FLIGHT TEST PILOT Supplemental Questionnaire

to

N/	AME:	:				DATE:			
SS	SN:								
		circle the correct response a line your eligibility for Flight T				on requested. This	s informatior	n will be	used
1.	l ha	ave a degree in engineering f	from a	an accre	dited colleg	e or university.		Yes	No
	Scl	hool:	De	egree:		_ Date:			
2.		m a graduate of a full-term fliq onth/year) for the school you			school. If ye	es, provide gradua	tion date	Yes	No
	a.	Britain	d.	Patuxer	nt River NA	гс			
	b.	Edwards AFB	f.	Russia					
	C.	France	g.						
	d.	NTPS (1 year)	_	S	(chool Name/Gra	duation Date)			
3.		ave airplane flight test pilot ex ot hours.	xperie	nce. If	yes, list the	number of airplan	e flight test	Yes	No
	a.	Aircraft over 12,500 lb.							
	b.	Aircraft under 12,500 lb							
4.		ave airplane pilot-in-comman				rith the following ty	pes of	Yes	No
	a.	Turbo fan engines							
	b.	Turbo jet engines							
	C.	Turbo prop engines		 					
5.		ave airplane flight test pilot exes, list the number of flight ho		nce in a	ircraft with	the following types	of engines.	. Yes	No
	a.	Turbo fan engines							
	b.	Turbo jet engines							
	c.	Turbo prop engines							

6.	I have helicopter flight test pilot experience. If yes, list the number of helicopter flight test pilot hours.					
	a.	Helicopter over 12,500 lb.				
	b.	Helicopter under 12,500 lb				
7.		m currently a flight test pilot. If no sition.	t, list the date you last held a flight test pilot	Yes	No	
	Mc	onth/Year				
8.	l h	ave flight test experience in transp	ort aircraft.	Yes	No	
9.	l h	ave held the position of flight test p	pilot in civilian industry.	Yes	No	
10.	D. I have been involved as a flight test pilot in the type certification (TC) of the following Federal Aviation Regulations:					
	a.	FAR 23 (Airplane)	c. FAR 27 (Helicopter)			
	b.	FAR 25 (Airplane)	d. FAR 29 (Helicopter)			
11.	. I have managed a flight test organization. I managed the following number of employees:					
	a.	1-5	d. 21-30			
	b.	6-10	e. 31 or more			
	C.	11-20				
12.	. I have served as a group or team leader over flight test project(s) involving aircraft redesign, reengineering, critical modifications, airworthiness, etc. lasting 4 months or more. The team included the following number of members:				No	
	a.	1-5	d. 21-30			
	b.	6-10	e. 31 or more			
	C.	11-20				
13.		ave worked on cross-organization ssion aircraft.	al projects involving multi-service aircraft or multi-	Yes	No	
14.	I. I have worked with designers and/or manufacturers' representatives on projects involving new or critically modified aircraft. The project(s) lasted				No	
	a.	0-6 mo	c. 13-24 mo			
	b.	7-12 mo	d. 25 or more mo			

15. I am or have been a member of an aviation organization; e.g., Society of Experimental Test Pilots, Society of Flight Test Engineers, etc.					Yes	No		
16.	6. I have served as a chapter or national officer of such an aviation organization.					No		
 I have received significant recognition, such as an award, from an aviation organization. I was recognized primarily for 						No		
	a.	Program/project management						
	b. Team participation on a program/project							
	c.	Technical aspects of flight test operations						
	d.	Other (Specify)						
GEOGRAPHIC CODE LIST								
	Please mark all of the locations where you would like to be considered for employment. You will only be eferred for employment consideration for the locations you select.							
_ _	Atla Chi Wid	ng Beach, CA anta, GA icago, IL chita, KS rlington, MA	_ _ _	Kansas City, MO Long Island, NY Fort Worth, TX Seattle, WA				

PRIVACY ACT AND PUBLIC BURDEN STATEMENT

Public Law 104-50 allows the Federal Aviation Administration (FAA) to rate applicants for employment. We need the information on this application questionnaire to see how well your education and work skills qualify you for employment with the FAA. We also need information on matters such as citizenship and military service to see whether you are affected by laws we must follow in deciding whom the Federal government may employ.

Executive Order 9397 authorizes the solicitation of your Social Security Number (SSN) for use as an identifier in personnel records management to assure proper identification of applicants throughout the selection and employment process. The information we collect on this questionnaire, including your SSN, will be used for employment purposes, and it may also be used for statistical studies or computer matching with other government files. Furnishing your SSN or any of the other information requested in the vacancy announcement is voluntary; however, failure to provide this information will prevent the processing of your application and will prevent your consideration for employment. The nature of the information received is confidential, and authorized officials will handle it appropriately. This information becomes part of a Privacy Act System of Records as identified in 5CFR 552a, under OPM/GOVT-1: General Personnel Records.

We estimate it will take you 30 minutes or less to complete this form, including the time required to read the instructions, provide the requested information, and review your responses. Send comments regarding this estimate or any other aspect of the collection of information, including suggestions for reducing the burden, to the Federal Aviation Administration, Assistant Administrator for Human Resource Management, 800 Independence Avenue, SW, Washington, D.C. 20591.