

Apprenticeship Application Form

Please complete all sections of this form, sign and return to:

Training Department, Air Atlanta Aero Engineering Ltd., Shannon Airport, Co. Clare

Telephone No: 061-717700 Fax: 061-717709 e-mail: training@airatlanta.com

Reference No.						
-						
Personal Details						
Surname:						
First Name(s):						
Permanent Address:						
- Postal Address:						
-						
(if different from above)						
Date of Birth:			Nationality:			
Telephone No:			Mobile No.			
E-mail address:			PPS No:			
Have you applied for a position of the second secon	=	_	Yes		No	
				-		
Aptitude	Interview L	Practical	<u> </u>		Offer	
Do you suffer from a colour visio	n impairment?		Yes		No	
Do you require a Work Permit?			Yes		No	

Education

Second Level Education:

SCHOOL	DATES	
	Entered	Left

Second Level Results

Please enter the results of each subject along with Level sat e.g. "Ordinary", "Higher" etc

Junior Cert			Leaving Cert		
Subject	Level	Grade	Subject	Level	Grade
English			English		
Irish			Irish		
Maths			Maths		
Science					

Third Level Education:

COLLEGE/INSTITUTION	DATES		COURSE STUDIED	SUBJECTS
	Entered	Left		

Further Education:

List any further education you have completed since leaving school.

LOCATION OF TRAINING	DATES		TYPE OF TRAINING	LEVELS ACHIEVED
	From	То	Full Time, day release etc	

riease identity any qualifications, training or other	items that may be of relevance to your application:
Personal Interests Please provide details of your interests such as membelong you have been involved and your area of involven	ership of organisations, clubs, teams etc. Detail how nent.
Vork Experience	
lame of Employer:	
address of Employer:	
lature of Business:	
Ouration:	Salary or rate per hour:
lame of Employer:	
ddress of Employer:	
lature of Business:	
Ouration:	Salary or rate per hour:
lame of Employer:	
ddress of Employer:	
lature of Business:	
Ouration:	Salary or rate per hour:
May we enquire of your current employer?	Yes □ No □
lave you ever been arrested or convicted of a crime?	Yes No
Details if yes:	

References							
		1	2	3			
Name:	•						
Position:	•						
Company:	-						
Address:	-						
	-						
Phone No:							
In what capacity known	า:						
Additional Information	n						
Please provide any mo	ore info tha	at may be relevant in conside	eration of your application				
Declaration							
The information I have supplied is correct to the best of my knowledge. I understand that the presentation of false information could lead to termination of employment.							
Signature:							
Date:							
-							

Air Atlanta Aero Engineering Ltd. is an equal opportunities employer.

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Ireland.

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Web:

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