



APPLICATION FOR EMPLOYMENT – PILOT

In compliance with Federal and State Equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job related disability.

Date of Application _____

Name _____ **SSN:** _____ - _____ - _____
Last First Middle

List your residence address(es) for the past 3 years.

Current Address _____ **How Long?** _____
Street City State & Zip Code
Home Phone _____ Other phone number(s) _____
Email Address _____

Previous Addresses _____ **How Long?** _____
Street City State & Zip Code
_____ **How Long?** _____
Street City State & Zip Code
_____ **How Long?** _____
Street City State & Zip Code

Are you (Check one) a US citizen ____ US resident alien ____ Non-resident alien with legal right to work in the US ____ If this choice is checked, Explain _____

Date of Birth ____ / ____ / ____ (Required for Commercial Drivers)

Are you now employed? NO ____ YES ____ . If not employed, how long since last employment? _____

Reason for Leaving: _____

Is there any reason you might be unable to perform the functions of the job for which you have applied (as described in the attached job description)? NO ____ YES ____ . If yes, explain if you wish.

Name _____
 Last First Middle

EDUCATION

HIGHEST GRADE COMPLETED (CIRCLE APPROPRIATE): HS: 9 10 11 12 DIPLOMA / GED: ___ YES ___ NO

COLLEGE: 1 2 3 4 DEGREE: ___ YES ___ NO

LAST SCHOOL ATTENDED _____
 (NAME) (CITY/STATE)

VEHICLE ACCIDENT RECORD FOR PAST 3 YEARS OR MORE
 (ATTACH SHEET IF MORE SPACE IS NEEDED) IF NONE, WRITE NONE

DATES	NATURE OF ACCIDENT (HEAD-ON REAR-END, ETC)	FATALITIES	INJURIES
LAST ACCIDENT			
NEXT PREVIOUS			
NEXT PREVIOUS			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS
 (OTHER THAN PARKING VIOLATIONS) IF NONE, WRITE NONE

DATE	LOCATION	CHARGE	PENALTY

(USE ADDITIONAL SHEETS IF NECESSARY)

DRIVERS LICENSES

STATE	TYPE	LICENSE NO.	RESTRICTIONS	EXP. DATE

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES ___ NO ___

B. Has any license, permit or privilege ever been suspended or revoked? YES ___ NO ___

IF THE ANSWER TO EITHER A OR B IS YES, PROVIDE DETAILS BELOW: (USE ADDITIONAL SHEETS IF NECESSARY)



Name _____
Last First Middle

JOB-SPECIFIC QUALIFICATIONS AND EXPERIENCE – PILOTS

FAA AIRMAN CERTIFICATE TYPE: (check all that apply) ___ Commercial ___ ATP ___ CFI ___ CFII

CERTIFICATE NUMBER(S): _____ ISSUE DATE: _____

RATINGS: (List your ratings): _____

FAA MEDICAL CERTIFICATION: ___ Class I ___ Class II ISSUE DATE: _____

DATE OF LAST FLIGHT REVIEW: _____, DATE OF LAST FLIGHT: _____

HOURS FLOWN IN LAST 6 MONTHS: _____, HOURS FLOWN IN LAST 12 MONTHS: _____

LIST ALL THE TYPES OF AIRCRAFT YOU HAVE FLOWN: _____

TYPE OF EXPERIENCE	TOTAL TIME	P-I-C	CIVIL TIME	MILITARY TIME
In turbine powered helicopters				
In MD 369 series helicopters				
In Other Helicopters				
In Other Aircraft				
Powerline Work				
Patrol or survey flights				
Utility & Construction type work				
Vertical reference long line				
FAR Part 135 operations				



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JOB-SPECIFIC QUALIFICATIONS AND EXPERIENCE – QUESTIONS

- Have you completed any factory training courses for helicopters? NO___ YES___. If yes, please list courses and dates completed.

- Have you ever acted as a trainer/instructor in safety or other technical skills? NO___ YES ____. If yes, provide details.

- Have you ever acted as a job foreman or supervisor? NO___ YES___. If yes, provide details.

- Have you ever been investigated, reprimanded, or fined by the FAA or had any FAA certificates suspended or revoked? NO___ YES___. If yes, provide details.

- Were you ever directly involved in any on-the-job accidents that resulted in serious injuries to you or others? NO___ YES___. If so, please list with brief details.

- Any special skills or training, either professionally or as hobbyist? Examples – computer literacy, photography, drafting, engineering, technical writing, golf, fishing or hunting. List and provide details below.

- Are you fluent in any languages other than English? List below, indicating conversational, written or both.

- Any other experience, training, certifications, or special qualifications that you wish to report. (USE ADDITIONAL SHEETS OR ATTACHMENTS AS NECESSARY)



Name _____
Last First Middle

TO BE READ AND SIGNED BY APPLICANT

AIR2 does not hire with respect as to when an interview is conducted or an application is completed but on the combined merit of the candidate including references, qualifications, experiences, and the interviewers recommendation. An application which contains false statements, extraneous, unsolicited information, or which reflects any information not requested on the application form shall result in disqualification of the applicant and/or termination of an employee. Also, applications which are incomplete or do not contain all of the information requested will be disqualified.

Applications are to be accepted only when in the need of employees or in anticipation of foreseeable hiring needs. Applications will only remain active for a period of thirty (30) days. AIR2 does not use third-party employment offices, whether private or public. The above stated hiring policy is to be enforced on a nondiscriminatory basis.

This certifies that I personally completed this application, and that all entries and information that I have provided are true and complete to the best of my knowledge. I authorize AIR2 to make such investigations of my personal, employment, financial or medical history and other related matters, as may be necessary in order to make an employment decision.

I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of my employment by AIR2, I understand that false or misleading information given in my application or interviews may result in termination of my employment. I also understand that, if hired, I am required to abide by the policies and practices established by AIR2.

Applicant's signature _____ Date _____

PLEASE MAIL COMPLETED APPLICATION TO –
AIR2, LLC 2345 York Road, Suite 102, Timonium, MD 21093
OR
Email to ksauer@air2.com
OR
Fax to 410-560-2718

