

NAME _____ DATE _____

To begin your Age 60+ counseling session, please tell us about yourself by giving a brief description of your aviation background in the space at the bottom of this form. Then, complete the Application for Counseling form and return it to us along with a copy of your resume and your payment.

Be sure to let us know your preferred interview time and date; we will confirm your interview and give you a specific appointment.

My preferred time/date is: _____

My phone number is _____ The best time to reach me _____

or FAX me at _____ E-mail: _____

BILLING INFORMATION: *(Fee covers counseling by phone; add \$50 for in-person sessions.)*

___ Enclosed find my check/money order for \$225 ___ Bill my VISA/MasterCard \$225

Credit Card # _____

Signature of cardholder _____ Expires _____ 20 _____

Please give a brief description of your background in aviation. Tell us about your flying history. How you started flying, what jobs you've held, recent employment and aviation activities. What are your plans for the future, as well as your specific job requirements and desires. If you have any specific questions you would like us to research prior to your counseling session, be as specific as to . (Attach extra typed sheets as necessary. Maximum information from you will allow us to provide you with the most comprehensive counseling .)

APPLICATION FOR COUNSELING

**Aviation Career Counseling
933 Cheltenham Road
Santa Barbara, CA93105
(805) 687-9493**

(THIS IS NOT AN APPLICATION FOR EMPLOYMENT)

First Name

Middle Name

Social Security Number

(Please type or print)

PERSONAL DATA

FIRST NAME	MIDDLE	LAST	DATE
PRESENT ADDRESS IN FULL			TELEPHONE
CITY STATE ZIP			()
PERMANENT ADDRESS IN FULL			TELEPHONE
CITY STATE ZIP			()
SOCIAL SECURITY NUMBER		HEIGHT	WEIGHT
IF YOU ARE NOT A U.S. CITIZEN, ARE YOU AUTHORIZED TO ACCEPT EMPLOYMENT IN THE U.S. ?		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	WHEN ARE YOU AVAILABLE FOR TRAINING?
WHAT PROMPTED YOU TO APPLY?			

<p>ARE YOU CURRENTLY: <u>YES</u> <u>NO</u></p> <p>AT LEAST 21 YEARS OLD? <input type="checkbox"/> <input type="checkbox"/></p> <p>A HIGH SCHOOL GRADUATE? (circle years of education)</p> <p>12 13 14 15 16 17 18 19 20</p> <p>ABLE TO READ, WRITE, UNDERSTAND AND SPEAK THE ENGLISH LANGUAGE? <input type="checkbox"/> <input type="checkbox"/></p> <p>A COMMERCIAL PILOT WITH INSTRUMENT AND MULTI-ENGINE RATINGS? <input type="checkbox"/> <input type="checkbox"/></p> <p>A USER OF ANY NARCOTICS OR CONTROLLED OR ILLEGAL SUBSTANCE? <input type="checkbox"/> <input type="checkbox"/></p>	<p>HAVE YOU EVER : <u>YES</u> <u>NO</u> (Explain all yes answers)</p> <p>HAD AN FAA FINE, VIOLATION OR ENFORCEMENT? <input type="checkbox"/> <input type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>HAD A FLIGHT RELATED ACCIDENT OR INCIDENT? <input type="checkbox"/> <input type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>BEEN CONVICTED OF A FELONY WITHIN THE PAST 7 YEARS? <input type="checkbox"/> <input type="checkbox"/></p> <p>_____</p> <p>_____</p> <p>HAD YOUR DRIVER'S LICENSE SUSPENDED? <input type="checkbox"/> <input type="checkbox"/></p> <p>_____</p> <p>_____</p>
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EDUCATION RECORD

NAME OF SCHOOL, CITY, STATE	DATES ATTENDED FROM / TO	NO YRS	MAJOR/MINOR	DEGREE RECEIVED
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
BUSINESS/VOCATIONAL				
CORRESPONDENCE/OTHER				
FLIGHT SAFETY COURSES COMPLETED				
CUMULATIVE GRADE POINT AVERAGE IN COLLEGE _____ / _____ GPA SCALE	MAJOR ACHIEVEMENTS IN HIGH SCHOOL / COLLEGE			

EMPLOYMENT RECORD

DATES EMPLOYED		EMPLOYEES (MOST RECENT FIRST) MILITARY PERSONNEL INCLUDE EACH PERMANENT STATION	POSITION - DUTIES - SALARY MILITARY PERSONNEL INCLUDE COLLATERAL DUTIES	REASON FOR LEAVING
FROM MO / YR	TO MO / YR			
		NAME STREET CITY / STATE AC / PHONE		
		NAME STREET CITY / STATE AC / PHONE		
		NAME STREET CITY / STATE AC / PHONE		
		NAME STREET CITY / STATE AC / PHONE		

**ATTACH ADDITIONAL SHEETS WHERE NECESSARY TO COMPLETE EMPLOYMENT RECORD

EXPLAIN ALL PERIODS OF UNEMPLOYMENT SINCE COMPLETING FULL -TIME SCHOOLING	

US MILITARY INFORMATION

BRANCH OF SERVICE IF NONE STATE "NONE"	NUMBER OF YEARS OF MILITARY SERVICE		RANK OR RATING	TYPE OF DISCHARGE	SECURITY CLEARANCE	ARE YOU IN THE ACTIVE RESERVES OR NATIONAL GUARD?
	FROM	TO				
						<input type="checkbox"/> YES <input type="checkbox"/> NO

FLIGHT RECORD

- All flight time must be substantiated by certified Flight Records
- Be as accurate as possible. Round to the nearest whole hour
- User guidelines from FAR 61.51 for recording flight time

TYPE		SPECIFIC AIRCRAFT FLOWN	TOTAL PILOT	TOTAL PIC INCLUDING IP	INSTRUCTOR PILOT	COPILOT	HOURS LAST 6 MONTHS	DATE LAST FLOWN
AIRPLANE SINGLE ENGINE	PISTON							
	TURBOPROP							
	TURBOJET							
AIRPLANE MULTI- ENGINE	PISTON							
	TURBOPROP							
	TURBOJET							
OTHER - HELICOPTER, ETC								
TOTALS								
ACTUAL INSTRUMENT HOURS		FLIGHT SIMULATOR WITH MOTION HOURS		LINK OR INSTRUMENT TRAINER HOURS		FLIGHT ENGINEER HOURS		

LICENSES			
SUBMIT PHOTOCOPIES OF ALL CURRENT LICENSES			
TYPE	RATING (IF APPLICABLE)	NUMBER (IF APPLICABLE)	DATE ISSUED
ATP AIRPLANE			
COMMERCIAL AIRPLANE			
MULTI-ENGINE AIRPLANE			
INSTRUMENT RATING			
FE CERTIFICATE			
FE WRITTENS			
RADIOTELEPHONE			
OTHER			

MEDICAL	
SUBMIT PHOTOCOPY OF CURRENT FAA FIRST CLASS MEDICAL	
DATE OF CURRENT FAA FIRST CLASS MEDICAL	
UNCORRECTED VISUAL ACUITY	LEFT EYE 20/ RIGHT EYE 20/
HAVE YOU HAD CORRECTIVE EYE SURGERY (RADIAL KERATOTOMY)?	
HAVE YOU WORN ORTHOKERATOLOGY LENSES?	
DO YOU HAVE ANY WAIVERS, RESTRICTIONS OR PHYSICAL LIMITATIONS?	
If yes, Describe	

APPLICANT'S REMARKS

**Please include a copy of your current resume, if you have one available.

APPLICATIONS / INTERVIEWS

(If you have applied for a flying position in the past two years, please give details below)

COMPANY / AIRLINE	DATE APPLIED	INTERVIEW? YES NO	RESULT

PLEASE INCLUDE A 1-PAGE PHOTOCOPY OF YOUR PILOT'S LICENSES AND MEDICAL CERTIFICATE