

NAME \_\_\_\_\_ DATE \_\_\_\_\_

To begin your Advanced Counseling session, please complete this application form, including essay question at the bottom of the page. Return it to us along with a copy of your pilot licenses, medical certificate and resume (if you have one), as well as a full-size photocopy of the last 3 pages of your pilot logbook.

Be sure to let us know your preferred interview time and date; upon receipt of your application we will confirm your counseling session by phone or e-mail and give you a specific appointment .

My preferred time/date is : \_\_\_\_\_

My phone number is \_\_\_\_\_ (home) \_\_\_\_\_ (work)

The best time to reach me is \_\_\_\_\_ at \_\_\_\_\_ (number)

E-mail \_\_\_\_\_ and/or FAX \_\_\_\_\_

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**Billing Information:** *(Fee covers counseling by phone; add \$50 for in-person sessions)*

\_\_\_\_ I enclose my check/money order for \$225. \_\_\_\_ Bill my VISA/MasterCard \$225.

Credit Card # \_\_\_\_\_

Credit card billing address \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_ Expires \_\_\_\_\_ 20\_\_\_\_

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**Please answer the following question, being as detailed as possible:**

Why do you want to pursue a career in aviation? A 2-3 page **typed** letter from you describing how you got interested in aviation, what you've done so far and what you plan to do with it in the future will help us give you the most for your counseling dollar. Be sure to include any specific questions you may have regarding your career options.

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Aviation Career Counseling 805/687-9493 FAX 805/687-6226  
[www.AviationCareerCounseling.com](http://www.AviationCareerCounseling.com)

ADVAPP 6/05

# Advanced Pilot Career Counseling Application

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

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

Phone:(home) \_\_\_\_\_ (work) \_\_\_\_\_ FAX \_\_\_\_\_

Best time to call you? \_\_\_\_\_ Day of week? \_\_\_\_\_

Total Flight Time \_\_\_\_\_ as of (date) \_\_\_\_\_ Date of First Solo \_\_\_\_\_

Written Exams Completed:

PVT\_\_\_ COM\_\_\_ IFR\_\_\_ ATP\_\_\_ FE\_\_\_ AD\_\_\_ BGI\_\_\_ AGI\_\_\_ IGI\_\_\_ CFI\_\_\_ CFII\_\_\_ Other \_\_\_

I currently use: NOS Charts \_\_\_\_\_ Jeppesen Charts \_\_\_\_\_ None \_\_\_\_\_

Are you a member of : AIR, Inc. \_\_\_\_\_ AOPA \_\_\_\_\_ NAFI \_\_\_\_\_ FCI \_\_\_\_\_ 99s \_\_\_\_\_ OTHER \_\_\_\_\_

How often do you fly? \_\_\_\_\_

Do you own an airplane? \_\_\_\_\_ If so, what type? \_\_\_\_\_

Do you have access to an airplane? \_\_\_\_\_ Type? \_\_\_\_\_

Have you planned financing for your flight training? \_\_\_\_\_

What is your present work schedule? \_\_\_\_\_

Do you plan to work and fly and train concurrently? \_\_\_\_\_

Do you have any connections in aviation that might helpful to you as you pursue your new career?  
\_\_\_\_\_

List any airline specific goals that you might have and why you find yourself interested in a specific airline, if any.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please add anything else you think would help us understand more about you and your aviation goals (use additional pages as necessary)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Education \_\_\_\_\_

College Degree? \_\_\_\_\_ Major \_\_\_\_\_

College(s) Attended \_\_\_\_\_

**For those with pilots licenses please complete the following:**

How long from first lesson to Private License? \_\_\_\_\_ (dates)

Flight School \_\_\_\_\_ Location \_\_\_\_\_

Type of aircraft flown \_\_\_\_\_ Hours at completion \_\_\_\_\_

Instrument Rating start date \_\_\_\_\_ Completed \_\_\_\_\_ Hours Required \_\_\_\_\_

Commercial Rating start date \_\_\_\_\_ Completed \_\_\_\_\_ Hours Required \_\_\_\_\_

Multi-Engine Rating start date \_\_\_\_\_ Completed \_\_\_\_\_ Hours Required \_\_\_\_\_

Total Multi-Engine hours \_\_\_\_\_ As of (date) \_\_\_\_\_

Other ratings:

\_\_\_\_\_ Start date \_\_\_\_\_ Completed \_\_\_\_\_

\_\_\_\_\_ Start date \_\_\_\_\_ Completed \_\_\_\_\_

Have you had any violations or suspensions of your pilot certificate? \_\_\_\_\_

Do you have a current medical certificate? \_\_\_\_\_ Class? \_\_\_\_\_ Restrictions? \_\_\_\_\_

Do you have any drug or alcohol-related offenses on your *driving* record? \_\_\_\_\_ If yes, please explain (use additional sheets if necessary) \_\_\_\_\_

What aviation magazines do you read? \_\_\_\_\_

Where did you hear about Aviation Career Counseling? \_\_\_\_\_

Thank you for taking the time to complete this application. By becoming familiar with your needs and desires, we can tailor our recommendations to your specific needs.

We look forward to hearing from you!

## AVIATION CAREER COUNSELING

933 Cheltenham Road, Santa Barbara, CA 93105-2208

805/687-9493 FAX 805/687-6226

# APPLICATION FOR COUNSELING

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

**(THIS IS NOT AN APPLICATION FOR EMPLOYMENT)**

Last Name

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?			

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

### 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		

<b>LICENSES</b>			
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			

<b>MEDICAL</b>	
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**