

# UNO AVIATION INSTITUTE INTERNSHIP APPLICATION

## 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)	Description
Transportation Security Administration		Transportation and airport security
Jet Linx Aviation Flight Operations Center		Charter, membership, and aircraft management
Omaha Police Department Air Support Unit <b>This opportunity is not offered every semester.</b>		Operations and ground support
Nebraska Department of Aeronautics		State aviation, airport planning, & nav aids
Midwest Aviation (Kiewit Corporate Flight Department) <b>This opportunity is not offered every semester.</b>		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 <b>Must be a CFI candidate for this opportunity.</b>		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 <input type="checkbox"/>	Spring <input type="checkbox"/>	Summer <input type="checkbox"/>
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## DEGREE PROGRAM INFORMATION

Class Standing (During the semester in which you are applying for)

Junior <input type="checkbox"/>	Senior <input type="checkbox"/>	Graduate Student <input type="checkbox"/>
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 INFORMATION

## 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:
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Print Name: