

Last name		First name	
Complete current address			
Complete address of permanent domicile (if different from current address):			
Home telephone	Home telephone (other)	Work telephone	Fax
Cellular	Pager	E-mail address	



## JOB APPLICATION FORM

### Aircraft maintenance engineer

Please submit your completed job application form and CV to  
Simon Tymchyk by e-mail, at [s.tymchyk@propair.ca](mailto:s.tymchyk@propair.ca)

**Rouyn-Noranda – Headquarters**  
30, rue Pronovost  
Rouyn-Noranda airport  
Rouyn-Noranda (Québec) J9X 5B7  
CANADA  
Telephone : 819 762-0811  
Fax : 819 762-1852

***Don't forget to attach your Resume!***

**LANGUAGES**

INDICATE THE EXTENT OF YOUR KNOWLEDGE:  <b>Limited knowledge:</b> Unable to work in the language in question  <b>Functional knowledge:</b> Able to work in the language in question  <b>Fluent knowledge:</b> Fluent in the language, with no major limitations	KNOWLEDGE OF FRENCH			KNOWLEDGE OF ENGLISH			
	Limited	Functional	Fluent	Limited	Functional	Fluent	
	Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reading	<input type="checkbox"/>	<input type="checkbox"/>
	Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Writing	<input type="checkbox"/>	<input type="checkbox"/>
	Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaking	<input type="checkbox"/>	<input type="checkbox"/>

Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Year                      Month                      Day

Where did you grow up and/or attended elementary and secondary school? (You can choose several options, indicating the applicable years.)

Abitibi-Témiscamingue

Greater Montréal region

Elsewhere in Québec (specify the cities/regions): \_\_\_\_\_

Elsewhere in Canada (specify the cities/provinces): \_\_\_\_\_

Abroad (specific the countries): \_\_\_\_\_

Do you have or have you ever had a criminal record?      YES     NO

If yes, please provide a detailed explanation: \_\_\_\_\_

Have you ever been found guilty of an aviation-related violation?      YES     NO  If yes, provide details (date, company, circumstances, etc.):

\_\_\_\_\_

**GRADUATE STUDIES COMPLETED or IN PROGRESS**

	Program and learning institution	Graduation year
COLLEGE STUDIES (or the equivalent)		
UNIVERSITY STUDIES		
OTHER RELEVANT STUDIES		

**LICENSES AND QUALIFICATIONS**

INDICATE THE VALID LICENSES AND QUALIFICATIONS YOU CURRENTLY HOLD:

M1      For how many years have you had your license? \_\_\_\_\_

M2      For how many years have you had your license? \_\_\_\_\_

M1&M2      For how many years have you had your license? \_\_\_\_\_

S      For how many years have you had your license? \_\_\_\_\_

E      For how many years have you had your license? \_\_\_\_\_

What aircraft do you have experience working on?

Beechcraft King Air A100       Beechcraft King Air 200       Gulfstream G159       Beech 1900C Airliner

Other(s): \_\_\_\_\_

What engines do you have experience working on?

PT6                       RR Dart

Other(s): \_\_\_\_\_

Do you have a radiotelephone operator's restricted certificate?    YES     NO

**EMPLOYMENT AS AN AIRCRAFT MAINTENANCE ENGINEER AND ANY OTHER RELATED EMPLOYMENT**  
**(Begin with your current or most recent job.)**

Duty period	Employer name and location	Aircraft experience and engine experience	Reasons for leaving
FROM (month/year)			
TO (month/year)			
NAME AND TELEPHONE NUMBER OF LAST IMMEDIATE SUPERVISOR			
FROM (month/year)			
TO (month/year)			
NAME AND TELEPHONE NUMBER OF LAST IMMEDIATE SUPERVISOR			
FROM (month/year)			
TO (month/year)			
NAME AND TELEPHONE NUMBER OF LAST IMMEDIATE SUPERVISOR			
FROM (month/year)			
TO (month/year)			
NAME AND TELEPHONE NUMBER OF LAST IMMEDIATE SUPERVISOR			

Can we contact your current employer?    YES     NO                       Your previous employers?    YES     NO

**AVAILABILITY FOR WORK**

<p>WORK LOCATION</p> <p><input type="checkbox"/> Rouyn-Noranda</p> <p><input type="checkbox"/> Dorval</p>	<p>SHIFT</p> <p><input type="checkbox"/> Day</p> <p><input type="checkbox"/> Evening</p>
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SPACE RESERVED FOR ADMINISTRATION

TT		TTC		TTCM	
TTT		TTCT		TTCMT	

**STATEMENT All of the information in this document is accurate and true.**

SIGNATURE	DATE		
	Year	Month	Day