



Aviation Maintenance Training Application

Please Print

Full Name (last, first and middle initial) _____

Name Preferred: _____ SSN: _____ Date of Birth: _____

Gender: Female Male Ethnicity: Not Hispanic/Latino Hispanic/Latino

Race: Asian Black/African American American Indian/Alaska Native Native Hawaiian/Pacific Islander
 White

Mailing Address: _____

City _____ State _____ Zip _____ County _____

Day Telephone Number: () _____ - _____ Email: _____

Education: Please indicate which of the following best describes your level of education:

- | | |
|---|--|
| <input type="checkbox"/> 9 Less than High School | <input type="checkbox"/> 5 Post-secondary/vocational certificate (no degree) |
| <input type="checkbox"/> 1 High School degree | <input type="checkbox"/> 6 Associate's degree |
| <input type="checkbox"/> 2 GED or HSE | <input type="checkbox"/> 7 Bachelor's degree |
| <input type="checkbox"/> 4 Some College (no degree) | <input type="checkbox"/> 8 Graduate/Professional degree |

Employment Status:

- 1 Employed Retired 2 Unemployed

Employment Type:

- 1 Part Time 2 Full Time 3 Temporary 4 Seasonal

Are you physically able to climb? Yes No

Military Experience: Yes No Branch/Years of Service: _____

Do you need child care assistance? Yes No

Do you need transportation assistance? Yes No

Signature _____ Date _____

Other Certifications attached: _____

| |
|---|
| Shoe Size (D med width or EE wide width, ex 12 D or 12 EE): _____ Shirt Size: _____ |
|---|

| |
|----------------------------|
| For Office Use Only |
| Date of test _____ |
| CRC Scores |
| AM _____ |
| GL _____ |
| WD _____ |
| CRC Level _____ |

**Funding for this program is provided by Department of Labor Workforce Opportunities for Rural Communities
Mississippi Delta Community College reserves the right to cancel this training due to unforeseen circumstances.**

Mississippi Delta Community College does not discriminate on the basis of age, race, color, national origin, religion, sex, sexual orientation, gender identity or expression, physical or mental disability, pregnancy, or veteran status in its educational programs and activities or in its employment practices. The following person has been designated to handle inquiries regarding the non-discrimination policies: Dr. Steven Jones, Vice President of Administrative and Student Services, Stauffer-Wood Administration Building, Suite 119, Office 123, P. O. Box 668, Moorhead, MS 38761, 662-246-6304; EEOC@msdelta.edu.

Previous Work History (You may include a resume or additional pages to show complete work history)

Name of employer: _____ Dates of employment: From _____ To _____
City, State, Zip _____
Name of immediate supervisor _____
Give a brief description of what you did on the job: _____

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Mail application and supporting documents to:

MDCC / The Capps Technology Center
Attn: Aviation Maintenance Training
P.O. Box 668, Moorhead, MS 38761

or

Deliver to:

The MDCC Capps Technology Center
920 Hwy 82 West, Indianola, MS 38751
(West of the Dollar General Distribution Center)

Print Name

Mississippi Delta Community College Aviation Maintenance

Trainee Memo of Agreement

My initials and signature below indicates that I have read and do understand the following provisions regarding my participation in training through Mississippi Delta Community College.

___ I understand that I am voluntarily enrolled in a class of instruction to improve my skill or to learn a new skill so that I might qualify myself for a job.

___ I realize that I will not be paid as a student while in training; therefore there is no Worker's Compensation coverage during the training period.

___ I understand that I am responsible for any health issues or accident related incidents. There is no medical insurance associated with this training program. I will notify my instructor(s) of any accident the same day while training.

___ I understand that there is an attendance policy and tardiness policy - 3 absences are allowed if absolutely necessary. 3 tardies = 1 absence. Contact the lead instructor if you are late or absent.

___ I understand that to successfully complete the training and receive a Mississippi Delta Community College certificate, I must complete written tests as well as perform application exercises to identified standards, meet the attendance standard, and clear my MDCC account of any holds prior to graduation.

___ I am aware that my training may be terminated by the instructor or the supervisor of this training program if I am a detriment to the learning of others or if my behavior is a safety risk to myself or others during my training.

___ I understand that there will be no cell phones allowed in the classroom for use or charging.

___ I understand that by participating in this training program I am under no obligation to accept work with a specific employer. I know that taking part in this training does not mean that I will be offered a job. I also understand that at the conclusion of this training program I am free to accept or reject any offer of employment.

___ I understand that I am a guest on this campus and will abide by the rules of conduct

outlined by MDCC and this Trainee Memo of Agreement. I am subject to disciplinary sanction by the VP of Student Services Office should I violate any rules.

____ I understand that I will not be allowed to use any tools, climbing hooks, belts, etc. except those issued by the school. I am financially responsible for any lost items.

Signature

Please print your name

Date