



## Aviation Maintenance Technician Training Program Application

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

**Location:** MDCC Capps Technology Center, Indianola, MS

**Class dates:** To Be Announced

**Class times:** 9:00am-4:00pm Friday-Sunday

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

**Applications will be accepted on a continual basis**

**Incomplete applications will not be considered.**

### Cost for Training

**Only Mississippi Residents in the following counties making up the MDCC District: 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**
  - 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 High School Equivalency (HSE)
  - 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.**

#### **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: \_\_\_\_\_ 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"/> Less than High School         | <input type="checkbox"/> Post-secondary/vocational certificate (no degree) |
| <input type="checkbox"/> High School degree            | <input type="checkbox"/> Associate's degree                                |
| <input type="checkbox"/> High School Equivalency (HSE) | <input type="checkbox"/> Bachelor's degree                                 |
| <input type="checkbox"/> Some College (no degree)      | <input type="checkbox"/> Graduate/Professional degree                      |

**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: \_\_\_\_\_

**For Office Use Only**

Date of test \_\_\_\_\_

**CRC Scores**

AM \_\_\_\_\_

GL \_\_\_\_\_

WD \_\_\_\_\_

CRC Level \_\_\_\_\_

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

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

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<b>City, State, Zip</b> _____	
<b>Name of immediate supervisor</b> _____	
<b>Give a brief description of what you did on the job:</b> _____	
_____	
_____	

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

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

**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 Workers' 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