



# JACOBS FLIGHT SERVICES, LLC

## APPLICATION TO REQUEST TRAINING

JACOBS FLIGHT SERVICES, LLC  
PROFESSIONAL PILOT PROGRAM  
3200 AIRGLADES BLVD.  
CLEWISTON, FL 33440

Prospective trainees will receive consideration without discrimination due to race, creed, color, sex, age, or national origin.

### PERSONAL INFORMATION (PLEASE TYPE OR PRINT IN INK)

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax \_\_\_\_\_

Are you legally eligible to be employed in the United States?  Yes  No

Apart from absence of religious observance, are you available for full-time training?

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

When will you be available to begin training? (Circle One) Fall /Spring /Summer Year \_\_\_\_\_

Date of Birth (If under 21) \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

### EDUCATION

Do you have a GED?  Yes  No

Did you graduate from high school?  Yes  No Year \_\_\_\_\_

Name of High School/Location \_\_\_\_\_

College, University, or Other	Location	Major	Dates of Attendance	Year Graduated	Degree Granted

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## EMPLOYMENT HISTORY

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Please give accurate, complete employment information. Begin with your present or most recent employer.

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Name of Employer:	Telephone No. (Include Area Code)	
Complete Address	Employed from	to
Name of Supervisor	Weekly Pay	
	Start	Last
Job Title/Description	Reason for Leaving	

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## **BACKGROUND CHECK CONSENT**

I have made application to the Professional Pilot Program for enrollment consideration and wish to have them advised of my record concerning employment or education. I authorize disclosure of any information related to my tenure including, but not limited to position(s) held, dates of employment, salary/wage, job performance, punctuality, and/or disciplinary actions. I also authorize you to offer such opinions or other information as you deem appropriate in your sole discretion. A photocopy of this document shall be deemed to be an original for the purposes of granting consent.

Applicant's Signature

Date:

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Printed Name

Social Security No.

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## MILITARY EXPERIENCE

Did you serve in the U.S. Armed Forces? [ ] No [ ] Yes

If yes, please describe your duties and any special training:

Branch of Service:

Period of Active Duty:

From: To:

Rank at Discharge:

Date of Final Discharge:

## PERSONAL INFORMATION

Are you over 18 year of age? [ ] Yes [ ] No

Name, Address, Relationship, and telephone number of individual to contact in case of emergency:

Name, address, and telephone number of a contact (relative, friend, neighbor) who will most always know how to contact you:

Do you have a valid driver's license? [ ] Yes [ ] No

Drivers License No. \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Number and type of moving violations within the last 3 years:

Has your driver's license ever been suspended? [ ] Yes [ ] No

If yes, give details, including when, where, and for what reason:

Please list any special skill

## REFERENCES

Name	Complete Address	Area Code & Phone No.
1.		
2.		
3.		
4.		

**PERSONAL INFORMATION CON'T.**

Have you ever been treated or advised to seek treatment for a drug or alcohol problem? [ ] Yes [ ] No	Are you currently receiving treatment?
If so, When?  Where?	What is the nature of your treatment?  By Whom?

Have you ever been charged with or convicted of possessing or selling illegal or unauthorized drugs or other mind-altering substances?  
[ ] Yes [ ] No

If so, state the crime with which you were charged. Where were you charged?

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What was the disposition of the charge and/or the sentence imposed?

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What was the date you were released from supervision or custody?

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**FINANCIAL PLANNING**

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The average cost for flight training is \$45,000. Indicate how you plan to finance this expenditure. Check the appropriate information.

- [ ] Completed Federal Financial Aid Application.
  - [ ] Applied for Private Loans. (List Types)
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- [ ] Family Assistance
- [ ] Scholarship Applications
- [ ] Savings
- [ ] Stocks/Bonds
- [ ] Other (Describe) \_\_\_\_\_

# AERONAUTICAL EXPERIENCE

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**FLIGHT CERTIFICATES AND RATINGS HELD:**

- |   |  |
|---|--|
| <input type="checkbox"/> Student                                      | <input type="checkbox"/> Commercial Pilot Airplane Multi-engine Land |
| <input type="checkbox"/> Recreational                                 | <input type="checkbox"/> Certified Flight Instructor                 |
| <input type="checkbox"/> Private Pilot Airplane Single Engine Land    | <input type="checkbox"/> Certified Flight Instructor Instrument      |
| <input type="checkbox"/> Private Pilot Airplane Multi-engine Land     | <input type="checkbox"/> Certified Flight Instructor Multi-engine    |
| <input type="checkbox"/> Instrument Rating                            | <input type="checkbox"/> Airline Transport Pilot                     |
| <input type="checkbox"/> Commercial Pilot Airplane Single Engine Land | <input type="checkbox"/> Other                                       |
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**TOTAL FIXED WING FLIGHT HOURS:**

**TOTAL ROTARY WING FLIGHT HOURS:**

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**LIST THE TYPES OF AIRCRAFT FLOWN:**

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**REGENCY OF FLIGHT EXPERIENCE:**

How many hours logged in the last

30 days \_\_\_\_\_ 60 days \_\_\_\_\_

6 months \_\_\_\_\_ 12 months \_\_\_\_\_

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**DESCRIBE ANY AIRCRAFT ACCIDENTS, INCIDENTS, OR VIOLATIONS. (A COPY OF YOUR FAA ACCIDENT/INCIDENT IS REQUIRED).**

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**FAA 1ST CLASS MEDICAL EXPIRATION DATE:**



Please review the basic qualifications before returning this application. Provide all the information requested on the application. Applications which do not meet basic qualifications or which are incomplete will be returned. Applicants who are not accepted into the Professional Pilot Program may not reapply.

- ⇒ Height sufficient to operate all controls in the aircraft.
- ⇒ Weight in proportion to height.

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Please contact our office if you have any questions regarding the above.

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## SELECTION FACTORS

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The following factors will be considered when selecting applicants:

1. Health of applicant as determined by his/her ability to pass a Third Class Flight Physical.
  2. Applicant's ability to read, write, speak and understand the English language.
  3. The applicant's ability to finance the educational expense of the program.
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## APPLICANT SIGNATURE

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The information provided in this application for training is true, correct, and complete. If accepted, I understand any falsification or omission of fact on this application may result in dismissal.

I understand the terms of training will be AT WILL which means that I may quit my training at any time with or without reason or that I may be removed from the program at any time with or without reason.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_