/>																																		
Passport Number :							Country of Citizenship :																																	
Date of Birth : (dd/mm/yyyy)	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>									Age :	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><td></td><td></td></tr> </table>																													
Residential Address : (include country and ZIP code)																																								
Postal Address : ( if different from residential address)																																								
Home Tel No: (include country & area code)					Mobile : (include country & area code)					Office : (include country & area code)																														
Nationality :	Religion :				Height : (Metres)			Weight : (Kgs)																																
Marital Status :	Never married / Married / Divorced / Widowed							Email :																																
Language : (fluent, good, Satisfactory, poor)	Language	<i>English</i>					Language																																	
	Level	Written	Spoken	Listening	Level	Written	Spoken	Listening																																
Job Title/Designation :																																								
Division/Section :																																								
Organisation :																																								

**(2) EDUCATIONAL BACKGROUND (Please also include technical / specialised training)**

Institution / Country	Qualification Attained	From (Year)	To (Year)

**(3) WORK EXPERIENCE**

Name of Organisation	Job title / Designation	From (Mth/Yr)	To (Mth/Yr)

**(4) JOB DESCRIPTION (Describe your present role, duties and responsibilities)**


**(5) SOURCE OF FUNDING (Please tick)**

- Government :
  Self-financing :
- Private :
  Others (Please specify) :

**(6) MODE OF PAYMENT**

Payment should be made upon acceptance into the course to Mactan-Cebu Aero Flying Center Corporation in US dollars or Philippine pesos (PHP) through Account Name - MACTAN-CEBU AERO FLYING CENTER CORPORATION Account Number - 185-2-18500722-1, Bank- METROBANK, Address - PUSOK, LAPULAPU CITY, CEBU, PHILIPPINES 6015 Swift code - MBTCPHMM

Depending on nationality, For Korean Nationalities in Korean won through Account Name - JIN EUN HYE Account No - 881-17411-269-01, Bank - CITYBANK.

- Payment by METROBANK in US dollars or PHP
  Payment by CITYBANK in Korean Won

The school will be sending an acknowledge receipt, please write legibly your mailing address

:

## (7) DECLARATION BY APPLICANT

I declare that :

- (a) The above information are factually correct and authentic
- (b) I know to read, write, understand and speak English fluently which are requirements of the Course proceedings.
- (c) I am not color blind but medically fit and free from infectious diseases.
- (d) I am physically fit to endure physical trainings, obligations and responsibilities.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE (dd/mm/yyyy)



All spaces are required to be filled up and write "NA" if not applicable to your case. Please submit this form at least 2 weeks before the course commences to:  
Mactan-Cebu Aero Flying Center Corporation  
Lot 12, General Aviation Area, MCIAA, Pajac, Lapu-lapu city, Cebu. Philippines  
Tel: (63) 32 340 8694 Fax: (63) 32 495 7654  
Email: pa.maint\_services@yahoo.com.ph / flywidbj@yahoo.com