



18260 Edison Avenue, Suite A
 Chesterfield, MO 63005
 Phone: 636.735.2222 Fax: 636.735.2223

PILOT APPLICATION (COMPLETE ENTIRE FORM)

PILOT HISTORY		
NAME:		PHONE:
ADDRESS:		E-mail:
CITY:	STATE:	ZIP:
MEDICAL CLASS:		MEDICAL EXPIRATION:
PILOT'S CERTIFICATE #:		Willing to Relocate: Yes No
CURRENT TYPE(S) AIRCRAFT FLYING:		
HOURS IN AIRCRAFT(S) IN LAST 12 MONTHS:		
HOURS IN AIRCRAFT(S) IN LAST 6 MONTHS:		
HOURS IN AIRCRAFT(S) IN LAST 90 DAYS:		

If the answer to question 1-8 is yes, an explanation is required at the bottom of page 2.	YES	NO
1. Have you ever had any aircraft accidents or incidents?		
2. Have you ever been charged or convicted of a misdemeanor or felony?		
3. Have you ever been cited for violations of civil/military aviation regulations?		
4. Are you flying subject to limitations or a waiver?		
5. Has your driver's license ever been suspended or revoked?		
6. Have you ever been arrested for operating a vehicle while under the influence of alcohol or drugs?		
7. Have you ever failed an alcohol or drug test at a previous employer?		
8. To the best of your knowledge, is there anything that would cause you to fail the required TSA background and security check?		
9. Do you have previous 135 experience? (<i>explanation not required</i>)		
10. Do you have previous 121 experience? (<i>explanation not required</i>)		

CERTIFICATES / RATINGS					
Indicate all certificates you currently hold:					
	Student		ATP		Single Engine Land
	Private		Instructor		Multi Engine Land
	Commercial		Instrument Rating		ATP Written (if no ATP)
List all aircraft type ratings you currently hold (include SIC type ratings):					
Aircraft Type:	Total Time in Type:	Total PIC Time in Type:	Date/Location of Last Training:		

Education				
Highest level of Education completed:	High School		Bachelors Degree	
	Masters Degree		PhD	
Name of high school attended:				
Name of College attended:				

Employment History (past 10 years)				
From: (Month/Year)	To: (Month/Year)	Name of Company:	Position Held:	Type(s) of aircraft flown:

Compensation	
Position Applying for (Captain/First Officer - Aircraft Type):	
Min Salary you would accept for this position:	
Current average annual flight hours:	
Title/Position with current employer:	
Have you applied to SpiritJets in the past: If so, when:	
Referred by: (employee's name, website, etc):	

To the best of my knowledge, the facts set forth in my application for employment are true and complete. I understand that if considered for employment, any false statement may result in my failure to receive an offer or if I am hired, my termination of employment. I also understand that any offer of employment extended to me is contingent on successfully completing and passing the required training, pre-employment drug screening, maintaining a first class medical and passing all background checks required for the position, including, but not limited to: Criminal History Background, Identity, National Driver Register, FAA, Air Carrier Records, DOT Drug Screening, TSA.

Name of Applicant: _____

Date: _____

Explanation for answering "yes" on Questions 1-8
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