

NAME _____ DATE _____

To begin your counseling session, please tell us about yourself by answering the following short essay question. Then complete the application form and return it to us along with a copy of your pilot licenses (if any) and your payment.

Be sure to let us know your preferred interview time and date; upon receipt of your application we will confirm your counseling session 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 _____

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

____ I enclose my check/money order for \$135. ____ Bill my VISA/MasterCard \$135.

Credit Card # _____

Credit card billing address _____

Signature of Cardholder _____ Expires _____ 20 ____

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.

Aviation Career Counseling 805/687-9493 FAX 805/687-6226
www.AviationCareerCounseling.com

BEGAPP 6/05

Aviation 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 ___ WIA ___ 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? _____ to _____ (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 as 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 situation, 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

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