



Instructor/Range Aide Application

Motorcycle Rider Program
Northern Region
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

Name of School and Degree/Major (list below)

High School/GED Complete Attending N/A

College/University Complete Attending N/A

Professional School Complete Attending N/A

Highest Grade Level Completed

Do you plan to be an SIU student in the near future? Yes No

If you are a student when do you plan on graduating?

Do you plan to be or are you 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? Commuting Touring Off-Road

Have you ever been involved in competitive motorcycle racing? Check all that apply:

Motocross Enduro Trials Dirt Track Off-Road 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 Number

How many years have you had a motorcycle License?

Have you had any moving violations/DUI in the past 3 years? Yes No How many?

Have you ever had your license revoked/suspended? Yes No
If yes, when? Why?

6. Have you ever been convicted of a felony? Yes No
If yes, explain:

7. Illinois Cycle Rider Safety Training Program

Have you completed a Basic Rider Course? Yes No

When? Where?

Have you completed an Experienced/Advanced Rider Course? Yes No

When? Where?

Have you completed other types of motorcycle safety courses? Yes No

When? Where?

If yes, please describe:



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Any teaching certificates/certifications? Yes No
If yes, please describe:

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
scott.haas@siu.edu