
2) Do you have any prior aviation experience? YES _____ NO _____
If YES please describe your experience to include total hours.

Rotorcraft Hours _____ Fixed Wing Hours _____

3) Please provide a schedule of your availability for training.

Monday	All Day _____	Other Hours _____
Tuesday	All Day _____	Other Hours _____
Wednesday	All Day _____	Other Hours _____
Thursday	All Day _____	Other Hours _____
Friday	All Day _____	Other Hours _____
Saturday	All Day _____	Other Hours _____
Sunday	All Day _____	Other Hours _____

4) Please give a brief description of your employment history.

Employer _____
Address _____ Phone () _____
Position _____ Employed from _____ to _____

Employer _____
Address _____ Phone () _____
Position _____ Employed from _____ to _____

Employer _____
Address _____ Phone () _____
Position _____ Employed from _____ to _____

5) Do you have any health issues that might effect your passing a flight physical? YES _____ NO _____

6) Have you ever been convicted of a felony offence? YES ___ NO ___

7) Please list three References

Name _____ Phone # () _____

Relationship _____

Name _____ Phone # () _____

Relationship _____

Name _____ Phone # () _____

Relationship _____

8) How did you learn about Corporate Helicopters Flight Training Academy?

Thank you for your interest in Corporate Helicopters Flight Training Academy. A Certified Flight Instructor will contact you at their earliest convenience.

OFFICE USE ONLY
Accepted for interview NO _____ YES _____
Interview Date: _____