

## Aerial Survey Pilot - Job Application

**Pilot Information:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**LICENSE:**    Commercial    ATP    Mechanic A&P

**RATINGS:**    Single Engine Land    Multi Engine Land

Instrument

CFI       CFI-I

MEI       MEI-I

	<b>Hours</b>
Total Hours - All Aircraft	_____
Total Hours - Past 12 Months	_____
Total Hours - Past 90 Days	_____
Retractable Gear	_____
High Performance	_____
Instrument	_____
Cross Country	_____
Night	_____

	<b>YES</b>	<b>NO</b>
A. Have you ever failed a drug test?	<input type="checkbox"/>	<input type="checkbox"/>
B. Have you ever been arrested?	<input type="checkbox"/>	<input type="checkbox"/>
C. Have you failed any FAA check rides or written tests?	<input type="checkbox"/>	<input type="checkbox"/>
D. Has your pilot certificate ever been suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
E. Have you ever been found guilty of or been penalized, disciplined, fined or violated by any civil or military Air Regulations?	<input type="checkbox"/>	<input type="checkbox"/>
F. Has your automobile driver's license ever been suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
G. Have you had any aircraft incidents?	<input type="checkbox"/>	<input type="checkbox"/>
H. Have you had any aircraft accidents?	<input type="checkbox"/>	<input type="checkbox"/>
I. Have you had any in flight emergencies or system failures?	<input type="checkbox"/>	<input type="checkbox"/>
J. Do you have experience operating hangar doors?	<input type="checkbox"/>	<input type="checkbox"/>
K. Do you have experience moving aircraft with a motorized tug [not a walk behind]?	<input type="checkbox"/>	<input type="checkbox"/>
L. Do you have experience fueling aircraft?	<input type="checkbox"/>	<input type="checkbox"/>
M. Do you have experience with building and tinkering? <i>Working on cars, airplanes, computers, lawn mowers, construction, etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>
N. Do you have experience flying aerial survey?	<input type="checkbox"/>	<input type="checkbox"/>
Single Pilot Operations?	<input type="checkbox"/>	<input type="checkbox"/>
Pilot and Sensor Operator Operations?	<input type="checkbox"/>	<input type="checkbox"/>
Approximately, how many on site hours?	_____ hours	
What Flight Management System (FMS) was used? _____		

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*Please use this space to describe or explain any YES answers*

A.	
B.	
C.	
D.	
E.	
F.	
G.	
H.	
I.	
J.	
K.	
L.	
M.	
N.	

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1. Do you have experience operating turbo charged engines? If so, please list airframe and logged time.

2. Do you have experience flying Cessna 206, Cessna 210, or Piper Saratoga aircraft? If so, how many hours?

3. What kind of skills does an aerial survey pilot need?

4. What can you bring to this role?

5. How do you know when you are successful in your job?

6. Why do you think you will do well at this job?

7. What differentiates you from the competition?

8. What motivates you at the workplace?

9. Do you work better as a team, with just one partner, or alone?

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10. What is your role in your current position?

11. Why are you leaving your current job?

12. What is your next [big] goal in aviation? Where do you see yourself in 5 years' time?

13. What kind of oversight and interaction would your ideal boss provide?

14. What are some [key] things you are looking for in your next job?

15. Describe your computer skills.

16. What are your hobbies or activities outside of work?

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**REFERENCES:**

Name	Title	Company	Phone

- I certify that all answers given herein are true and complete to the best of my knowledge.
  
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
  
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date