| uno aviation institute internship Application |
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| Applicant Information |
| Name: | Date: |
| Phone: | Cell: | E-Mail: |
| Current address: |
| City: | State: | ZIP Code: |
| Internship Preference |
| Please rank order the Internship opportunities with 1 being the most important. If you do not meet the flight certificate qualifications please leave it blank. We will make every effort to place you in your top choice. By filling out this application you are NOT guaranteed an Internship |
| **Internship Provider** | **Rank (1-9)** |  |
| Transportation Security Administration |  | Transportation and airport security |
| Jet Linx Aviation Flight Operations Center |  | Charter, membership, and aircraft management |
| Omaha Police Department Air Support Unit**This opportunity is not offered every semester.** |  | Operations and ground support |
| Nebraska Department of Aeronautics |  | State aviation, airport planning, & nav aids |
| Midwest Aviation (Kiewit Corporate Flight Department)**This opportunity is not offered every semester.** |  | Corporate flight department |
| Strategic Air and Space Museum |  | Marketing and education outreach |
| Omaha Airport Authority Communications Center |  | Airport operations & emergency response |
| Burke High School Aeronautics and Space Science Program**Must be a CFI candidate for this opportunity.** |  | Private Pilot Ground School Teaching Assistant |
| Omaha Airplane Supply |  | Aviation parts supplier for fleet operators, maintenance facilities, overhaul facilities, and aircraft manufacturers. |
| Semester |
| Select the semester you are applying for: |
| Fall □ | Spring □ | Summer □ |
| Degree Program Information |
| Class Standing (During the semester in which you are applying for) |
| Junior □ | Senior □ | Graduate Student □ |
| Declared Major |  |
| Declared Minor (If Applicable) |  |
| **Students must be a declared aviation major or minor in order to be accepted into the internship program.** |
| Comments or additional informaiton |
|  |
| Emergency Contact |
| Name of a relative not residing with you: |
| Address: | Phone: |
| City: | State: | ZIP Code: |
| Relationship: |
| Signature |
| I affirm that the information I listed above is true and correct, and understand that any deliberate misrepresentation could result in my dismissal or disqualification from the internship program. |
| Signature of applicant: | Date: |
| Print Name: |   |