



Aviation Maintenance Technician Training Program Application

This program is designed to prepare workers for the aviation industry.

Location: Mississippi Delta Community College, Moorhead, MS

Class dates: **To Be Announced**

Class times: 7:30 am – 4:00 pm, Monday – Thursday

Space is limited. Make sure your application is **complete and submitted** by the below deadline.

Applications will be accepted **April 15, 2024-May 30, 2024**
Incomplete and/or late applications will not be considered.

Cost for Training

Mississippi Residents (Following counties: Bolivar, Humphreys, Issaquena, Leflore, Sharkey, Sunflower, & Washington) Funding for the training is provided through the Mississippi Community College Board and the Mississippi Office of Workforce Development (AccelerateMS), and is only available for in-state residents. If the grants are not renewed, tuition will be your responsibility.

Admission Requirements

All aviation maintenance trainee applicants must:

- Be at least 18 years of age
- Earn a **National Career Readiness Certificate (NCRC) at the Silver Level**.
 - Testing for the NCRC is available, by appointment only, at the Capps Center in Indianola, other community colleges, and WIN Job Centers
 - **Applicants must earn the NCRC prior to the application deadline of May 30, 2024**
 - To pre-register for scheduling in Indianola, Cleveland, Greenwood, or Greenville, please complete the form at this link: <https://msdelta.formstack.com/forms/crc>.
If you do not live close to these locations, please contact your local community college and/or WIN Job Center.
- Be tested for the US Department of Transportation (DOT) / Federal Aviation Administration (FAA) 5-panel drug screen. Costs for the DOT/FAA drug screen are not reimbursable.
- Provide a copy of each of the following:
 - Official copy of high school diploma or accredited GED certificate OR latest college transcript
 - Negative test results from the DOT/FAA drug screen
 - Social Security card
 - NCRC, including results from each exam

***NOTE: It is the applicant's responsibility to ensure all documents are received. Failure to provide all documents will result in an INCOMPLETE APPLICATION. Applications received after **May 30, 2024** will not be considered.**

Mail Application to:

The Capps Technology Center
Attn: Aviation Maintenance Technician Program
P.O. Box 668
Moorhead, MS 38761



Aviation Maintenance Technician Training Program Application

Please Print Full Name (last, first and middle initial) _____

Preferred Name: _____ Last 4 of 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:

- Less than High School
- High School degree
- GED or HSE
- Some College (no degree)
- Post-secondary/vocational certificate (no degree)
- Associate's degree
- Bachelor's degree
- Graduate/Professional degree

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

Employment Status:

- Employed
- Retired
- Unemployed

Employment Type:

- Part Time
- Full Time
- Temporary
- Seasonal

- Are you physically able to stand, lie, and kneel in awkward positions and spaces? Yes No
- Are you physically able to perform work on scaffolding or ladders? Yes No
- Are you physically able to lift and pull objects weighing up to 70 pounds at a time? Yes No
- Do you have manual dexterity and physical strength necessary to operate tools and make repairs? Yes No
- Do you have visual acuity to inspect equipment and identify defects? Yes No
- Do you hear well enough to test sounds and identify functioning level of aircraft? Yes No
- Do you have the ability to read, write, speak, and understand English? Yes No
- Aviation Maintenance is a safety-sensitive function, so are you willing to submit to drug/alcohol testing? 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: _____

Funding for this program is provided by the US Department of Labor, Employment Training Administration, WIOA Dislocated Worker National Demonstration Grant Program. 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:

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 Technician Trainee
Memorandum of Agreement

My initials and signature below indicate 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 skills or to learn a new skill so that I might qualify for a job.

_____ I understand that I will not be paid (but receive an hourly stipend) as a student, so Worker's Compensation coverage is not required during the training period.

_____ I understand that there is no medical insurance or Workers' Compensation associated with this training program.

_____ I understand that there is an attendance policy and tardiness policy:

- three (3) absences allowed only if absolutely necessary
- three (3) tardies equals one (1) absence

Contact the lead instructor if you are going to be 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 required training exercises to meet industry standards, meet the attendance standards, and clear my Mississippi Delta Community College account of any holds prior to graduation, if applicable.

_____ 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 training.

_____ I understand that cell phones are not allowed in the classroom for use or charging. Emergency calls for students may be directed to the administrative office of The Capps Center, (662) 887-2876.

_____ 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 Mississippi Delta Community College and this Trainee Memorandum of Agreement. I also understand I am subject to disciplinary sanction by the Vice President of Administrative and Student Services should I violate any rules.

_____ I understand that I am not allowed to use any tools, except those issued by the school, and that I am financially responsible for any lost items.

Signature

Please print your name

Date