

FAA AGENT APPLICATION FORM

2x2

GENERAL INFORMATION	l e		
Applicant's Name			Gender
			☐ Male
Last Name	First Name	Middle Name	☐ Female
Current Residence Address			Telephone No.
Current residence / tauress			relephone No.
No. (Building Name)	Street	Barangay/Subdivision	Mobile No.
District/Municipality	Province	Zip Code	
Date of Birth	Place of Birth	Nationali	ty
E-mail address		Tax Identification Number	
EMPLOYMENT RECORDS	S		
Position Title	Employer Name and Address		Contact Number

DISCLAIMER

To provide you with World Class Aviation Professional training, FAAi is committed to protecting your personal information and FAAi understands that such personal information as valuable and propriety and any unauthorized use or disclosure of such personal information could cause irreparable harm. Our Privacy Policy outlines the information collection practices utilized by FAAi, how that information is used, stored, shared and protects the personal information you have provided us.

The confidentiality and security of your personal information is important to us. All information captured by FAAi is stored securely at all times and will not be provided to any unauthorized third parties unless required to fulfill the requirements of your application or as required by law or industry regulation.

If you wish to have access to your personal information in our records; or you think that such information we have of you is incomplete, not-up-to-date, or otherwise inaccurate, you may get in touch with our data privacy officer through the email address: rperez@firstaviationacademy.com

Should you have questions and/or concerns regarding this Statement, FAA's use of your Personal Data and other collected data, or your rights in relation thereto under Republic Act 10173 - Data Privacy Act of 2012, please do not hesitate to contact the FAAi Data Privacy Officer at (02) 789-1111.

I have read and understood the terms and conditions of this privacy statement and freely give my information to FAA as requested.

I certify that the information contained in this application is correct to the best of my knowledge.

I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.

I hereby authorize anyone from the School, Organization or Company listed on the application to furnish you any and all information concerning my previous employment, education and qualifications for enrollment. I also authorize you to request and receive such information.

In consideration of my application, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time at the company's sole option and without prior notice to me.

Print name and affix Signature	Date

Requirements: List of Valid ID

1. Two (2) Valid IDs (Photocopy)

Company ID

Driver's License

2. Two (2) pcs. 2 x 2 with white background Voter's ID Postal ID