

**MIDLAND COLLEGE
PROFESSIONAL PILOT PREPARATION PROGRAM
3600 N. GARFIELD
MIDLAND, TX 79705**

**MIDLAND COLLEGE OFFERS THREE ENTRY PERIODS EACH YEAR.
EACH SEMESTER AND IT'S ASSOCIATED TIME LINE
SCHEDULE IS SHOWN BELOW:**

	SPRING SEMESTER	SUMMER SEMESTER	FALL SEMESTER
COMPLETED APPLICATION TO REQUEST TRAINING BY:	OCT 15	JAN 15	MAY 15
INITIAL REVIEW BY:	NOV 1	FEB 1	JUN 1
FINAL REVIEW BY:	NOV 15	FEB 15	JUN 15
ACCEPTANCE BY:	NOV 30	MAR 30	JUL 30
CLASSES BEGIN:	JAN	MAY	SEP

HOW TO APPLY

Candidates must be accepted into the program through a selection process which requires a full application package as listed on the checklist and a personal interview which will be conducted on campus. There is a \$45 application fee.

Candidates who appear qualified based on their written applications will be contacted for a personal interview. Employment history, driving record, personality profile, enthusiasm, experience, and financial resources will be considered during the selection process. Only those deemed capable of succeeding in the airline hiring process will be accepted into the program.

Call (915) 685-4661 if you have any questions.

ADMISSION REQUIREMENTS

- ø Minimum age of 21 at completion of the training program to be considered for a job interview.
- ø Height sufficient to operate all controls in the aircraft.
- ø Weight in proportion to height.
- ø First Class Flight Medical with Student Pilot Certificate (see below)
- ø Drug Screen Test (see below)
- ø Must be legally employable in the United States.
- ø High school graduate or GED

APPLICANT CHECKLIST

- ø Application (typed)
- ø Current resume
- ø Photo (passport style)
- ø Official College/University Transcripts (for all schools attended)
- ø Driving Record - Minimum Three Year History
(Contact Motor Vehicle Department for copy)
- ø Photocopy of Driver's License
- ø \$45 Application Fee (Certified check or money order payable to Midland College)
- ø FAA Accident/Incident Report if you have more than 50 hours total flight time.

Begin the financial aid application process NOW (if necessary). Contact the Financial Aid Office at (915) 685-4757 to request an application, to get assistance with completing the form, or to ask questions about financial aid.

Applicants who are scheduled for an interview are required to take a psychological profile test. **Upon acceptance** into the Professional Pilot Preparation Program, you will be required to take a drug test and the First Class Flight Physical to demonstrate eligibility for employment as a Commercial Pilot.

Official college/university transcripts should also be sent to the Registrar's Office, Midland College, 3600 North Garfield, Midland, TX 79705 at this time to avoid any delays in financial aid processing once you have been accepted into the program. Your official high school transcript or GED scores and your financial aid transcripts must be on file before the Financial Aid Department can proceed with processing any financial aid.

**Please return the application packet to: Midland College
Professional Pilot Preparation Program
Attention: Deon Christensen, Director
3600 N. Garfield
Midland, TX 79705**

**APPLICATION TO REQUEST TRAINING
MIDLAND COLLEGE
PROFESSIONAL PILOT PREPARATION PROGRAM
3600 N. GARFIELD
MIDLAND, TX 79705**

Prospective trainees will receive consideration without discrimination
due to race, creed, color, sex, age, or nation origin

PERSONAL INFORMATION

(PLEASE TYPE)

Last Name	First	MI	Date
Street Address			Home Phone
City,	State	Zip Code	Business Phone
Are you legally eligible to be employed in the United States? [] Yes [] No			FAX
Apart from absence of religious observance, are you available for full-time training?			Social Security No.
When will you be available to begin training?		Circle One	Fall Spring Summer Year _____
How did you learn about the program?			Height _____ Weight _____

OFFICE USE ONLY

EDUCATION

Do you have a GED? [] Yes [] No
 Did you graduate from high school? [] Yes [] No Year _____
 Name of High School/Location _____

College, University, or Other	Location	Major	Dates of Attendance	Year Graduated	Degree Granted

EMPLOYMENT HISTORY

Please give accurate, complete employment information. Begin with your present or most recent employer.

Name of Employer	Telephone No. (Include Area Code)
Complete Address	Employed from _____ to _____
Name of Supervisor	Weekly Pay Start _____ Last _____
Job Title/Description	Reason for Leaving

Name of Employer	Telephone No. (Include Area Code)
Complete Address	Employed from _____ to _____
Name of Supervisor	Weekly Pay Start _____ Last _____
Job Title/Description	Reason for Leaving

Name of Employer	Telephone No. (Include Area Code)
Complete Address	Employed from _____ to _____
Name of Supervisor	Weekly Pay Start _____ Last _____
Job Title/Description	Reason for Leaving

Name of Employer	Telephone No. (Include Area Code)
Complete Address	Employed from _____ to _____
Name of Supervisor	Weekly Pay Start _____ Last _____
Job Title/Description	Reason for Leaving

BACKGROUND CHECK CONSENT

I have made application to the Professional Pilot Preparation Program for enrollment consideration and wish to have them advised of my record concerning employment or education. I authorize disclosure of any information related to my tenure including, but not limited to position(s) held, dates of employment, salary/wage, job performance, punctuality, and/or disciplinary actions. I also authorize you to offer such opinions or other information as you deem appropriate in your sole discretion. A photocopy of this document shall be deemed to be an original for the purposes of granting consent.

Applicant's Signature	Date
Printed Name	Social Security No.

MILITARY EXPERIENCE

Did you serve in the U.S. Armed Forces? [<input type="checkbox"/>] No [<input type="checkbox"/>] Yes	If yes, please describe your duties and any special training:
Branch of Service	
Period of Active Duty From _____ To _____	
Rank at Discharge	
Date of Final Discharge	

PERSONAL INFORMATION

Are you over 18 year of age? [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No
Name, Address, Relationship, and telephone number of individual to contact in case of emergency:
Name, address, and telephone number of a contact (relative, friend, neighbor) who will most always know how to contact you:
State names of relatives and friends working for Pro-Focus or a subsidiary (spouse not included)
Do you have a valid driver's license? [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No Drivers License No. _____ State _____ Expiration Date _____ Number and type of moving violations within the last 3 years:
Has your driver's license ever been suspended? [<input type="checkbox"/>] Yes [<input type="checkbox"/>] No If yes, give details, including when, where, and for what reason
Please list any special skills:

REFERENCES

Name	Complete Address	Area Code & Phone No.
1.		
2.		
3.		
4.		

PERSONAL INFORMATION CON'T.

Are you willing to relocate (Explain restrictions) Yes No

Locality preferred: _____

How soon would you be able to attend training?

Have you ever been treated or advised to seek treatment for a drug or alcohol problem? Yes No

If so, When?

Where?

By Whom?

Are you currently receiving treatment?

What is the nature of your treatment?

Have you ever been charged with or convicted of possessing or selling illegal or unauthorized drugs or other mind-altering substances?

Yes No

If so, state the crime with which you were charged. Where were you charged?

What was the disposition of the charge and/or the sentence imposed?

What was the date you were released from supervision or custody?

Do you wear glasses Contacts Uncorrected vision: Left Eye ____ Right Eye ____

Date of Birth (if under age 21)

FINANCIAL PLANNING

The average cost for flight training is \$46,000. Explain how you plan to finance this expenditure. Check the appropriate information.

Completed Federal Financial Aid Application.

Applied for Private Loans. (List Types)

Family Assistance

Scholarship Applications

Savings

Stocks/Bonds

Other (Describe) _____

AERONAUTICAL EXPERIENCE

FLIGHT CERTIFICATES AND RATINGS HELD:

- | | |
|--|---|
| <p><input type="checkbox"/> Student</p> <p><input type="checkbox"/> Recreational</p> <p><input type="checkbox"/> Private Pilot Airplane Single Engine Land</p> <p><input type="checkbox"/> Private Pilot Airplane Multi-engine Land</p> <p><input type="checkbox"/> Instrument Rating</p> <p><input type="checkbox"/> Commercial Pilot Airplane Single Engine Land</p> | <p><input type="checkbox"/> Commercial Pilot Airplane Multi-engine Land</p> <p><input type="checkbox"/> Certified Flight Instructor</p> <p><input type="checkbox"/> Certified Flight Instructor Instrument</p> <p><input type="checkbox"/> Certified Flight Instructor Multi-engine</p> <p><input type="checkbox"/> Airline Transport Pilot</p> <p><input type="checkbox"/> Other _____</p> <p>_____</p> <p>_____</p> |
|--|---|

TOTAL FIXED WING FLIGHT HOURS:

Check any that apply: (List certificates held next to the category).

- Glider _____
- _____
- Rotor / craft _____
- _____
- Lighter-Than-Air _____
- _____

TOTAL ROTARY WING FLIGHT HOURS:

REGENCY OF FLIGHT EXPERIENCE:

How many hours logged in the last

- 30 days _____ 60 days _____
- 6 months _____ 12 months _____

LIST THE TYPES OF AIRCRAFT FLOWN:

DESCRIBE ANY AIRCRAFT ACCIDENTS, INCIDENTS, OR VIOLATIONS. (A COPY OF YOUR FAA ACCIDENT/INCIDENT IS REQUIRED).

FAA 1ST CLASS MEDICAL EXPIRATION DATE: _____

Please review the basic qualifications before returning this application. Provide all the information requested on the application. Applications which do not meet basic qualifications or which are incomplete will be returned. Applicants who are not accepted into the Professional Pilot Preparation program may not reapply.

- ø Minimum age of 21 upon completion of the 19 month training program to be considered for a job interview.**
- ø Height sufficient to operate all controls in the aircraft.**
- ø Weight in proportion to height.**
- ø Must be legally employable in the United States**

Please contact our office if you have any questions regarding the above.

SELECTION FACTORS

The following factors will be considered when selecting applicants:

1. General academic ability as determined by analysis of high school and/or college performance.
2. A psychological profile compatible with acceptable airline standards for pilots.
3. Health of applicant as determined by his/her ability to pass a First Class Flight Physical.
4. Applicant's ability to read, write, and speak English fluently.
5. The applicant's ability to finance the educational expense of the program.
6. Ability to schedule flight training any day of the week.
7. Driving history will be reviewed.

APPLICANT SIGNATURE

The information provided in this application for training is true, correct, and complete. If accepted, I understand any falsification or omission of fact on this application may result in dismissal.

I understand that acceptance of an offer for training does not create a contractual obligation with the Professional Pilot Preparation Program to employ me in the future. I understand the terms of training will be AT WILL which means that I may quit my training at any time with or without reason or that I may be removed from the program at any time with or without reason.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained, you must provide, at my request, the name and address of the agency so that I may obtain from them the nature and substance of the information contained in this report.

Applicant Signature

Date