



Flight Crew Data Form

Complete All Information, add additional pages as necessary

PERSONAL INFORMATION

Last	First	MI
Address		Phone: _____ Email: _____
City	State	Zip
Position Applied For:		Date Available: _____
Eligible to Work In the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Willing to Relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No Preferred Location: _____
Have you ever been CONVICTED for violation of any Federal or State Statute(s) pertaining to narcotic drugs, marijuana, depressant or stimulant drugs or substances, or motor vehicle operation involving alcohol? <input type="checkbox"/> No <input type="checkbox"/> Yes, Date of Conviction: _____		
Have you ever been cited for any violation of the FARs? <input type="checkbox"/> No <input type="checkbox"/> Yes, Please Explain: _____		
Has your certificate ever been suspended or revoked? <input type="checkbox"/> No <input type="checkbox"/> Yes, When & Why? _____		
In the last 5 years do you have any: <ul style="list-style-type: none"> • Official sanctions? <input type="checkbox"/> No <input type="checkbox"/> Yes • Aircraft Accidents? <input type="checkbox"/> No <input type="checkbox"/> Yes • Aircraft Incidents? <input type="checkbox"/> No <input type="checkbox"/> Yes 		Have you ever failed a Check Ride? <input type="checkbox"/> No <input type="checkbox"/> Yes, Please Explain: _____
PILOT CERTIFICATE # _____ Last BFR/Check Ride: _____		MEDICAL CERTIFICATE <input type="checkbox"/> 1 st Class <input type="checkbox"/> 2 nd Class <input type="checkbox"/> 3 rd Class Date of Last Exam: _____ Waivers/Limitations: _____

FLIGHT TIME BY TYPE	Total Time In Type	Last 12 Months	Last 90 Days	PIC	SIC	FLIGHT TIME SUMMARY	
Single Engine Piston						Total Flight Time:	Multi Total Time
Single Engine Turbine						Total PIC Time	Multi PIC Time
LR45						Total SIC Time	Multi SIC Time
LR60						Total Instrument Time	Total Night Time
CL30						Instrument PIC Time	Total Turbine Time
CL604						Total Rotary Time	Turbine PIC Time
All Other Piston Time						PILOT RATINGS	
All Other Turbine Time						Commercial <input type="checkbox"/> ATP <input type="checkbox"/> CFI <input type="checkbox"/> CFII <input type="checkbox"/> MEI <input type="checkbox"/> AGI <input type="checkbox"/> MEL <input type="checkbox"/> SES <input type="checkbox"/> BGI <input type="checkbox"/> MES <input type="checkbox"/> Helicopter <input type="checkbox"/> A&P <input type="checkbox"/>	

AVIATION/AIRCRAFT SPECIFIC TRAINING

Type Rating	Aircraft Type	School	Dates Attended
<input type="checkbox"/> PIC <input type="checkbox"/> SIC			
<input type="checkbox"/> PIC <input type="checkbox"/> SIC			
<input type="checkbox"/> PIC <input type="checkbox"/> SIC			

EMPLOYMENT HISTORY

Are you currently employed? Yes No

Company	Position	Dates	Salary	Reason for Leaving	Was your job designated as a safety-sensitive function in any DOT regulated mode subject to the drug and alcohol testing requirement of 49 CFR Part 40?
		-			<input type="checkbox"/> Yes <input type="checkbox"/> No
		-			<input type="checkbox"/> Yes <input type="checkbox"/> No
		-			<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been denied employment due to a pre-employment positive drug or alcohol test? No Yes

Have you ever refused to complete a pre-employment drug or alcohol test? No Yes

Have you ever been asked to resign? No Yes If so, please explain.

CERTIFICATION

The information provided is true and complete to the best of my knowledge. I understand that any false or misleading information provided during the application or interview process will result in my immediate discharge if I am hired, regardless of when discovered. I understand that this application is not a contract of employment, and that, if employed, the Company or I may terminate the employment relationship at any time and for any reason. I understand a pre-employment drug screen for the detection of amphetamines, cocaine, THC, opiates and PCP will be required and is performed without cost to me. I agree to submit to this procedure with the knowledge that the results of the examination are a determining factor in obtaining employment with JetSelect Aviation LLC. I have read the above acknowledgement.

Signed: _____ Date _____