

Name (First, Middle, Last)											
Address					City		State	Zip Code			
Home Phone		Cell Phone		E-mail		Date of Birth					
Employers Name N-Jet/NIFC, Inc			Aircraft Currently Flown as PIC:	Date Hired: (co. use only) DDMMYYYY		Position Desired (co. use)					
			Aircraft Currently Flown as SIC:	WARNING: EAP results required before date of hire and start of training. FBI CHRC required before assignment		Aircraft Assigned: PIC/SIC:					
Airman's Certificate No.			Date Issued:			Medical Class: Select	Date Issued:	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>		
CERTIFICATES AND RATINGS			PILOT EXPERIENCE		PILOT TIME						
Single Engine Land <input type="checkbox"/> Single Engine Sea: <input type="checkbox"/> Commercial: <input type="checkbox"/> Airline (ATP): <input type="checkbox"/> Instructor: <input type="checkbox"/> Instrument Rating: <input type="checkbox"/> Helicopter: <input type="checkbox"/> Glider: <input type="checkbox"/> Other (Specify) _____ Type Ratings: _____			CATEGORIES: SEL Piston MEL Piston MEL Turbo Prop MEL Jet Total: Cross Country Night Instrument		Total	Last 12 mo.	Last 90 days	Ldgs Last 90 days	PIC	SIC	
TRAINING (Last 2 yrs.) Mfrs. Approved Courses or Sim: Last Sim Aircraft Mo/Yr _____ _____ Other Training Center or Sim con't TC or Sim Aircraft Mo/Yr _____ _____ _____			Specific Aircraft C550/560 CE560XL DA10 DA50 DA900 ASTRA/G100 LEAR 60 _____ _____								
Last Flight Review Date: _____											

For the following questions, please explain "yes" answers below or on reverse side or separate cover page:

- | | | |
|--|------------------------------|-----------------------------|
| Have you ever been involved (as a pilot or copilot) in an aircraft accident? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has your pilot or medical certificate ever been suspended or revoked? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you been cited for violating any federal air regulations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have any limitations or waivers on your medical certificate? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Describe:

Please send current copies of pilot certificates, medical, passport, driver's license, and sim training records, as applicable via email to training@n-jet.com or fax to (815)550-7505. Thank you.

I certify that the above statements are true.

Date: