



# Midwest Corporate Air, Inc.

## FLIGHT INSTRUCTOR APPLICATION

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Preferred \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip +4 \_\_\_\_\_

Telephone:

Business# \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_

E-mail(s) \_\_\_\_\_, \_\_\_\_\_

Instructor Ratings / Designations:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Airplane SEL / SES                      | <input type="checkbox"/> Light Sport Aircraft (LSA)       | <input type="checkbox"/> Basic ground instructor      |
| <input type="checkbox"/> Airplane MEL / MES                      | <input type="checkbox"/> Glider                           | <input type="checkbox"/> Advanced ground instructor   |
| <input type="checkbox"/> Instrument airplane                     | <input type="checkbox"/> Lighter-than-air                 | <input type="checkbox"/> Instrument ground instructor |
| <input type="checkbox"/> Instrument helicopter                   | <input type="checkbox"/> Part 141 Chief / Assistant chief | <input type="checkbox"/> FAA/ Industry Pilot Examiner |
| <input type="checkbox"/> Rotorcraft helicopter                   | <input type="checkbox"/> Gold seal                        | <input type="checkbox"/> FAA Safety Team Rep          |
| <input type="checkbox"/> Rotorcraft gyroplane                    | <input type="checkbox"/> Sport Pilot Instructor           | <input type="checkbox"/> Other: _____                 |
| <input type="checkbox"/> Other airman certificates/ratings _____ |   |   |

Approximate flight hours : \_\_\_\_\_ Instructional hours given: \_\_\_\_\_

*(You must include documentation of instructional hours given)*

List areas in which you specialize (i.e., primary, instrument, glider, sims, ground school, etc.):

---

---

---

Date of last FAA Flight Instructor checkride (latest): Month: \_\_\_\_\_ Year: \_\_\_\_\_

Date of ***initial flight / ground*** instructor certification: Month: \_\_\_\_\_ Year: \_\_\_\_\_ / Month: \_\_\_\_\_ Year: \_\_\_\_\_

Date of ***current*** flight instructor certificate expiration *(if applicable)*: FAA Pilot/CFI Number: \_\_\_\_\_ / \_\_\_\_\_

Airport names & identifiers where you do most of your instruction? \_\_\_\_\_



# Midwest Corporate Air, Inc.

Do you teach for  an FBO,  flight school,  college,  pt. 142 school, etc. or  are you independent?

Your aviation position & title: \_\_\_\_\_

Is your aviation instruction part-time or full-time?  Full-time  Part-time

If aviation is not yet your full-time occupation, please provide your full-time employment type/industry?

\_\_\_\_\_

Involvement and activities in other aviation organizations (i.e., AOPA ASN, CAP, EAA etc.):

\_\_\_\_\_

\_\_\_\_\_

Awards or special recognition:

\_\_\_\_\_

\_\_\_\_\_

During the preceding 3 years, have any of your FAA or industry issued airman certificates been suspended, revoked, or subject to any enforcement action, or is any certificate action currently pending.

Yes  No  *If yes, please attach a detailed written explanation and documentation.*

In the preceding 5 years have you been convicted of a civil or criminal offense?

Yes  No  *If yes, please attach a detailed written explanation and documentation.*

I hereby certify that all information submitted is true, correct, and complete. I understand that any misrepresentation of facts may result in future termination of my flight instructor employment. I authorize present and past employers, the Federal Aviation Administration, industry organizations issuing pilot and /or instructor certification and law enforcement agencies to disclose to Midwest Corporate Air, Inc. information about me from the records in their possession and provide copies of that information as necessary.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Midwest Corporate Air, Inc.

## REFERENCES

Please provide complete contact information for at least one aviation related employer/supervisor and two (2) other references who can provide a professional reference to Midwest Corporate Air, Inc.

Name & Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Name & Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

Name & Title \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

E-Mail \_\_\_\_\_