



**APPLICANT INFORMATION**

First Name		Middle Name		Last Name	
Phone			Email		
Date of Birth			Social Security Number		
Date of Application			Position Applied For		Date Available to Start Work
Airman's Certificate #:			Med Class and Expiration Date:		

Are you legally authorized to work in the United States? \_\_\_ Yes \_\_\_ No

If the answer to any of the following questions is yes, please attach additional information.

	YES	NO
Have you ever had any aircraft accidents?		
Have you ever been cited for violations or civil/military aviation regulations?		
Are you flying subject to limitations or a waiver?		
Has your driver's license ever been suspended or revoked?		
Have you been convicted for operating a vehicle while under the influence of alcohol or drugs?		
Have you had any automobile accidents with the last five years?		

**CERTIFICATES/RATINGS**

*Indicate all certificates you currently hold. Attach additional information if necessary*

<input type="checkbox"/> Private	<input type="checkbox"/> Airline (ATR)	<input type="checkbox"/> Single Engine Land
<input type="checkbox"/> Commercial	<input type="checkbox"/> Instructor	<input type="checkbox"/> Multi Engine Land
		<input type="checkbox"/> Helicopter
		<input type="checkbox"/> Other: _____

List all aircraft type ratings you currently hold:

List all Manufacturer's Ground and Flight Schools and dates you have attended for each aircraft make and model:

## FLYING EXPERIENCE IN LOGGED HOURS (PILOT IN COMMAND ONLY)

<i>Specify all make and models:</i>	<i>LAST 12 MONTHS</i>	<i>LAST 90 DAYS</i>	<i>TOTAL LOGGED HOURS</i>
<i>All single engine fixed wing/gear OR retractable gear</i>			
<i>Multi Engine Piston</i>			
<i>Multi Engine Turbine</i>			
<i>Other: _____</i>			

### Driver License Information

*No person who operates a commercial motor vehicle shall at any time have more than one driver's license (49 CFR 383.21). I certify that I do not have more than one motor vehicle license, the information for which is listed below. Include all licenses held for the past 3 years; attach additional information if necessary.*

State	License #	Type/Class	Endorsements	Expiration Date

### Criminal And Other Offenses

(1) Have you ever been convicted of, plead no contest to, or been fined in connection with any felony, misdemeanor, municipal ordinance violation, or any other type of offense (other than a parking ticket), regardless of the nature of the penalty or fine for that offense? A yes answer does not automatically disqualify you from employment. Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, provide 1) the nature of each conviction; 2) date of each conviction; and 3) state and county in which you were convicted:

\_\_\_\_\_

(2) Are you currently subject to a pending criminal charge for any misdemeanor or felony? A yes answer will not automatically disqualify you from employment. Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, provide 1) the nature of the pending charge; 2) date of the pending charge; and 3) state and county in which the charge is issued:

\_\_\_\_\_

## Employment History

### Current (Most Recent) Employer

Name		Phone No.	
Address			
Position Held		From Mo/Yr	To Mo/Yr
Reason for Leaving			
Explain any gaps in employment (including month/year and reason)			

### Second (Most Recent) Employer

Name		Phone No.	
Address			
Position Held		From Mo/Yr	To Mo/Yr
Reason for Leaving			
Explain any gaps in employment (including month/year and reason)			

### Third (Most Recent) Employer

Name		Phone No.	
Address			
Position Held		From Mo/Yr	To Mo/Yr
Reason for Leaving			
Explain any gaps in employment (including month/year and reason)			

To be Read and Signed by Applicant

*I authorize International Air Charters, Inc. to make investigations (including contacting current and prior employers) into my personal, employment, financial, medical history, and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers, and other persons from all liability in responding to inquires and releasing information in connection with my application.*

*In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all rules and regulations of the company.*

*This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.*

Applicant Signature		Date	
Applicant Name (Printed)			