



# Application For Employment

## INSTRUCTIONS

Please answer all questions, where applicable, completely and truthfully to the best of your knowledge and belief. Type or print in ink as carefully as possible. While not necessary or required, you may submit additional information by way of letter, resume or the like to supplement your answers.

## PERSONAL INFORMATION

Date	Position Applying For	Date You Can Start	Salary Desired
Last Name	First	Middle	Social Security No.
Present Address: Street No.	City	State	Zip
		How Long?	Telephone Home
Previous Address: Street No.	City	State	Zip
		How Long?	Telephone Cell
In Case of Emergency Notify	Relation/Contact Number		Telephone Other

Are you legally eligible to be employed in the United States Yes <input type="checkbox"/> No <input type="checkbox"/> Visa Type _____ <small>(proof of identity and eligibility will be required upon employment)</small>	Are you at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>	Email Address
Have you ever applied to or worked for this company? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list dates _____	Position	Supervisor's Name
List any friends or relatives who work for the Company _____		
Have you ever been convicted of a felony? Conviction will not necessarily disqualify you from employment. Yes <input type="checkbox"/> No <input type="checkbox"/>	Can you perform the essential functions of the position for which you are applying? <small>(If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question.)</small> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, explain _____	

Type of Employment Sought: <input type="checkbox"/> Full Time Regular <input type="checkbox"/> Full Time Temporary <input type="checkbox"/> Part Time Regular <input type="checkbox"/> Part Time Temporary <input type="checkbox"/> Other (Please Specify) _____	We offer training to our customers 24 hours per day seven days per week. Please circle any days you are unavailable to work Mon    Tue    Wed    Thurs    Fri    Sat    Sun Do you have any shift restrictions?    Yes <input type="checkbox"/> No <input type="checkbox"/> Do you have an overtime restriction?    Yes <input type="checkbox"/> No <input type="checkbox"/>
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## EDUCATIONAL BACKGROUND

Name of School	Location	Did you Graduate?	Diploma/Degree	Major
High School				
College				
Post Graduate				
Other				

## PROFESSIONAL, COMMUNITY OR EXTRACURRICULAR ACTIVITIES

List any participation in professional, community or extracurricular activities or organizations which you feel further indicate your qualifications for the position for which you are applying. You may exclude organizations names which indicate race, color, religion, sex, national origin, age marital or veteran status, or disability.

List any special licenses, courses, seminars and/or training that would enable you to perform the position for which you are applying?

**EMPLOYMENT**

List all of your employment, beginning with your present or most recent employment. Include military service assignments, if applicable.

Employer Name	Start Date	End Date	Position/Title
Street Address	Supervisor's Name	Supervisor's Title	Reason for Leaving
City/State/Zip	Telephone	Current/Last Salary	May we contact employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of Business	Describe the Work Performed		
Employer Name	Start Date	End Date	Position/Title
Street Address	Supervisor's Name	Supervisor's Title	Reason for Leaving
City/State/Zip	Telephone	Current/Last Salary	May we contact employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of Business	Describe the Work Performed		
Employer Name	Start Date	End Date	Position/Title
Street Address	Supervisor's Name	Supervisor's Title	Reason for Leaving
City/State/Zip	Telephone	Current/Last Salary	May we contact employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of Business	Describe the Work Performed		

Have you ever been fired or asked to resign from a job? If yes, explain.

Yes  No **REFERENCES (INDIVIDUALS QUALIFIED TO GIVE AN OPINION OF YOUR ABILITY AND EXPERIENCE)**

Name	Relationship	Employer/Position	Telephone Number

**GENERAL CONDITIONS - PLEASE READ CAREFULLY BEFORE SIGNING**

I certify that all answers given by me are true, accurate and complete, I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

I understand that completion of this Application For Employment does not guarantee that I will be employed by this Company. I further understand that, should an offer of employment be extended that such employment is "at will", for no specified duration and may be terminated by either myself or the company at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of the Company or its representative used during the employment process is deemed a contract of employment real or implied. I understand that no representative of the Company except the President has the authority to enter into any agreement guaranteeing any conditions or employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of the Company.

If hired, I agree to abide by all of the company rules and regulations. I understand that the Company shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures benefits or other terms or conditions of employment. If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which could reflect adversely on the Company. I also agree to hold in strictest confidence any information concerning the Company, its Insureds and its Agents which may come to my knowledge.

I understand that if offered a position I may be required to submit to a pre-employment drug screening, background check and to sign a confidentiality and non-solicitation agreement as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment, if already employed. I authorize the investigation of all statements and information contained in this application. I release, from all liability anyone supplying such information and I also release the Company from all liability that might result from making an investigation.

Although our Company hopes that employment disputes with its employees will not occur, we believe that when these disputes do arise, it is in the mutual interest of all concerned to handle them promptly and with a minimum of disturbance. Accordingly to provide a more expeditious resolution of certain employment-related disputes that may arise between the Company and its employees we have instituted a mandatory mediation and arbitration procedure for all employees, unless specified otherwise by an employment contract. If after appropriate attempts to resolve your dispute internally through the Company's management channels, any unresolved disputes that arise from your employment or the termination of your employment must be submitted for resolution by non-binding mediation and, if necessary, mandatory arbitration.

In agreeing to submit certain employment disputes for resolution by private mediation and, if necessary, arbitration, you acknowledge that this is given in exchange for rights to which you are not otherwise entitled – namely, your employment and the more expeditious resolution of employment disputes. In exchange for your agreement to submit these disputes to mediation and, if necessary, binding arbitration, the Company likewise agrees to the use of mediation and arbitration as the exclusive forum for resolving employment disputes.

I understand and agree that if TransPac Aviation Academy accepts my application for employment I am bound by all company policies and procedures from the day of acceptance forward. I further agree that upon termination, whether it be voluntary or involuntary by me or by TransPac Aviation Academy, I will not share confidential information about any of the training modules, financial information, SOPS, TCOS, company policies nor procedures with Competitor companies or any other company or individual. In addition, I agree that upon or after my exit, I will not solicit any of TransPac's employees for employment at another location.

\_\_\_\_\_  
Applicant's Signature\_\_\_\_\_  
Date

This Company is proud to be an equal opportunity employer. All qualified applicants will receive consideration without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected by law.

## Application Flow Information Form

This Company, is an Equal Opportunity/Affirmative Action Employer. As such, we are required by Federal/State legislation to provide equal employment opportunity for all applicants without regard to race, color, religion, sex, national origin, age, marital status, veterans status or disability. Please be advised that providing the information requested on this form is voluntary and any information provided will be kept in a Confidential File separate from the attached Application for Employment. We will use this Information for statistical purposes only, as required by law.

**PLEASE PRINT**

Position(s) Applied For		Date	
Last Name	First	Middle	Social Security
Race/Ethnic Group: Not Hispanic/Latino			Gender
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Male <input type="checkbox"/> Female
	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian	
	<input type="checkbox"/> Two or more races	<input type="checkbox"/> American Indian/Alaska Native	
Please see Definition of Veteran Status on reverse side of this form			
Veteran of the Vietnam-Era	Special Disabled Veteran	Other Protected Veteran	Newly Separated Veteran
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How were you Referred to the Company?		<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Employee Name: _____		<input type="checkbox"/> Agency <input type="checkbox"/> Newspaper <input type="checkbox"/> Internet Site _____	

## Application Flow Information Form

**Veteran of the Vietnam-era**: means a person who: (i) served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between 2/28/61 and 5/7/75 or (B) between 8/5/64 and 5/7/75, in all other cases; or (ii) was discharged or released from active duty in the U.S. military, ground, naval or air service for a service connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between 2/28/61 and 5/7/75 or (B) between 8/5/64 and 5/87/75 in any other location

**Special Disabled Veteran**: means (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Dept. of Veterans' Affairs for a disability (A) rated at 30% or more, or (B) rate at 10 or 20% in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap or (ii) a person who was discharged or released from active duty because of a service connected disability.

**Other Protected Veterans**: means veterans who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized. For those with Internet access, the information required to make this determination is available at [www.opm.gov/veterans/html/vgmedal2.htm](http://www.opm.gov/veterans/html/vgmedal2.htm)

**Newly Separated Veterans**: means any veteran who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of such veteran's discharge or release from active duty.