

# Higher Ground Helicopters of Cincinnati, LLC.



## Flight School Application

All information must be completed. Any blanks may cause a delay in the processing of this application. All information must be legible. If any space provided does not apply to you, please write N/A. Type or print all answers.

### How Did you hear about us?

Radio? Y or N , if so which station \_\_\_\_\_ . Ad in paper? Y or N , if so which paper: \_\_\_\_\_ .  
Other: \_\_\_\_\_ .

Did you attend one of our career seminars? Y or N. If so where/ when \_\_\_\_\_ .

### Which program/ rating are you most interested in obtaining:

Private Rotorcraft \_\_\_\_\_ Commercial Rotorcraft \_\_\_\_\_ CFI Rotorcraft \_\_\_\_\_

Complete Professional Helicopter Career Program (Private, Commercial & CFI) \_\_\_\_\_

Private Rotorcraft Ad-on \_\_\_\_\_ Commercial Rotorcraft Ad-on \_\_\_\_\_ CFI Rotorcraft Ad-on \_\_\_\_\_

### Applicant Name and Contact Information:

Full Name: \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address (No P.O. Boxes): \_\_\_\_\_

City/ State/ Zip \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mailing Address (if different from street address) \_\_\_\_\_

City/ State/ Zip \_\_\_\_\_ Drivers License Number \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

How long at current Address? \_\_\_\_\_ Years \_\_\_\_\_ Months Own \_\_\_\_\_ Rent \_\_\_\_\_ Other \_\_\_\_\_

Landlord/ Mortgage Holder Name & Phone # \_\_\_\_\_

Monthly Mortgage/ Rent Amount: \_\_\_\_\_ Mortgage Balance \_\_\_\_\_

Approx. Home Value (if you own) \_\_\_\_\_ Gross Annual Income: \_\_\_\_\_

Please select one: US Citizen \_\_\_\_\_ Permanent Resident Alien \_\_\_\_\_ Other \_\_\_\_\_

### Your Medical History

Do you have any history of medical problems that could interfere with a career in aviation? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Diabetes, Heart Condition, Vision Problem, Neck or Spinal Injury, History of Drug Abuse: \_\_\_\_\_

Other: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Have you ever been convicted of any violations of the law other than a minor traffic violation? Yes: \_\_\_ No: \_\_\_

If yes, give date, place of conviction, charge, and disposition of each case: \_\_\_\_\_  
\_\_\_\_\_

Have you ever had your driving privileges suspended or revoked? Yes: \_\_\_ No: \_\_\_

If yes, give the dates, and nature of the suspension: \_\_\_\_\_

*A conviction record will not necessarily bar you from enrollment, each case is considered individually.*

**Your  
Education  
and Training**

Do you have a High School Diploma or GED? Yes: \_\_\_ No: \_\_\_ Grad Date: \_\_\_\_\_

High School: \_\_\_\_\_ Dates Attended \_\_\_\_\_ to \_\_\_\_\_

College or other: \_\_\_\_\_ Dates Attended \_\_\_\_\_ to \_\_\_\_\_

Major Course of Study: \_\_\_\_\_ Degree earned: Yes: \_\_\_ No: \_\_\_

**Training  
Relevant to  
Aviation**

List any previous aviation experience including any ratings obtained and most recent activity:

Company/School: \_\_\_\_\_

Program/Course: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ to \_\_\_\_\_

Certificate # \_\_\_\_\_ Medical Date: \_\_\_\_\_

**List below your employment history beginning with your most recent position, all of your work experience, including military service.**

**Employment  
History**

Name and Address of Current Employer: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Your Job Title : \_\_\_\_\_

Employer Address: \_\_\_\_\_

Supervisors Name & Number: \_\_\_\_\_

Date of Employment: from \_\_\_\_\_ to \_\_\_\_\_ Gross Annual Income: \$ \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Your Job Title : \_\_\_\_\_

Employer Address: \_\_\_\_\_

Supervisors Name & Number: \_\_\_\_\_

Date of Employment: from \_\_\_\_\_ to \_\_\_\_\_ Gross Annual Income: \$ \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name and Address of Employer: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Your Job Title : \_\_\_\_\_

Employer Address: \_\_\_\_\_

Supervisors Name & Number: \_\_\_\_\_

Date of Employment: from \_\_\_\_\_ to \_\_\_\_\_ Gross Annual Income: \$ \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Please list below your flight availability during the week.**

**Flight  
Availability**

Monday: _____	If any time check here: ____ If none check here: ____
Tuesday: _____	If any time check here: ____ If none check here: ____
Wednesday: _____	If any time check here: ____ If none check here: ____
Thursday: _____	If any time check here: ____ If none check here: ____
Friday: _____	If any time check here: ____ If none check here: ____
Saturday: _____	If any time check here: ____ If none check here: ____
Sunday: _____	If any time check here: ____ If none check here: ____

**Please list two references and include complete addresses.**

**Personal  
References**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

**Please use the box below to list any personal accomplishments and special skills that you would like us to know about prior to your interview, including why you are interested in our program.**

**If you are applying for a student loan to fund your training, most lenders require you to have a co-signer. Please provide the following information for the co-signer. For co-signer requirements, contact the office for more information.**

**Co-Applicant's  
Information**

Full Name: \_\_\_\_\_  
Last First Middle  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street Address (No P.O. Boxes): \_\_\_\_\_  
City/ State/ Zip \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Mailing Address (if different from street address) \_\_\_\_\_  
City/ State/ Zip \_\_\_\_\_  
Drivers License Number \_\_\_\_\_ Relationship to Borrower: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
How long at current Address? \_\_\_\_\_ Years \_\_\_\_\_ Months Own \_\_\_\_\_ Rent \_\_\_\_\_ Other \_\_\_\_\_  
Landlord/ Mortgage Holder Name & Phone # \_\_\_\_\_  
Monthly Mortgage/ Rent Amount: \_\_\_\_\_ Mortgage Balance \_\_\_\_\_  
Approx. Home Value (if you own) \_\_\_\_\_ Gross Annual Income: \_\_\_\_\_  
Current Employer: \_\_\_\_\_ Position/Title: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Work Phone \_\_\_\_\_ How long: \_\_\_\_\_ years \_\_\_\_\_ months  
Other Income: \$ \_\_\_\_\_ Source: \_\_\_\_\_  
Previous Employer: \_\_\_\_\_ How Long: \_\_\_\_\_ years \_\_\_\_\_ months  
Please select one: US Citizen \_\_\_\_\_ Permanent Resident Alien \_\_\_\_\_ Other \_\_\_\_\_

**Co- applicants  
Personal  
Reference**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

By signing this application, you hereby acknowledge that the information contained herein is true to the best of your ability. Also, you give Higher Ground Helicopters of Cincinnati, LLC permission to process a student loan application on your behalf. If you do not wish to have the application ran for a loan, please indicate so on the front page of this application.

Signature of Applicant.

Date:

Signature of Co- Applicant

Date: