

FTS – Maritime Security Inc. Employment Application Package



**A US MILITARY VETERAN OWNED AND OPERATED
ARMED SECURITY AGENCY**



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Company Headquarters

E. Frederick St.
Athens, PA 18810
PH# (561) 506-9014

E-mail: HR@ftsmarsec.com

Qualifications and Instructions

FTS Maritime Security Inc. is a Signatory Company of the ICoC (International Code of Conduct for private security and private military companies. As such, we need to adhere to the requirements for training and hiring of all personnel.

FTS is focused on providing a proactive protective service to commercial shipping against armed pirates. This is to be conducted using both our own escort patrol vessels and the placement of armed teams on the client's vessels when required.

If you would like to be part of a company that will be setting the standards for the maritime security industry, if you feel you meet the qualifications to be a member of a crew or a vessel defense team member, then fill out the application, turn it in with the appropriate forms and a representative will be in contact with you.

Candidates for crews and vessel defense teams must meet the following qualification standards:

- Transportation Worker Identification Credential (TWIC™).
<https://twicprogram.tsa.dhs.gov/TWICWebApp/>
- Honorably Discharged Military Veteran (Combat arms or Naval Crew experience).
- High school diploma or GED
- Fluency in English
- No convictions of a misdemeanor crime of domestic violence

General qualification requirements:

- Be able to interact tactfully with people
- Be able to understand, explain, and apply rules
- Be able to respond calmly and quickly in stressful situations
- Be able to prepare clear and concise reports
- Be able to adapt to change
- Be able to respond well to direction
- ***Be able to maintain a physical fitness program***
- ***Be able to attend company training***

Note; we will be starting a company in-house training program that all FTS Employees must attend. Ongoing training will be conducted while deployed on FTS Anti-Piracy vessels.

Applicants must submit a with their completed application;

You must provide a copy of your most recent DD-214 showing character of discharge, plus any copies of law enforcement, corrections or security training. Veterans from other countries must show discharge papers from their home country.

If you meet these requirements and agree to follow all rules of the FTS SOP, then please sign below and fill out the application.

Signed: _____ Date: _____

TO: ALL EMPLOYMENT CANDIDATES/EMPLOYEES

As a Candidate / employee of FTS, You are RESPONSIBLE to notify FTS operations if you:

- Change your address
- Change your phone number
- Change your marital status
- Change any other pertinent information
- Receive any traffic violations, have a motor vehicle accident, or ANY involvement with a law enforcement agency. (Includes ANY contact: arrest/summons, citations/warnings, detention without charges)

Remember that failing to provide the required documents listed on the instruction sheet may postpone any hiring you may be in contention for.

I HAVE READ THE ABOVE STIPULATIONS AND I UNDERSTAND THEM. MY PARTICIPATION IN THIS BACKGROUND INVESTIGATION IS VOLUNTARY.

Print Name: _____

Signature: _____

Date: _____

POSITION INFORMATION

Name: _____

Position Applying For: _____

How did you hear about this job? _____

Are you willing to deploy for 6 months or more at a time? _____

Are you willing to adhere to a military style environment and code of conduct? _____

What hours are you willing to work? _____

Would you be able to work weekends? Yes No

Are you willing to travel for the job? Yes No

When would you be able to start? _____

Salary: Note: Salaries are paid based on the current pay scale of ABS on US Flagged Vessels. It is also based on; rating, rank and position. The minimum starting salary is \$48,000 per year for an able body seaman. (ABS)

Skills:

Please describe any skills you feel would be of benefit to Maritime Security Operations.

Security License information: We will be using in-house security for our Florida location; state security licenses will be needed for those who are hired for Head Quarters Security. Security within the State of Florida will be paid on an hourly rate based on experience.

D license # _____ Expires: _____

G license # _____ Expires: _____

Other Security licenses:

**FTS-Maritime Security Inc.
Application for Employment**

Please answer all questions. Resumes are not accepted in lieu of completion of this application.

Note: This application was designed to use with several types of job positions. Some questions may not be completely applicable to the job position you are seeking; however, we ask that you answer all questions.

Identifying Information:

Name _____
 Last First Middle Social Security Number

Present Address _____
 Street Apt. # City State Zip Code

Email Address: _____

Telephone Numbers _____
 Home Work (ext.) Cell

Age _____ DOB _____ Birthplace _____

Driver's License # _____ State: _____

Residence Information: How long at present address? _____

Previous address _____

For positions within the US only:

Only U.S. Citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity? Yes No

Criminal History & Driving Record:

Have you **ever** been convicted of a felony? Yes No. If **Yes**, give dates and explain, (Attach separate paper if necessary.) A conviction will not necessarily disqualify you from employment.

List, in chronological order, all Arrests, Summonses, Citations, Traffic Tickets, Warrants, Administrative Hearings, UCMJ Charges, Indictments or any Violation of Ordinance, Town Code, State Law or Federal Law). Any omission of fact or deception of any kind will result in disqualification or immediate termination if hired. Include all moving violations, arrests, appearance tickets, etc...

| Original Charge(s) | Date | Police Agency | Court | Disposition |
|--------------------|------|---------------|-------|-------------|
| | | | | |
| | | | | |
| | | | | |

Have you EVER used an illegal drug? Yes _____ No _____ If yes, explain why below:

Have you EVER operated a motor vehicle while you were intoxicated or impaired by alcohol or a drug? _____

Have you EVER possessed an illegal weapon? _____

Have you EVER sold an illegal weapon, drug or stolen property? _____

Have you EVER been in a fist fight? _____

When was the last time you were stopped by the police for any reason? _____

When was the last time you stole something or possessed stolen property? _____

Have you EVER known or befriended any gang member? _____

Have you EVER been fingerprinted? _____

Have you EVER spent a night or day in jail for any amount of time whatsoever? _____

Have you EVER been questioned, interrogated, interviewed or investigated by the police? _____

Have you EVER been terminated from ANY employment? _____

Have you EVER been on probation, parole or had a PINS Warrant issued to you? _____

Have you EVER been arrested, accused or questioned for a sexual related crime? _____

Have you EVER been registered or required to register as a sex offender? _____

Credit History:

Have you EVER had a judgment against you? _____

Have EVER been untruthful on a credit application? _____

Military Status: (Attach extra sheet if needed)

Have you EVER served in the US or Foreign Military? If yes, answer below? _____

Branch _____ Dates of active duty _____ Discharge Status _____

Army National Guard: _____ Dates of service: _____ Duty Status: _____

Awards: _____

Education:

| School Name | Print Name, Number and Street, City, State and Zip Code for each School | No. of Yrs. Completed | Degree | Major Course of Study |
|--------------------------|---|-----------------------|--------|-----------------------|
| High School | | | | |
| | | | | |
| College | | | | |
| | | | | |
| Graduate School | | | | |
| | | | | |
| Trade or business school | | | | |
| | | | | |
| Other | | | | |
| | | | | |

Honors Received: _____

In order to permit a check of your work and educational records, should we be made aware of any change of name or assumed name that you previously used? Yes No If **Yes**, identify names and relevant dates. _____

Have you had prior educational experience which relates to the job for which you are applying?
 Yes No, If **Yes**, describe:

Miscellaneous: Anything additional that you would like our investigators to know about?

EMPLOYMENT EXPERIENCE:

ALL FORMER JOBS (List most recent job first.) Account for all time periods including unemployment, self-employment and military service. (Attach separate paper(s), if necessary.)

| | | |
|----------------------|---|----------------|
| Employer | Dates Employed (From / To) | Work Performed |
| Address | | |
| Job Title | Hourly Rate / Salary (Starting / Final) | |
| Immediate Supervisor | Telephone No. | |
| Reason for Leaving | | |

| | | |
|----------------------|---|----------------|
| Employer | Dates Employed (From / To) | Work Performed |
| Address | | |
| Job Title | Hourly Rate / Salary (Starting / Final) | |
| Immediate Supervisor | Telephone No. | |
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| | | |
|----------------------|---|----------------|
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| Address | | |
| Job Title | Hourly Rate / Salary (Starting / Final) | |
| Immediate Supervisor | Telephone No. | |
| Reason for Leaving | | |

Have you ever been dismissed or forced to resign from any employment?

Yes No If **Yes**, please explain.

IN CASE OF EMERGENCY, NOTIFY:

| | |
|----------|---------------|
| Name: | Relationship: |
| Address: | Home Ph. |
| | Cell Ph. |
| | E-mail: |

Emergency medical information;

Please list any allergies and or medications you think we should know about.

Do you have any friends or relatives who work here? Yes No

Name _____, Relationship; _____

Name _____, Relationship; _____

Spouse: _____
Name Address Where Employed

Are you now employed? Yes No Are you on a layoff? Yes No

Are you subject to recall? Yes No

May we contact your present Employer? Yes No

Previous Employers? Yes No

Please identify any exceptions and reasons for not contacting prior employers:

CHARACTER REFERENCES:

List three persons not related to you, whom you have known at least one year. List their name, address, telephone and occupation

1. _____

2. _____

3. _____

Have you filed an application here before? Yes No If **Yes**, give date: _____

Have you ever been employed here before? Yes No If **Yes**, give dates: _____

NOTICE TO APPLICANTS: FTS complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required, all candidates for the same job category will be subject to the same medical questionnaire and/or examination. All information will be kept confidential and in separate files.

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give the Employer permission to contact schools, previous employers, references, and others, and hereby release the employer from any liability as a result of such contact. I understand that misrepresentation, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of facts called for in this application will be cause for dismissal at any time without any previous notice.

Applicants accepted for employment should clearly understand that while we make every effort to provide steady, continuous work, we have no employment contracts, and we cannot guarantee the permanence of any position. Job tenure can be affected by many factors including business/economic conditions, changes in laws or employee policies, conformity to our work rules, job performance, etc. And of course, an employee may elect to leave on their own accord to seek other jobs.

I understand that my employment with the Employer involves being deployed for months at a time in sometimes hazardous conditions and for this specialized training will be afforded me by the employer. I understand that for positions as a crewman on an escort vessel, two years of employment are required. I further understand that my employment can only be terminated with or without notice for cause, at any time by the employer, or by me or the employer at the end of my two year commitment. I agree that if I leave employment prior to the two year anniversary of my hiring, do to my own actions, I will be responsible for the cost of my training and transportation back to my home state.

I further understand that training reimbursement will not be deducted if termination is without cause or after the two year make unless I have taken advanced training at company expense.

For US State side employees only, I understand that employment is at will and that employment can be terminated with or without cause at any time by me or the employer. I also understand that no oral promise, employer policy, custom, business practice or other procedure (including the Employer's Personnel Handbook or any personnel manuals) constitutes an employment contract or modification of the at-will employment relationship between me and the Employer.

The contents of any employee handbook or personnel manuals, as well as other Employer policies and practices, are subject to change or modification by the Employer, solely at its discretion, without notice. I also understand that no supervisor or other official of the Employer (except its Chief Executive Officer, in writing) has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.

We conduct our business with the highest possible degree of safety and efficiency. Because of this, the Employer may require applicants for employment to undergo blood and/or urinalysis screening for drug or alcohol use as part of our pre-placement physical examination. In addition, all employees of the Employer are subject to blood tests or urinalysis screening for drug or alcohol use.

This application will remain for ninety (90) days. Any applicant wishing to be considered for employment beyond ninety (90) days should reapply. I agree in advance if there is a workmen's' compensation or health claim, I the undersigned agree to an illegal substance and alcohol testing and understand that if I test positive my benefits, if any, will be severely cut or none at all.

Signature _____ Date _____

This employer is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, handicap or marital status. We assure you that your opportunity for employment with this Employer depends solely upon your qualifications.

STATEMENT OF CONFIDENTIALITY

I, the undersigned, understand that if I am employed by you in any capacity, I am going to be entrusted with confidential information and the preservation of such confidence as prescribed by law. In the contemplation of the certainty of this fact, I hereby agree to the following:

Protection of Confidential Information; I will not, directly or indirectly, use, make available, sell, disclose or otherwise communicate to any third party, other than in my assigned duties and for the benefit of this company, any of the Company's Confidential Information, either during or after my employment with this company. In the event I desire to publish the results of my work for the Company through literature or speeches, I will submit such literature or speeches to the C.E.O of the Company at least 10 days before dissemination of such information for a determination of whether such disclosure may be highly prejudicial to the interests of this company, or may constitute an invasion of its privacy. I agree not to publish, disclose or otherwise disseminate such information without prior written approval of the C.E.O of this company. I acknowledge that I am aware that the unauthorized disclosure of Confidential Information of the Company may be highly prejudicial to its interests, an invasion of privacy, and an improper disclosure of confidential information.

Delivery of Confidential Information; Upon request or when my employment with this company terminates, I will immediately deliver to the C.E.O all copies of any and all materials and writings received from, created for, or belonging to this company including, but not limited to, those which relate to or contain Confidential Information.

Location and Reproduction; I shall maintain at my work station and/or any other place under my control only such Confidential Information as I have a current "need to know." I shall return to the appropriate person or location or otherwise properly dispose of Confidential Information once that need to know no longer exists. I shall not make copies of or otherwise reproduce Confidential Information unless there is a legitimate business need of the Company for reproduction.

Third-Party Information; I acknowledge that this company has received and in the future will receive from third parties their confidential information subject to a duty on this company's part to maintain the confidentiality of such information and to use it only for certain limited purposes. I agree that, during the Period of Employment and thereafter, I will hold all such confidential information in the strictest confidence and not to disclose or use it, except as necessary to perform my obligations hereunder and as is consistent with the this company's agreement with such third parties.

For Cause; Notwithstanding anything herein to the contrary, this company may terminate my employment hereunder for cause for any one of the following reasons: (1) conviction of a felony, or a misdemeanor where imprisonment is imposed, (2) commission of any act of theft, fraud, or falsification of any employment or this company's records in any material way, (3) my failure or inability to perform any material reasonable assigned duties after written notice from this company, and a reasonable opportunity to cure, such failure or inability, or (4) material breach of this Agreement which breach is not cured within one day following written notice of such breach. Upon termination of employment with this company for cause, this company shall be under no further obligation to me for salary or bonus, except to pay all accrued but unpaid base salary, accrued bonus (if any) and accrued vacation to the date of termination thereof.

Exclusive Employment; During employment with this company (a) I will not do anything to compete with the Company's present or contemplated business, nor will I plan or organize any competitive business activity and (b) I will not enter into any agreement which conflicts with my duties or obligations to this company I will not during his employment or within one (1) year after it ends, without this company's express written consent, solicit or encourage any employee, agent, independent contractor, supplier, consultant, investor, or alliance partner to terminate or alter a relationship with this company.

Candidate Signature: _____ Date: _____

Candidate Name (printed) _____

DISCLOSURE

As part of our hiring background and investigation, we may obtain consumer reports or prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights under the Fair Credit Reporting Act.

AUTHORIZATION TO RELEASE INFORMATION

Last Name, First Name Middle Name

Current Address Dates Lived Here

Addresses for the Past Seven Years: (include street, city, state, zip code) Dates of Residence:

Date of Birth Other Names Used (including maiden name) Years Used

Social Security Number Driver's License # State

Email address (may be used for official correspondence)

I do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of FTS-Maritime Security Inc., to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by FTS-Maritime Security Inc. for identification purposes and for the release information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment.

I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by FTS-Maritime Security Inc. to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

**I hereby authorize you to contact *my current* employer for Employment and Reference Verifications

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I have the right to make a request to FTS-Maritime Security Inc., upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which FTS-Maritime Security Inc. has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Printed Name

Applicant Signature

Date

Post Abandonment Policy

I, _____, have been a position with FTS-Maritime Security Inc. I fully understand that if I am employed by FTS-Maritime Security Inc. and assigned to any facility, post, business, or other designated location, that I am **NOT** authorized to abandon my post under any circumstances except for an emergency. If an emergency arises, I will immediately notify my supervisor **PRIOR** to departing from my post. I agree and I fully understand that if I abandon my post, a full investigation will be conducted to determine if an emergency did exist and there was cause to respond. I understand that if after the investigation it is determined that a true emergency did not exist, that my position with FTS-Maritime Security Inc. will immediately be terminated and I will not be paid for that particular tour of duty. I further understand that I may be liable for incidents, which occur as a result of me abandoning my assigned post.

NOTE: To be signed only at time of Hire

Candidate Name Printed: _____

Signature of Candidate: _____

Date: _____

Witness: _____

A copy of this policy shall be placed in the employee's personnel file as a permanent record.

**FTS-Maritime Security Inc.
Release Form Agreement**

I, _____, agree to allow FTS-Maritime Security Inc. and anyone they may empower, to use, trade, or sell, all photographs, videos and recordings of me displaying the FTS Uniform or conducting any training, promotional, or actual FTS operations. I further give complete permission for the use, display, publishing, printing, copying or replication of these photographs of me on security websites or any websites for advertisement or any promotional literature without payment or compensation of any nature to me at any time for any reason now and forever.

I further state and agree that I am of sound mind and that by signing this agreement that I will be giving up all rights to these photographs, any copies, and all reprints, forever without receiving any compensation. And that these photographs shall be the sole property exclusively of the aforementioned company and, their officers and staff, without limit, to do with as they please without limit, and that I shall never be entitled to any compensation of any kind connected to the use of these photographs.

Date.....

Signature.....

Witness.....

FTS – Maritime Security Inc.

Non-Compete Agreement

In consideration of my employment with FTS – Maritime Security Inc., I the undersigned hereby agree that during my employment with FTS – Maritime Security and upon the termination of my employment and notwithstanding the cause of termination, I shall not compete with the business of FTS – Maritime Security or its successors or assigns.

This non-compete agreement shall pertain to any employee, contractor, subcontractor, officer, manager, consultant or investor of FTS – Maritime Security and shall legally prevent said employee, contractor, subcontractor, officer, manager, consultant or investor from directly or indirectly conducting or attempting to conduct business with FTS – Maritime Security clients who have in effect a business relationship with FTS – Maritime Security. This non-compete agreement shall remain in full force and effect during the employment period of said employee, contractor, subcontractor, officer, manager, consultant or investor and shall continue for 5 years after the termination of said employment.

For purposes of this agreement, the term “employment” pertains to all classifications of employees, contractors and subcontractors and investors who are doing business with FTS – Maritime Security.

This Agreement is the complete and exclusive statement of the understanding of the parties regarding the subject matter hereof and supersedes all prior or contemporaneous communications.

This Agreement may be amended only by a writing signed by both parties.

Signed this ____ day of _____, 20 ____.

Printed Employee Name

Printed Witness Name

Employee Signature

Witness Signature

Company Representative
James M Canning Sr.
President
FTS - Maritime Security Inc.

Employer Signature

Consent form for video recording for teaching, training and learning purposes.

Place of video recording: _____

Date of video recording: _____

Person's Name: _____

We may be making a video recording of some or your entire interview with members of FTS-Maritime Security Inc. and or its representatives whom you will be seeing. The video will be used for educational, training and teaching purposes.

The video is only of you and the interviewers talking together.

The digital file or tape will not be copied and will be stored on a secured server and is subject to the same degree of confidentiality and security as your personal records.

You do not have to agree to your interview being recorded. If you want the camera turned off, please tell the investigators. Your status will not be affected or prejudiced if you request that the camera is switched off.

If you consent to your interview being recorded, please sign below.

TO BE COMPLETED BY THE INTERVIEWEE:

I have read and understood the above information and give my permission for my interview to be video recorded.

Signature of Interviewee **BEFORE** interview

Date _____