

# Teterboro School of Aeronautics

## Application for Admission

Please Fill Out Completely

### Student Data

LAST NAME		FIRST	MIDDLE	AGE		DATE OF BIRTH	
ADDRESS: STREET		CITY	STATE	ZIP CODE	<input type="checkbox"/> Board <input type="checkbox"/> Rent <input type="checkbox"/> Own Home	HOME PHONE	
WORK PHONE		CELL PHONE		MARITAL STATUS		SOCIAL SECURITY NUMBER	
<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed		DRIVER'S LICENSE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Own Car		EMAIL ADDRESS		GENDER	
ETHNICITY (Survey for US Department of Education) <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input type="checkbox"/> Nonresident Alien <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White		<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Unknown		CITIZENSHIP <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Non-U.S. Citizen	
SPOUSE'S NAME		SPOUSE'S OCCUPATION		COMPANY		PHONE	
NEAREST RELATIVE'S NAME		NEAREST RELATIVE'S OCCUPATION		COMPANY		PHONE	
HAVE ANY OF YOUR FRIENDS OR RELATIVES ATTENDED THIS SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No		NAME OF FRIEND/RELATIVE WHO ATTENDED THIS SCHOOL?		HOW DID YOU LEARN ABOUT US? <input type="checkbox"/> Internet <input type="checkbox"/> Newspaper <input type="checkbox"/> TV <input type="checkbox"/> Other <input type="checkbox"/> Friend <input type="checkbox"/> Billboard <input type="checkbox"/> Telemarketing <input type="checkbox"/> Radio <input type="checkbox"/> Mailing		TRANSPORTATION <input type="checkbox"/> Car <input type="checkbox"/> Ride Share <input type="checkbox"/> Public <input type="checkbox"/> Other	
AVAILABILITY DATE		INTENDED PROGRAM OF STUDY		HOBBIES & INTERESTS			

### Military Service

<b>YOU MUST ANSWER EACH OF THE FOLLOWING QUESTIONS COMPLETELY:</b>		ARE YOU A VETERAN? <input type="checkbox"/> Yes <input type="checkbox"/> No	REGISTERED FOR SELECTIVE SERVICES <input type="checkbox"/> Yes <input type="checkbox"/> No (males only)	IS YOUR SPOUSE OR PARENT ON ACTIVE MILITARY DUTY OR A VETERAN? (You might be eligible for free tuition!) <input type="checkbox"/> Yes <input type="checkbox"/> No
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### Level of Education

EDUCATION	NAME OF SCHOOL	LOCATION (City, State)	DATES ATTENDED FROM TO	YRS COMPLETED	GRADE AVG.	DEGREES TITLE	GRAD- UATED	MAJOR OR SUBJECTS
HIGH SCHOOL							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED	
COLLEGE/UNIVERSITY/OTHER							<input type="checkbox"/> Yes <input type="checkbox"/> No	

### Employment

START WITH PRESENT OR MOST RECENT POSITION HELD INCLUDING MILITARY EXPERIENCE.

FROM (Month, Year)	COMPANY NAME	ADDRESS	CITY	STATE	ZIP CODE
TO (Month, Year)	POSITION, TITLE OR RATING	INDUSTRY OR PRODUCTS	SUPERVISOR NAME	SUPERVISOR TITLE	SUPERVISOR PHONE

DUTIES

FROM (Month, Year)	COMPANY NAME	ADDRESS	CITY	STATE	ZIP CODE
TO (Month, Year)	POSITION, TITLE OR RATING	INDUSTRY OR PRODUCTS	SUPERVISOR NAME	SUPERVISOR TITLE	SUPERVISOR PHONE

DUTIES

FROM (Month, Year)	COMPANY NAME	ADDRESS	CITY	STATE	ZIP CODE
TO (Month, Year)	POSITION, TITLE OR RATING	INDUSTRY OR PRODUCTS	SUPERVISOR NAME	SUPERVISOR TITLE	SUPERVISOR PHONE

DUTIES

REFERENCES	OCCUPATION	COMPANY	ADDRESS	PHONE

\*Attach resume if available

"I and the school agree to submit any claims arising out of your association with the school or any aspect thereof, including disputes concerning alleged civil rights violations, to binding arbitration. Except where prohibited by law, covered disputes must be brought on an individual basis only, and arbitration of any and all disputes may only be brought on an individual basis as the exclusive remedy under this Policy. Neither I nor the school may submit a multi-student- person, class, collective or representative action of any claim(s) related to my association with the school or of other students to arbitration, and arbitrators selected to hear disputes shall not have the authority to hear and decide such class disputes. I may not participate as a member or representative in any multi-plaintiff, class, collective or representative action against the Company arising out of my association with the school, and are not entitled to any recovery in such an action in any forum. If at any time I am made a member of a class in any proceeding against the school arising out of my association with the school I will "opt out" at the first opportunity, and should any third party pursue any claims on my behalf, I agree to waive my right to any monetary recovery related to such claims.

Similarly, the school will not: (1) consolidate or seek to consolidate any claim(s) it may have against you with the claim(s) of any other individuals; (2) seek class or collective action treatment for any claim against you; and/or (3) participate in any class or collective action against you or against any persons or entities associated with you. If at any time the Company is made a member of a class in any proceeding against you, it will "opt out" at the first opportunity, and should any third party pursue any claims on the Company's behalf, the Company agrees to waive its right to any monetary recovery related to such claims.

Nothing herein limits my rights and the rights of others collectively to challenge the enforceability of this Agreement, including the class/collective action waiver. Notwithstanding, the Company will assert that I have agreed to pursue all claims individually in arbitration and may ask a court to compel arbitration of each individual's claims. To the extent the filing of such an action is protected concerted activity under the National Labor Relations Act, such filing will not result in any adverse action by the school against me.

This Arbitration Policy shall be interpreted and enforced in accordance with the laws of the Commonwealth of Virginia. Any and all disputes arising under, subject to, or relating to this Arbitration Policy shall be brought by either the student or the school exclusively in the U.S. Federal District Court having jurisdiction over the school and in which jurisdiction that School is located. Such Federal District Courts shall have exclusive jurisdiction to decide all issues concerning any and all provisions of this Arbitration Policy."

All of the above information is accurate and correct to the best of my knowledge. I hereby authorize the school or it's agent to communicate with any person, credit reporting agency, firm or corporations, including my employer, in respect to my suitability to attend school. Further, by submitting this application, I give consent that TSA (Teterboro School of Aeronautics) or its agents, may contact me via email, phone (both mobile or home, dialed or automatically), or other means regarding programs, offers and general information about our school as part of our Privacy Policy.

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

(2/15/16)