



# Civil Aviation Authority of Sri Lanka

No.152/1 Minuwangoda  
Road, Katunayake

## Application for Employment

E-mail: [employment@caa.lk](mailto:employment@caa.lk)

Fax: +94-112257145

Website: [www.caa.lk](http://www.caa.lk)

**INSTRUCTIONS:** Please answer each question clearly and completely. Completed application forms shall reach the Director-General of Civil Aviation & Chief Executive Officer, the Civil Aviation Authority of Sri Lanka on or before the deadline given in the advertisement. If a particular question is not applicable please indicate "Not applicable" in the relevant cage.

**IMPORTANT**  
Please Attach  
Recent Colour  
Photograph Here

1. Particulars of the Post applying for										
1.1 Title					1.2 Code					
2. Surname (and maiden name, if applicable)			3. First Name				4. Middle name			
5. Name with initials										
6. Permanent address					7. Residential Address					
8. Grama Seva Division of Residence			9. Electorate of Residence				10. District of Residence			
11. Land Phone No.		12. Mobile Phone No.			13. Emergency Contact No.			14. e-mail address		
15. Date of Birth		16. Place of Birth			17. Country of Birth			18. Current Citizenship		
19. National Identity Card					20. Current Passport					
19.1 Number		19.2 Date of Issue			20.1 Number		20.2 Date of Issue		20.3 Place of Issue	
21. Sex		22. Marital Status			23. Height (cm)			24. Weight (kg)		
25. Language Skills		Sinhala			Tamil			English		
		Read	Write	Speak	Read	Write	Speak	Read	Write	Speak
Fair		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Good		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Education Qualifications		A. University or tertiary educational qualifications (for degrees not awarded by a local university, please verify whether the degree is recognized by the University Grants Commission – Evidence need to be attached) – Indicate NVQ level, in respect of qualifications other than university degrees.								
Name and Place		Year attended		Duration	Qualification obtained	NVQ Level	Nature of specialization			
		From	To							


Name and Place	B. Secondary level schools					
	Year attended		Highest Examinations Passed	Subjects and Results achieved		
	From	To				

27. Professional Qualifications (Indicate NVQ levels, where applicable)						
Name and Place	Year attended		Duration	Qualification obtained	NVQ Level	Nature of specialization
	From	To				

28. Indicate the details of the training courses that you have followed in respect of civil aviation (Please use separate sheets, if space is not adequate)						
Name and Place of the training organization	Duration			Title of the course	Whether the course is recognized by ICAO	
	From	To	No of Days		Yes	No

29. Description of membership of professional societies, and activities undertaken in field of civic, public or international affairs

30. List any significant publications you have written (do not attach)

31. List any special skills you possess and office machines and equipment you can use. In particular any computer equipment and software

32. EMPLOYMENT RECORD: Starting with your present position, list in reverse order all positions, paying special attention to any significant experience, which will be helpful in evaluating your record. Use a separate block for each position. Use additional sheets of paper as required. Include service in the armed forces and any period of unemployment

Details of Present or most recent employment				Description of your work
Dates (DD/MM/YY)		Salaries per annum		
From	To	Starting	Most recent	
Exact title of your position				
Staff Category				
Executive <input type="checkbox"/>		Non – Executive <input type="checkbox"/>		
Name of employer		Type of business		
Address of employer		Name of supervisor		
Number and kind of employees supervised by you				
Reason for leaving, if applicable				

Details of the Employment held				Description of your work
Dates (DD/MM/YY)		Salaries per annum		
From	To	Starting	Most recent	
Exact title of your position				
Staff Category				
Executive <input type="checkbox"/>		Non – Executive <input type="checkbox"/>		
Name of employer		Type of business		
Address of employer		Name of supervisor		
Number and kind of employees supervised by you				
Reason for leaving, if applicable				
Details of the Employment held				Description of your work
Dates (DD/MM/YY)		Salaries per annum		
From	To	Starting	Most recent	
Exact title of your position				
Staff Category				
Executive <input type="checkbox"/>		Non – Executive <input type="checkbox"/>		
Name of employer		Type of business		
Address of employer		Name of supervisor		

Number and kind of employees supervised by you						
Reason for leaving, if applicable						
Details of the Employment held		Description of your work				
Dates (DD/MM/YY)		Salaries per annum				
From	To	Starting	Most recent			
Exact title of your position						
Staff Category						
Executive		Non – Executive				
Name of employer		Type of business				
Address of employer		Name of supervisor				
Number and kind of employees supervised by you						
Reason for leaving, if applicable						
33. Please read the following and mark in the respective cage as it relates to you						
				Yes	No	Remarks
a. Are you a lawful citizen of Sri Lanka				<input type="checkbox"/>	<input type="checkbox"/>	
b. In your assessment have you fulfilled the Qualification and Experience requirements specified in the approved Scheme of Recruitment (SoR) ? If so please indicate <b>under Remarks, which Option</b> in the SoR, you would be qualified.				<input type="checkbox"/>	<input type="checkbox"/>	
b-1. Please indicate the <b>Qualification</b> which qualifies you for the post as per the SoR (Evidence need to be attached)			b-2. Please indicate the <b>Experience</b> which qualifies you for the post as per the SoR (Evidence need to be attached)			
c. Have you been dismissed by any organization in which you were employed?				<input type="checkbox"/>	<input type="checkbox"/>	
d. Are you an accused of any disciplinary inquiry being processed?				<input type="checkbox"/>	<input type="checkbox"/>	

e. Have you ever been served with a notice for Vacation of Post?	<input type="checkbox"/>	<input type="checkbox"/>	
f. Are you ordained in any religious order?	<input type="checkbox"/>	<input type="checkbox"/>	
g. Have you been subjected to a fine or term imprisonment in Sri Lanka or aboard?	<input type="checkbox"/>	<input type="checkbox"/>	
h. Are you medically fit to serve in any part of the country under any condition?	<input type="checkbox"/>	<input type="checkbox"/>	
i. Do you possess sound constitution and excellent moral character?	<input type="checkbox"/>	<input type="checkbox"/>	
j. Are you a full time or part time employee of any organization at present?	<input type="checkbox"/>	<input type="checkbox"/>	

34. Details of your involvements and/or performance at sports, religious, social or welfare activities etc. if

35. Have you applied to any post of the CAA previously? If so please mention the post and the date/year

36. When will you be available from the date of notice, if you are selected for the post

Immediately  Within 7 days  Within 15 days  Within 30 days  Pl specify :-

37. References: List three persons not related to you who are familiar with your character and qualifications. Do not repeat names of supervisors listed under Item 32.

Full Name	Full address (also telephone or fax number or e-mail address, if known)	Occupation

I certify that the particulars given above in the application are true and correct to the best of my knowledge.

.....  
Date

.....  
Signature of the applicant

- NOTE:**
- Applications not conforming to the above format will be rejected. Late applications will also be rejected.
  - If the space provided above is not sufficient to provide details about any matter asked for above, you may use additional sheets to provide such information by stating relevant the number and the topic.
  - You may be requested, in the course of the selection procedure, to supply original documentary evidence in support of the statements you have made above. Please do not, however, send any original documentary evidence until you have been asked to do so.
  - If you are employed in a Government /Local Government Institution or Public Enterprise, your application will be entertained only if the application is forwarded through the respective Head of the Organization, with an endorsement on the application itself.