



AIR Inc. PILOT NEW-HIRE SURVEY

Please complete this form and return it to AIR, Inc. Fax TOLL-FREE to 800 AIR-FAXS (800 247-3297) after your interview.
Thank you for your support.

Today's Date: _____

Name: _____ Phone #: _____ E-mail: _____

Airline: _____ Class Date: _____

Aircraft Crew and Position: _____

PROFESSIONAL INFORMATION:

Breakdown of Hours:

Total Time: _____ Jet: _____ Turboprop: _____ Turbine PIC: _____

Turbine: _____ PIC: _____ FE: _____ ME: _____

Certificates and Ratings—check all that apply:

Licenses/Ratings: ATP COMM INST ME SE FE FEw ATPw CFI CFII MEI

Type Ratings List aircraft: (all) _____

Other _____

Age: _____ Vision uncorrected: _____ Corrected: _____

Education Level: HS AA AS BA BS MA MS Other _____

Degree Earned: (i.e. Professional Aviation, etc.) _____

Background:

Military (branch) _____ Civil 121 135 141 Corporate Regional Instructor Other _____

Primary aircraft flown: _____

AIR, Inc. member since: (year) _____

Phone number where you can be reached: _____

Address change: _____

NOTES:

Please fax this form back to us toll-free at 800 247-3297.

If you need additional copies, this form is also available on the Internet at www.jet-jobs.com.