 **Flight Instructor Application**

**Contact Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approximate Weight: \_\_\_\_\_\_\_\_\_\_\_

Phone: (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_

**Qualifications**

CFI Certificates Held: CFI-A: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CFI-I \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (date of issuance) (date of issuance)

Method of Renewal: Initial issue\_\_\_\_ FIRC\_\_\_\_\_ Additional CFI \_\_\_\_\_\_

 Activity \_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Certificate: Class: \_\_\_\_\_\_\_ Date of Issue: \_\_\_\_\_\_\_\_\_\_

Medical Restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Experience**

Total Flight Hours: \_\_\_\_\_\_\_\_\_ Flight Hours ASEL: \_\_\_\_\_\_\_\_\_

Flight Instruction Hours:\_\_\_\_\_\_\_\_\_ of those, Hours as CFI-I: \_\_\_\_\_\_\_\_\_

Flight hours past 12 months: \_\_\_\_\_\_ Instruction hours past 12 months: \_\_\_\_\_\_\_

C-172 Time: \_\_\_\_\_\_\_\_ P28R-200/180 Time: \_\_\_\_\_\_\_\_

C-152/150 Time: \_\_\_\_\_\_\_\_

Previous instructional experience: (dates, location, type of instruction)

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Additional specific experience: (ground course instruction, specific M/M courses)

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Have you ever instructed in a Part 141 Program?

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**Availability**

When would you become available for instruction at the Flight School? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In general, what would be your weekly schedule? (Days or partial days of the week)

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What licenses or ratings would you prefer to teach?

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Do you have any times of the year when you would not be available?

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**References**

Please identify one previous student who can serve as a reference regarding instructor qualifications.

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Instruction Provided:\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please identify a previous Chief Instructor or Flight School Owner for whom you worked.

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Relation:\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been in an accident, involved in an aviation incident or FAA violation or any other similar action? (if yes, please provide details)

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What are your short term and long term goals with respect to this Flight School?

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Is there any other information you would like to include with this application?

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