



Flight Crews Unlimited
2903 Tahoe Lane, Spring Grove, Illinois 60081
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info@flightcrews.com - www.flightcrews.com

FA Information Record

DATE _____

FULL NAME _____

HOME PHONE _____

CELLULAR NUMBER _____

FAX NUMBER _____

E-MAIL ADDRESS _____

ARE YOU CURRENTLY EMPLOYED FULL TIME? YES _____ NO _____

IF SO, MAY WE CONTACT YOU AT YOUR WORK NUMBER? YES _____ NO _____

WORK NUMBER _____

PASSPORT NUMBER _____

PASSPORT EXPIRATION DATE _____

PLACE OF BIRTH (OVERFLIGHT EXEMPTION USE) _____

DATE OF BIRTH _____

HEIGHT _____

WEIGHT _____

EYE COLOR _____

HAIR COLOR _____

PLEASE LIST DOMICILE AIRPORT PREFERENCES: _____

ADDITIONAL INFORMATION REQUESTED:

Training Certification: Please continually update all Training Certification received

References: Please provide references with whom you have provided services

Sign and submit to Flight Crews via e-mail: teri@flightcrews.com

Signature: _____