



PLEASE READ ALL INSTRUCTIONS CAREFULLY

IF THE APPLICATION FORM IS NOT COMPLETED FULLY AND ACCURATELY

YOUR APPLICATION MAY BE DISCARDED

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APPLICATION FORM

MINIMUM EXPERIENCE REQUIREMENTS

DIRECT ENTRY CAPTAINS

TYPE RATED CAPTAINS: Should have at least 2500 hrs total time. An Embraer command and a total of 500 hrs on the Embraer 135/145.

NON TYPE RATED CAPTAINS: Should have at least 3000 hrs total time and a minimum of 200 hours jet command or 500 hours turboprop command.

TYPE RATED FIRST OFFICERS READY FOR COMMAND: Should have at least 2500 hrs total time. 1000 hours on the Embraer 135/145 and a command recommendation from their current company.

FIRST OFFICERS

Should have a frozen ATPL, must have completed an MCC course, have a current multi engine Instrument Rating and be in current flying practice.

Preference will be given to pilots with more than 500 hours but all are welcome to apply. Application forms will be retained on file.

GENERAL REQUIRMENTS FOR ALL PILOTS

- All pilots must hold a JAA licence.
- Direct entry Captains who do not have an Embraer type rating will be asked to sign a training bond.
- First Officers will be expected to self fund their type rating. [See - F.A.Qs](#)
- Medical must be valid for six months on joining the company or company will not pay for first renewal.
- Applications that do not meet the above requirements will **NOT** be processed.

REFERENCES REQUIRED FOR SECURITY PURPOSES

Employment by bmi regional will necessitate access to sensitive areas of airports and a security ID pass will be required. In line with a Department of Transport Directive, bmi regional is required to obtain references from your previous employer(s), plus a character reference. You must provide details of all previous employment covering the five-year period prior to joining bmi regional. If you have any gap in employment dates, please provide a full explanation and state a relevant referee to verify the gap period.

The character reference must be supplied by someone who has known you for over five years, and someone you see on a regular basis. The character referee must not be a relative or co-habitee.

If you have never been in full time employment, you should give details of University, College, School or Unemployment Benefits Office along with contact details of a representative from these establishments who could be used as a referee.

Should none of these apply, please provide details of a character reference who could verify the gap period. The character reference must be supplied by someone who has known you for over five years, and someone you see on a regular basis. The character referee must not be a relative or co-habitee.

Remember due to the latest security measures we must account for every SINGLE day in the past five years.

FREQUENTLY ASKED QUESTIONS

- Q. What do we mean by a self funded type rating?
A. This only applies to first officers - employee's contribution towards an Embraer 135/145 type rating would be £12,000, consisting of:-
1. Prior to commencing training the employee would be required to make a non refundable payment of £2,000.
 2. The balance would be recovered at a rate of £167.00 per month for 60 months.
- Q. Do I need to have an MCC certificate?
A. Yes. Unless you are exempt due to your multi crew experience when a certificate from the CAA would be required
- Q. I have not flown for some time, will I still be considered?
A. We will only accept pilots who are in current flying practice. Simulator time is acceptable and may even help you to pass our jet assessment.
- Q. Do I need to have a current Instrument Rating?
A. Yes. It is a CAA requirement to have a current multi engine IR at the start of the course for the issue of your first Multi Pilot Type Rating.
- Q. Will you notify me when you receive my application?
A. No. We receive so many applications that we can no longer send a receipt message.
- Q. Should I contact the company on a regular basis?
A. No, all applications that meet the above requirements will remain on file for one year. After that time they will be destroyed. We are happy to receive an updated application after six months but we do not have time to deal with regular enquiries.

GENERAL INSTRUCTIONS FOR COMPLETION OF THE APPLICATION FORM

1. Save this blank "bmi_regional_application_form.pdf" to a folder on your computer.
2. You will also require a digital low resolution head and shoulders, passport style photograph of yourself - (.jpg format from any digital camera size aprox 640X480).
3. The form must be filled in on your computer. Check boxes and Text boxes can be activated by clicking on the respective box. You can move through the form by using the Tab key. If you run out of space in any box and feel that you need to give additional details please attach them in word format to an E-mail.
4. To complete the form print your name with the date in the following places:
 - a. The declaration at the end of the medical section.
 - AND**
 - b. The declaration at the foot of the last page.(These sections go to different departments.)

We will accept this as signing the form. However you will still be asked to sign the form manually if you are invited to an interview.

5. After completing the form click on the "SEND DATA" button on the last page. This will either open your e-mail program or you will be given three options. If given the options select "Other" and you will see an option to "Save Data File". Save it to the same folder that you have the application form in. It will have the name :

bmi_regional_application_form_data

Tip – You cannot save the form in Acrobat Reader but if you save this data file it will save all your data and you can reopen the complete form by clicking on the data file.

6. If you wish you can print a copy of the form for your own retention.
7. Finally attach the data form and the photograph to an E-mail and send it to regional.recruitment@flybmi.com

The application will not be processed if it is not accompanied by a photograph.

All applications will remain on our database for one year, after which they will be destroyed. If you wish to remain on our database after that time please reapply. Due to the large number of applications that we receive no further correspondence will be entered into. If there are significant changes in your circumstances you may send a fresh application form every six months.

I must point out that repeatedly bombarding the company with letters E-mails and phone calls will result in your application being deleted from our database.



FLIGHT DECK APPLICATION FORM

Position Applied for: Embraer 145		Captain	First Officer	Date:
Present Flying Position: None		Captain	First Officer	On Aircraft Type :
Surname:		Forename(s):		
Address:		Correspondence Address: (If different)		
Telephone - Home:		Work:	Mobile:	
Date of birth:		Nationality:	Country of Birth:	
Age:	Marital Status:		No and Age of Children:	
Do you have the right to live and work in the UK?			Yes	No
Do you hold a current driving licence?			Yes	No
Do you have access to a car?			Yes	No

Access to a computer, the internet and e-mail is a condition of employment with bmi regional.

Do you have access to a computer and the internet?			Yes	No			
E-mail address:							
A JAA licence is a condition of employment. Do you hold a JAA licence?			Yes	No			
Licence Details:	ATPL	Frozen ATPL	CPL	FI	FI(R)	TRI	TRE
Licence Number:		Country of Issue:		Expiry date:			

Date of last Class One Medical :		Have you attended any previous interviews with: bmi regional: No Yes bmi mainline: No Yes bmi baby: No Yes If yes please give dates:
Date of last I/R:		
Date of last flight:		
Date of last Multi-engine flight:		
Hours in last 12 Months A/C:	SIM:	
Hours in Last 6 Months A/C:	SIM:	

FLYING EXPERIENCE WHILE IN COMMERCIAL EMPLOYMENT Do not include simulator time.

	Company	Dates		Aircraft Type	Command Hours	First Officer P1 u/s + P2	TOTALS
		From	To				
Jet							
Turboprop							
Multi Piston							
Helicopter							

NON-COMMERCIAL FLYING EXPERIENCE

Multi Piston			
Single Piston			
Helicopter			
TOTAL HOURS			

FLYING TRAINING

Have you attended a MCC course?	Yes	No	Place/Date	/
Have you attended a CRM course?	Yes	No	Place/Date	/
Have you attended a JOT course?	Yes	No	Place/Date	/
On which attempt did you pass your I/R?				
Flying Ability Referee:			Telephone Number:	

FLYING TRAINING COURSES AND QUALIFICATIONS ACHIEVED:

Date from:	Date to:	Organisation:	Qualifications

EDUCATION: Please include details of all education undertaken.

Date from:	Date to:	School / College / University	Examination Results:

PERSONAL:

Passport Details - Country of Issue:	Date of Expiry:
Languages Spoken: Fluent (F) Colloquial (C)	

ACCIDENT /INCIDENT

Have you ever been involved in any flying accidents / Incidents?	No	Yes
If Yes please give details:		

LEISURE INTERESTS:

Sports	Hobbies

PRESENT EMPLOYMENT:

Current Employer:			
Position Held:			
Present Base:			
Length of Service:			
Notice Period:			
Present Salary: £			
Outstanding Training Bond:	No	Yes	Amount: £

bmi regional reserves the right to approach your previous employers for a reference before offering employment. It is not our policy to approach your present employers without your permission.

May we contact your current employer now? Yes No

PREFERED BASE: Place 1 in the most desired – 6 in the least desired.

EMB 135/145					
Aberdeen <input type="checkbox"/>	Edinburgh <input type="checkbox"/>	Glasgow <input type="checkbox"/>	Leeds/Bradford <input type="checkbox"/>	Manchester <input type="checkbox"/>	East Midlands <input type="checkbox"/>
It must be understood that you may be allocated any company base initially.					
Are you prepared to accept ANY base?				Yes	No

This section is mandatory - Please use the space below to explain in no more than 100 words why you feel you would be suitable for the position applied for.

GENERAL HEALTH & MEDICAL HISTORY Do you have or have you ever had any of the following:

1. Have you received medical treatment in hospital or at a hospital out-patient unit or an Accident and Emergency (casualty) unit in the last 3 years?	No	Yes
2. Have you ever been admitted to hospital?	No	Yes
3. Have you ever had an operation?	No	Yes
4. Have you ever been seriously ill?	No	Yes
5. Have you visited a medical practitioner in the last year?	No	Yes
6. Eye trouble or operation	No	Yes
7. Spectacles and or Contact lenses worn	No	Yes
8. Pneumothorax (punctured lung)	No	Yes
9. Hay fever	No	Yes
10. Asthma	No	Yes
11. Bronchitis	No	Yes
12. Tuberculosis	No	Yes
13. Heart or vascular trouble	No	Yes
14. High or low blood pressure	No	Yes
15. Kidney stone or blood in urine	No	Yes
16. High blood cholesterol (or familial hypercholesterolaemia or hyperlipidaemia)	No	Yes
17. Diabetes, hormone disorder	No	Yes
18. Stomach, liver or intestinal trouble	No	Yes
19. Indigestion or dyspepsia	No	Yes
20. Deafness, ear disorder	No	Yes
21. Nose throat or speech disorder	No	Yes
22. Head injury or concussion	No	Yes
23. Unconsciousness for any reason	No	Yes
24. Fainting or blackouts	No	Yes
25. Frequent or severe headaches	No	Yes
26. Neurological disorder; stroke, epilepsy, seizure, paralysis	No	Yes
27. Multiple sclerosis	No	Yes
28. Psychological /psychiatric trouble of any sort	No	Yes
29. Alcohol or substance abuse	No	Yes
30. Attempted suicide	No	Yes
31. Motion sickness requiring medication	No	Yes
32. Sickle cell anaemia, sickle cell trait, sickle cell disease or other blood disorder	No	Yes
33. Malaria or other tropical disease	No	Yes
34. Rheumatic fever	No	Yes
35. Jaundice	No	Yes
36. Any form of cancer	No	Yes
37. Weakness of your limbs	No	Yes
38. Skin disease	No	Yes
39. Have you ever been refused life insurance or accepted only on special terms?	No	Yes
40. Received an award of pension or compensation for illness or injury?	No	Yes
41. Have you ever been refused a driving licence on medical grounds?	No	Yes
42. Have you had a positive HIV test?	No	Yes
43. Are you, by virtue of previous employment, medical history or lifestyle, at higher than normal risk of HIV infection?*	No	Yes

*Those who have worked with blood or blood products, some haemophiliacs, male homosexuals, those who have used intravenous recreational drugs and those who have had any casual sexual contact in sub-Saharan Africa may be at increased risk.

FEMALES ONLY

44. Gynaecological or menstrual problems	No	Yes
45. Are you pregnant?	No	Yes

FAMILY HISTORY Are you aware if anyone in your immediate family (grandparents, parents, brothers, sisters or children) has ever suffered from any of the following:

46. High blood pressure	No	Yes
47. Diabetes	No	Yes
48. Coronary artery disease, angina, or a heart attack (myocardial infarction)	No	Yes
49. High blood cholesterol (familial hypercholesterolaemia or hyperlipidaemia)	No	Yes
50. Stroke	No	Yes
51. Glaucoma	No	Yes
52. Epilepsy	No	Yes
53. Tuberculosis	No	Yes
54. Allergy, asthma or eczema	No	Yes
55. Sickle cell anaemia, sickle cell trait or sickle cell disease	No	Yes
56. Psychological illness (e.g. stress, anxiety, depression, schizophrenia or nervous breakdown)	No	Yes
57. Inherited disorders	No	Yes

ADDITIONAL DETAILS Please list the question number

I declare that the answers I have given are true to the best of my knowledge. I agree that bmi regional's company doctor may contact my general practitioner to request any further information and that my general practitioner may accept this declaration as authority to release such information. I understand that bmi's company doctor will not divulge any medical information to any other person.

Signed: _____

Date: _____

EMPLOYMENT HISTORY FOR SECURITY & REFERENCE PURPOSES

Before completing this section please read the instruction page again.

Surname:	Forename(s):
Address:	

Last employer should be listed first.

<u>Date from:</u> dd/mm/yy	<u>Date to:</u> dd/mm/yy	<u>Employers Name, Address and</u> <u>Contact Number</u>	<u>Job Title</u>	<u>Reason for Leaving</u>

EMPLOYMENT HISTORY FOR REFERENCE PURPOSES CONTINUED

<u>Date from:</u> dd/mm/yy	<u>Date to:</u> dd/mm/yy	<u>Employers Name, Address and</u> <u>Contact Number</u>	<u>Job Title</u>	<u>Reason for Leaving</u>

Please explain fully any gaps in employment.
IF THIS IS NOT COMPLETED ACCURATELY, THIS APPLICATION MAY BE DISCARDED.

<u>Date from:</u> dd/mm/yy	<u>Date to:</u> dd/mm/yy	<u>Reason</u>

Please supply name(s), addresse(s) and contact numbers of character references who will verify the above periods. Character references; known for 5 years, not co-habiting.

<u>Name, Address and Contact Number of Referee</u>	<u>Dates Verified</u>	
	<u>Date from dd/mm/yy</u>	<u>Dete to dd/mm/yy</u>
	<u>Date from dd/mm/yy</u>	<u>Dete to dd/mm/yy</u>

<u>Name, Address and Contact Number of Character Referee</u>	<u>Number of Years Referee has known you</u>

Total number of individuals listed above to cover references for the previous five years:

It is a condition of employment that non rated first officers will self fund their type rating.

Are you prepared to self fund an Embraer 135/145 Type Rating? Yes No Not applicable

I declare that to the best of my knowledge the information I have given is true and complete, and I have not withheld any information that might adversely affect my suitability for employment. I understand that any mis-statement may subsequently invalidate any contract of employment based on it.

Signed: _____ Date: _____