

Phone (0 _ _) _ _ _ - _ _ _

Mobile phone (0 _ _) _ _ _ - _ _ - _ _

E – mail _____ @ _____

Professional qualifications _____

Profession _____

Flying license _____

EDUCATION:

Level of education _____

Type of college _____

Department _____

Average mark

Completion of college (year) _____

Languages **ENGLISH**

**Reading
Writing
Conversation**

**Reading
Writing
Conversation**

ICAO English Certificate Level _____

Pilot license _____

Ratings _____ , _____ , _____ , _____ , _____ , _____ , _____ , _____

Flying hours _____

Aircraft type flown _____ , _____ , _____ , _____ , _____ ,

WORK EXPERIENCE :

1.

Company name	_____
Job title	_____
Years of work	From _____ to _____
Scope of work	_____ _____ _____

2

Company name	_____
Job title	_____
Years of work	From _____ to _____
Scope of work	_____ _____ _____

3,

Company name	_____
Job title	_____
Years of work	From _____ to _____
Scope of work	_____ _____ _____

4,

Company name	_____
Job title	_____
Years of work	From _____ to _____
Scope of work	_____ _____ _____

5,

Company name	_____
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Job title	_____
Years of work	From _____ to _____
Scope of work	_____ _____ _____

Send the completed form by e-mail to: aviationacademy@smatsa.rs

It will be considered that the applicant has given valid consent to SMATSA Aviation Academy to perform the processing of personal data in connection with the application by completing and submitting this form. The acceptance may be revoked.



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