



1100 Lee Wagener Blvd Suite #207A. Ft. Lauderdale FL 33315

[www.flytropic.com](http://www.flytropic.com)

### APPLICATION FOR EMPLOYMENT

(PLEASE PRINT CLEARLY)

Full Name \_\_\_\_\_  
*Last Name First Name Full MiddleName*

Aliases/Nicknames \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Mobile Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Can you provide documentation verifying you are authorized to work in the United States?  Yes  No

How did you hear about Tropic Ocean Airways? \_\_\_\_\_

Position you are seeking? \_\_\_\_\_

Are you willing to work?  Full Time  Part Time  Temporary *(You may check more than one.)*

Have you ever been involuntarily terminated or requested to resign?  Yes  No If "Yes" explain \_\_\_\_\_

Are you willing to relocate?  Yes  No List relocation restrictions: \_\_\_\_\_

Are you willing to work any shift including nights, weekends, holidays  Yes  No Please list any shift restrictions: \_\_\_\_\_

Date you are available for employment? \_\_\_\_\_

Have you ever been employed by TOA? Yes  No

If yes, for what Position: \_\_\_\_\_ Location: \_\_\_\_\_ Reason For Leaving? \_\_\_\_\_

Have you previously been interviewed for any position with TOA? Yes  No

If yes, for what position, location and date? \_\_\_\_\_

Is there any information we would need about your name or use of another name to verify your responses herein?  Yes  No If yes, specify name and period of usage. \_\_\_\_\_

Current Driver's License # \_\_\_\_\_ State License Issued \_\_\_\_\_ Expiration Date / / \_\_\_\_\_

**List ALL driving violations including DUI, speeding, suspension or revocation within the last ten (10) years. List each offense, City/State and Dates (attach additional pages if necessary):** \_\_\_\_\_

Yes  No Have you ever been convicted or pled guilty to a misdemeanor or felony charge? \_\_\_\_\_

Yes  No Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT Agency Drug and Alcohol Testing Rules during the past five (5) years.

It is the policy of Tropic Ocean Airways to provide equal employment opportunity (EEO) to all persons regardless of age, color, national origin, citizenship status, physical or mental disability, race, religion, creed, gender, sex, sexual orientation, gender identity and/or expression, genetic information, marital status, status with regard to public assistance, veteran status, or any other characteristic protected by federal, state or local law. In addition, Tropic Ocean Airways will provide reasonable accommodations for qualified individuals with disabilities.



## Employment & Background Information

FAA Regulations require that a background check be conducted on all persons prior to their being cleared for unescorted access to airport secure areas. The background check requires verification of representations made by the applicant relating to employment and other activities during the preceding 10 years. To meet this requirement, **please provide information covering all periods of employment, unemployment, schooling, or other activities for the past 10 years.** You must provide the means of verifying status for the full 10-year period.

**INSTRUCTIONS:**

- Begin with your current activities and list in chronological order
- Give complete names, zip codes and day time phone numbers
- Transcripts are acceptable for school verification.
- State Job Title
- Military service—provide a copy of your DD-214 form.
- Include all employment, schooling and all other activities.
- Incomplete applications will not be considered.

Are you presently employed? Yes No  
 If employed, may we contact your present employer? Yes No

DATES	LIST ALL EMPLOYERS, SCHOOLS, OR EXPLAIN ALL UNEMPLOYMENT PERIODS DURING THE PAST 10 YEARS	JOB TITLE DUTIES PERFORMED	Office Use Only For Employment Verification
Start Date: _____ To _____ mm yyyy Ending Date: _____ To _____ mm yyyy	Company: _____ Address: _____ City: _____ State _____ Zip Code _____ Phone Number: (____) _____ Mgr/Supv: _____ <b>Disposition:</b>	Job Title: _____ _____	Verified By: _____ Date: _____ Comments: _____
Start Date: _____ To _____ mm yyyy Ending Date: _____ To _____ mm yyyy	Company: _____ Address: _____ City: _____ State _____ Zip Code _____ Phone Number: (____) _____ Mgr/Supv: _____ <b>Disposition:</b>	Job Title: _____ _____	Verified By: _____ Date: _____ Comments: _____
Start Date: _____ To _____ mm yyyy Ending Date: _____ To _____ mm yyyy	Company: _____ Address: _____ City: _____ State _____ Zip Code _____ Phone Number: (____) _____ Mgr/Supv: _____ <b>Disposition:</b>	Job Title: _____ _____	Verified By: _____ Date: _____ Comments: _____
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Start Date: _____ To _____ mm yyyy Ending Date: _____ To _____ mm yyyy	Company: _____ Address: _____ City: _____ State _____ Zip Code _____ Phone Number: (____) _____ Mgr/Supv: _____ <b>Disposition:</b>	Job Title: _____ _____	Verified By: _____ Date: _____ Comments: _____



## Tropic Ocean Airways Application for Employment

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Attach additional pages if necessary.



## Tropic Ocean Airways Application for Employment

### EDUCATION

Type of School	Complete Name and Address of School	Dates Attended	Degree Earned	Area of Study
High School/GED		From:		
	Phone No.	To:		
College		From:		
	Phone No.	To:		
Other (Specify)		From:		
	Phone No.	To:		

### MILITARY EXPERIENCE

Armed Forces Record     Air Force    Army    Marine    Navy    Coast Guard    Other

Rank \_\_\_\_\_ Induction date \_\_\_\_\_ Discharge Date \_\_\_\_\_ and type:  Honorable    Dishonorable

Job Title and Duties: \_\_\_\_\_

Military Reserve  Air Force    Army    Navy    Coast Guard    Air National Guard    National Guard    Other

### OFFICE SKILLS

Office 365      Proficiency on scale of 1 – 10 \_\_\_\_\_

Additional Software programs in which you are proficient \_\_\_\_\_

### LANGUAGE PROFICIENCY

Why do you want to work at Tropic Ocean Airways?

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**Pilot Applicants Must Complete An Application Supplement With License And Flight Time Information. Mechanic Applicants Must Complete An Application Supplement With License And Equipment Information.**



### Confidential Applicant Information Release

ApplicantName \_\_\_\_\_  
Last Name First Name Full MiddleName

Current Address \_\_\_\_\_  
Street Number and Name City State Zip Move in Date:MM/YY

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
MM/DD/YYYY

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_  
MM/DD/YYYY

Valid Passport Number \_\_\_\_\_ Country of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_  
MM/DD/YYYY

Former Names, Aliases \_\_\_\_\_

**Please list all residences during the past 5 years. Indicate move in and out dates.**

Street Name and Number	City	State	Zip	County Name	Move In Date	Move Out Date

**I have read and understand the information above and certify that I have disclosed all driving violations, misdemeanor and felony convictions or guilty pleas. I certify that I, the undersigned applicant, have personally completed this application. I declare that the facts contained in the application (or any resume or other documents submitted) are true, accurate and complete to the best of my knowledge. I understand that any misrepresentations or omissions will disqualify me from further consideration for employment, and may result in my dismissal from employment, if discovered at a later date.**

Signature \_\_\_\_\_ Date \_\_\_\_\_



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This space may be used to enter additional information. Please indicate page number and topic for each additional entry.

### EMERGENCY CONTACT INFORMATION:

Primary Contact: \_\_\_\_\_ Secondary Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_



**BACKGROUND CHECK ACKNOWLEDGEMENT & AUTHORIZATION  
Confidential Applicant Information Release**

The results hereof will be used to determine employment eligibility with Tropic Ocean Airways.

I, the undersigned applicant, do hereby certify that the information provided by me herein is true, accurate and complete to the best of my knowledge. I understand and agree that any false statements made herein may disqualify me for employment with Tropic Ocean Airways or be sufficient grounds for my immediate termination from the employ of Tropic Ocean Airways.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Position Applied For \_\_\_\_\_ City \_\_\_\_\_

**Tropic Ocean Airways (hereinafter ‘the Company’)** TAKES THIS OPPORTUNITY TO ADVISE APPLICANTS THAT PRE-EMPLOYMENT DRUG AND ALCOHOL TESTING WILL BE CONDUCTED IN COMPLIANCE WITH 49 CFR PART 40 AND CFR PART 61 ET AL. SUCH PRE-EMPLOYMENT TESTING IS TO DETERMINE THE PRESENCE OF THE FIVE DRUGS LISTED IN FAR PART 121.

**NEGATIVE RESULTS MUST BE RECEIVED BY THE COMPANY PRIOR TO THE START OF SAFETY.**

Employment with the Company is for an indefinite term and may be terminated with or without cause, at any time, at the will of either the Company or the employee.

I, the undersigned applicant, hereby authorize the Company to conduct now, or at any time while I am employed by the Company, verification of my education, previous employment/work history, personal reference(s), personal credit history, or obtain any criminal history record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency, state patrol agency in any state and/or any other private firm retaining pertinent information, under the provisions of the Fair Credit Reporting Act (FCRA) as deemed necessary to fulfill job requirements. I also consent to a Motor Vehicle Report. I hereby authorize all such persons, organizations, and agencies to release said information to the Company and its agents. I understand that I may be offered employment conditioned upon satisfactory conclusion of my employment background certification and receipt of a verified negative drug test result.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

TSAR 1542.205 and TSAR 1544.229 require us to conduct an FBI fingerprint *criminal history records check* (CHRC) for all employees who will apply for unescorted access to SIDA, have the authority to authorize others to have unescorted access, and perform screening functions.

When the CHRC discloses a disqualifying criminal offense for which the conviction or finding of not guilty by reason of insanity was in the previous 10 years, the individual’s SIDA access authority will be suspended immediately. The individual who believes that the CHRC determination is incorrect may seek to correct the record.

To the best of my knowledge I, \_\_\_\_\_, do not have a disqualifying criminal offense as listed above. I understand that I must advise the Company within 24 hours if I am convicted of any disqualifying criminal offense that occurs while I have unescorted access authority. I understand that I may be subject to prosecution under Title 18 U.S.C. Section 1001 if I knowingly and willfully provide false information on the application. I understand that I am under continuous obligation to disclose to the Company and any Airport where I have an active SIDA badge any convictions within 24 hours of any disqualifying criminal offense or having been found not guilty by reason of insanity that occurs while I have unescorted access authority.

I understand that I may obtain a copy of my criminal history records sent to the Company by submitting a written request to Human Resources within 30 days of being advised that my criminal history record disqualifies me from being issued an airport badge. I understand that if I believe that any information is inaccurate, I may directly contact the agency that reported the disqualifying conviction to correct my record.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## Release and Consent for a Criminal Background Security Check

*In connection with my employment at Tropic Ocean Airways, I am aware that pursuant to 49 CFR 1544.229, I will have an FBI Fingerprint Criminal History Check conducted. I understand that I have the continued obligation to disclose to Tropic Ocean Airways within 24 hours if I am convicted of any disqualifying criminal offense that occurs while I have unescorted access authority or authority for any other covered functions. I hereby consent for Tropic Ocean Airways to conduct the aforementioned background check and authorize the release of such information to Tropic Ocean Airways.*

*I understand that Tropic Ocean Airways, may, at its sole discretion, deny me employment, require that I be removed from an assignment or discharge me from employment if the information received in the investigation is considered unfavorable by Tropic Ocean Airways, in its sole discretion. In the event of an offer of employment and/or subsequent employment, I understand and agree that false, misleading or omitted information in my application shall be grounds for withdrawal of an offer of employment or termination at any time.*

*I certify that the information that I provided on this application is true, accurate, and complete to the best of my knowledge and belief and is provided in good faith.*

*I have read this release and consent form and understand all of its terms. I execute below voluntarily and with full knowledge of the significance hereof.*

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### **EMPLOYER USE ONLY**

**Two forms of identifications (Enclose copies):** \_\_\_\_\_ & \_\_\_\_\_

I attest, to the best of my knowledge, that the employee signing this document has presented document (s), the document(s) I have examined appear to be genuine and relate to the individual.

**Signature of Employer or Authorized Representative:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Any questions regarding the background check or fingerprinting requirement should be directed to Tropic Ocean Airways' Human Resources Director. Employees can review their background check or fingerprint results by setting up an appointment with the Human Resources Department.*

#### **Privacy Act Notice**

**Authority:** The authority for collecting this information is 49 U.S.C. 114, "Transportation Security Administration," and 49 U.S.C. 44936, "Employment Investigations and Restrictions."

**Purpose:** This information is needed to verify your identity and to retrieve your criminal history record. Your social security number (SSN) will be used as your identification number in this process and to verify your identity. Furnishing this information, including your SSN, is voluntary, however, failure to provide it will prevent the completion of your criminal history records check, without which you may not be granted aircraft, sterile area or SIDA access.

**Routine Uses:** Routine uses of this information include disclosure to the U.S. Office of Personnel Management for processing and data verification, to the FBI to retrieve your criminal history record, to TSA contractors or other agents who assist in the maintenance and operation of the fingerprint system, to airport operators or aircraft operators to evaluate suitability for aircraft sterile area or SIDA foreign and international government authorities in accordance with law and international agreement.





## Anti- Drug and Alcohol Policy

Tropic Ocean Airways issues this Anti-Drug and Alcohol Policy to:

\_\_\_\_\_

Print Name

\_\_\_\_\_

Date

I understand and agree that employment with Tropic Ocean Airways for any position is contingent upon passing a pre-employment drug and alcohol screening test. If I do not pass the drug or alcohol screening test, I understand and agree that any offer of employment for any position with Tropic Ocean Airways will be considered withdrawn with immediate effect.

If employed by Tropic Ocean Airways, I understand and agree that I will be subject to random drug and alcohol testing, periodic drug and alcohol testing, post-accident, reasonable cause, return-to-duty and follow-up drug and alcohol testing, at the sole discretion of Tropic Ocean Airways.

I understand and agree that my refusal to consent to any drug and alcohol testing, at anytime during the course of my employment with Tropic Ocean Airways, shall be sufficient grounds for my immediate termination from the employ of Tropic Ocean Airways.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email to: [HRforms@flytropic.com](mailto:HRforms@flytropic.com)