

## SUPPLEMENTAL PILOT INFORMATION / APPLICATION

Pilot name: \_\_\_\_\_  
First
Middle
Last

SS#: \_\_\_\_\_ Drivers license #: \_\_\_\_\_ State: \_\_\_\_\_

Date Today: \_\_\_\_\_ Date Available: \_\_\_\_\_

May we contact your current employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been previously interviewed by TSB? Yes \_\_\_\_\_ No \_\_\_\_\_  
When: \_\_\_\_\_  
Where: \_\_\_\_\_  
Position: \_\_\_\_\_

**EMPLOYMENT INFORMATION** Minimum 5 yrs required. Copy this page if more lines are needed.

If worked under other name(s), please list: \_\_\_\_\_

Start with most current		Company name & complete address	Contact Name & Title	Primary & Alternate Telephone #s	Position Held	Reason for Leaving
mmm yy From	mmm yy To					

**UNEMPLOYMENT INFORMATION** Any unemployment during the last 5 yrs required. Copy this page if more lines are needed.

Please list in the box below two references (NOT a relative) who can verify any periods of unemployment during the last 5 years. If unemployed under other name(s), please list:

Start with most current		Contact Name / Relationship & Complete Address Information.	Telephone #s
mmm mm yy From	yy To		

**GENERAL**

- Have you ever received a letter from the FAA regarding your certificate or any other action? \_\_\_ Yes \_\_\_ No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
- Nature and date of certificate waivers, if any: \_\_\_\_\_  
\_\_\_\_\_
- FAA violations with which you have been charged? \_\_\_\_\_  
\_\_\_\_\_
- Injury or death of passengers/crew members or damage to aircraft (give date, place, type aircraft, circumstances, penalties):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Have you ever been a party to or the subject of an incident, mishap, or accident including FEB, Mishap Board, Article 15, or Court Martial (include explanation if applicable)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FLYING RECORD / INFORMATION**

Total Flying Hrs: \_\_\_\_\_ Turboprop PIC hrs: \_\_\_\_\_ Jet PIC Hrs: \_\_\_\_\_

	Aircraft	Flight Hours	Duty Position
Last year			
Previous year			
Previous year			
Previous year			
Previous year			

**EDUCATION LEVEL**

- G.E.D.
  4 Year College Degree  
 Major: \_\_\_\_\_  
 High School  
 School Name: \_\_\_\_\_  
 College/Univ Name: \_\_\_\_\_  
 Associate Degree
  Graduate Degree  
 Specify: \_\_\_\_\_

**MILITARY SERVICE RECORD**

- Air Force
  Army
  Marines
  Navy
  Coast Guard  
 Serial #: \_\_\_\_\_ Rank: \_\_\_\_\_ Induction Date: \_\_\_\_\_  
 Not in the military
 Discharge Date: \_\_\_\_\_

**MILITARY RESERVE STATUS**

- Air Force
  Army
  Marines
  Navy
  Coast Guard  
 Air National Guard of US
  National Guard of US
  Not in Reserves  
 Status: [ ] Active [ ] Inactive [ ] Standby [ ] Retired [ ] Not applicable

