

FLIGHT INSTRUCTOR QUESTIONNAIRE

Candidate Name _____

Attach Resume _____

Are You a United States Citizen _____

FAA Medical Class _____ Expiration Date _____

Flight Training

Rating	Flight School	Campus Location	141/61	Start Date	Completion Date	Knowledge Test Grade	Flight Test Date	Flight Test Number of Attempts
Private Pilot								
Instrument Rating								
Commercial Pilot								
CFI								
CFII								
MEI								
ATP								

Aircraft Flown and Hours

Aircraft	Model	Analog/G1000	Hours Flown

Please Note: Ocean Aviation requests permission to review Pilots Record Database. Approved by (signature) _____ Date _____

Mandatory Preemployment and Mandatory Random Drug Testing required