

Instructor/Range Aide Application

Motorcycle Rider Program 1435 Douglas Drive Carbondale, Illinois 62901 Phone: 618-453-2877 Fax: 618-453-2879 www.mrp.siu.edu

Date						
1. Position applying for:	Instructor	Range Aide				
2. Personal Information						
Name						
Address						
City						
State						
Zip						
Primary Phone		Cell	Home	Work	Other	
Secondary Phone		Cell	Home	Work	Other	
E-mail Address						
Birth Date						
Occupation						
Employer						
3. Education						
Δ	lame of School and Degree,	/Major (list belo	<u>w)</u>			
High School/GED				Complete	Attending	N/A
College/University				Complete	Attending	N/A
Professional School				Complete	Attending	N/A
Highest Grade Level Comple	eted					
Do you plan to be an SIU stu	udent in the near future?	Yes	No			
If you are a student when d	o you plan on graduating?					
Do you plan to be or are yo	u a graduate student?	Yes	No			

List Other Certificates, Degrees, or Specialized Training:



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4. Riding Experience								
Do you currently ride a motorcycle	Yes No							
How many years have you been riding?	,							
What type of motorcycle do you own?								
What type of riding do you currently do	o? Commuting	Touring	Off-Road					
Have you ever been involved in competitive motorcycle racing? Check all that apply:								
Motocross Enduro Trials	Dirt Track Off-Road	d Road Racing	Drag Racing					
When you ride, do you wear protective riding gear? If yes, check applicable items below.								
Helmet Jacket Gloves	Long Pants Boots							
If you were hired as an Instructor or Range Aide, would you be willing to wear the protective gear listed above every time you ride? Yes No								
5. Driver's License								
Do you have a valid license Yes	No	License Nur	nber					
How many years have you had a motorcycle License?								
Have you had any moving violations/DU	I in the past 3 years?	Yes No	How many?					
Have you ever had your license revoked If yes, when?	d/suspended? Why?	Yes No						
6. Have you ever been convicted of a for the set of the	elony?	Yes No						
7. Illinois Cycle Rider Safety Training Program								
Have you completed a Basic Rider Cour	se?	Yes No						
When?	Where?							
Have you completed an Experienced/A	dvanced Rider Course	Yes No						
When?	Where?							
Have you completed other types of mo	torcycle safety courses?	Yes No						
When? If yes, please describe:	Where							

If yes, please describe:



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Any teaching certificates/certifications? If yes, please describe:	Yes	No
9. Retirement Status		
Are you a State University Retirement System (SURS) retiree?	Yes	No
Are you now or have you ever paid into the SURS system?	Yes	No
10. Availability		
Are you available to work weekends?	Yes	No
Are you available to work weekdays?	Yes	No
Are you available to work evenings?	Yes	No
If you are a full time student do you plan to stay summers?	Yes	No
Comments about availability:		

11. How did you hear about this position?

12. Describe why you would like to become a Motorcycle Safety Instructor/Range Aide:

13. Locations you would like to teach:

I HEREBY CERTIFY that the information provided in this form is complete, true and correct.

Signature

Date

This application does not guarantee a position in a course or employment. For further information contact the Motorcycle Rider Program. Applications can be printed and mailed to the above address or e-mailed to Jaredb@siu.edu