



MONCTON FLIGHT COLLEGE

1719 Champlain St. Dieppe NB Canada Tel: 506-857-3080 FAX 506-857-9469

Employment Application* Transmit to fax# above—attention of
 Craig Prosser Director Human Resources or by Email: cprosser@mfc.nb.ca

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	Prov.	Postal Code	
Phone	E-mail Address		
Date Available	Social Ins. No.	Desired Salary	
Position Applied for			
Are you a Canadian citizen?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in Canada? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Diploma
College/ University		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list two professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT										
Company						Phone ()				
Address						Supervisor				
Job Title			Starting Salary			\$		Ending Salary \$		
Responsibilities										
From		T O	Reason for Leaving							
May we contact your previous supervisor(s) for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>				
Company						Phone ()				
Address						Supervisor				
Job Title			Starting Salary			\$		Ending Salary \$		
Responsibilities										
From		T O	Reason for Leaving							
AVIATION EXPERIENCE (FLT INSTRUCTOR)				Licenses & Endorsements		CPL <input type="checkbox"/> IFR <input type="checkbox"/> MUL <input type="checkbox"/> ATPL <input type="checkbox"/>		Instructor Rating		Country of Issue
						Class: 1 2 3 4				
Total Flying Hours _____		Tot Multi-Eng Hrs _____		Aircraft Type Checks:						
Total IFR (last 24 months) _____		Class I Medical Expiry _____		Instructor Hours		A/C _____		G/S _____		
Other related certifications:										
AIRCRAFT MAINTENANCE ENGINEER (AME) CANADA			Licenses	M1 <input type="checkbox"/>	M2 <input type="checkbox"/>	Apprentice <input type="checkbox"/>	Years to License _____			
Licensed Experience _____ yrs		Experience Type :		DA20 <input type="checkbox"/>	Cessna <input type="checkbox"/>	Piper <input type="checkbox"/>	Beechcraft <input type="checkbox"/>	Other _____		
Other related certifications:										
Additional Information:										
DISCLAIMER AND SIGNATURE										
I certify that my answers are true and complete to the best of my knowledge.										
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.										
Signature						Date				

* All information in this application shall be treated as confidential.