

TRAINING SOLUTIONS INTERNATIONAL

POSITION APPLICATION				
POSITION NAME		POSITION DESIGNATION	OCCUPATIONAL SPECIALTY CODE	OPEN TO
Staff/Associate Instructor (Enterprise)		I-3	1D1SAIE-3	Everyone
DETAILS				
HAZARDOUS ROLE STATUS	DEPLOYABLE ROLE	POSITION ASSIGNMENT	POSITION LOCATION	SERVICE POINTS REQUIRED
No	No	Training	Junction City, OR	0
TYPE OF POSTING	OPEN DATE RANGE	POSITION TYPE	POSITION RANK	RANK SYSTEM DESIGNATOR
Internal & External	Open Until Closed	Instructor	Instructor	N/A
ASSIGNMENT OPTIONS				
<ul style="list-style-type: none"> Please select the Instructor type you wish to apply for (select ONE): <p><input type="checkbox"/> Staff Instructor (Enterprise) (Staff Instructors perform their duties as instructors primarily within TSI and are not permitted to perform professionally as an instructor for compensation in a primary role outside of TSI without Manager level permission. TSI Staff Instructors can be assigned to work as consultants and receive scheduling priority.)</p> <p><input type="checkbox"/> Associate Instructor (Enterprise) (Associate Instructors may perform the duties of an instructor for compensation outside of TSI without needing additional permission; as long as it is not for a direct competitor to TSI. (Working for a direct competitor requires Manager level approval) Associate Instructors can be assigned to work as consultants in some instances.)</p>				
CENTRAL AID AGENCY MEMBERSHIP				
<ul style="list-style-type: none"> Training Solutions International is an Affiliate Company of the Central Aid Agency and part of the larger C.A.A. table of organization. As such C.A.A. and TSI share personnel in some instances and some TSI roles require C.A.A. membership. <u>Central Aid Agency Rated Membership is not required for this position.</u> However, TSI personnel may still voluntarily choose to become Central Aid Agency Rated members if they wish. TSI personnel who are C.A.A. Rated members may receive additional employee discounts, extra points during selection / hiring processes, and eligibility for special roles that require C.A.A. membership. NOTE: TSI personnel that become C.A.A. Rated members must meet all related C.A.A. Rated membership / eligibility requirements and regulations. Are you interested in becoming a C.A.A. Rated member or learning more? <p><input type="checkbox"/> Yes <input type="checkbox"/> Not at this time <input type="checkbox"/> Other: _____</p>				

EXPERIENCE

Please submit a complete resume with all related certifications and experience along with this application.

PLEASE PROVIDE OR ATTACH A DETAILED EXPLANATION ABOUT WHY YOU ARE INTERESTED IN / THINK YOU WOULD BE A GOOD FIT FOR THE POSITION

DISCIPLINES/COURSES INTERESTED IN TEACHING
(Please list all that apply in the space below)

CURRENT CERTIFICATIONS & INSTRUCTOR LICENSES

Instructions: Please list any currently held and expired certifications and instructor licenses that may be relevant to Training Solutions International. Please be detailed, if a field does not apply, put "N/A".

CERTIFICATION / LICENSE NAME: _____

CERTIFICATION / LICENSE NUMBER: _____

EXPIRATION DATE: _____

ISSUING AGENCY / ORGANIZATION: _____

NOTES / COMMENTS: _____

CERTIFICATION / LICENSE NAME: _____

CERTIFICATION / LICENSE NUMBER: _____

EXPIRATION DATE: _____

ISSUING AGENCY / ORGANIZATION: _____

NOTES / COMMENTS: _____

CERTIFICATION / LICENSE NAME: _____

CERTIFICATION / LICENSE NUMBER: _____

EXPIRATION DATE: _____

ISSUING AGENCY / ORGANIZATION: _____

NOTES / COMMENTS: _____

>>>Attach Additional Pages as Needed<<<

ROLEPLAYER DETAILS

Training Solutions International provides vetted Roleplayers for first responder training, disaster drills, and training exercises. Participating as a Roleplayer is an **entirely optional, voluntary duty unrelated to your primary job as an instructor.** ☐ Check this box if not interested in being a Roleplayer.

SIMUNITIONS (Paint or soap training rounds)	EXPLOSIVE DEVICES AND LESS-LETHAL TRAINING ANALOGS (Flashbangs, smoke devices, and foam rounds)
<input type="checkbox"/> I am comfortable handling and being shot by simunitions. <input type="checkbox"/> I am comfortable working around simunitions, as long as I am not being specifically targeted. <input type="checkbox"/> I am not comfortable working around simunitons.	<input type="checkbox"/> I am comfortable handling and working around explosive devices and less-lethal training analogs. <input type="checkbox"/> I am comfortable working around explosive devices and less-lethal training analogs, as long I am not being specifically targeted. <input type="checkbox"/> I am not comfortable working around explosive devices and less-lethal training analogs.
ACTING	PHYSICAL CONTACT (Being arrested, training use-of-force, and control holds)
<input type="checkbox"/> I am comfortable acting a role based off of a script or improvisation. <input type="checkbox"/> I am not comfortable acting a role.	<input type="checkbox"/> I am comfortable with physical contact. <input type="checkbox"/> I am not comfortable with physical contact.
MOULAGE (Makeup used to create realistic looking fake training injuries)	
<input type="checkbox"/> I am comfortable being moulaged. <input type="checkbox"/> I am not comfortable being moulaged. <input type="checkbox"/> I am interested in becoming a moulage artist.	
NOTES	
<p>Proper safety equipment including eye and/or ear protection will be provided for scenarios involving training weapons. Body armor may also be provided for certain kinds of scenarios.</p> <p>Training scenarios are 'sterile environments', meaning all real-world weapons, including knives and ammunition will not be permitted. Role-players me be subject to pat-down or search prior to their entry into scenario site as part of standard safety procedures.</p> <p>Details and information contained on this form are confidential, and will be kept in a secure file.</p>	

BACKGROUND INFORMATION				
LEGAL GENDER			ETHNICITY	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other				
DATE OF BIRTH (MONTH/DAY/YEAR)			SOCIAL SECURITY NUMBER	
<div style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div> <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div> <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div> </div>			<div style="text-align: center;"> <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div> <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div> <div style="border-bottom: 1px solid black; width: 100px; display: inline-block;"></div> </div>	
DRIVERS LICENSE NUMBER			STATE	
PHONE NUMBER WE CAN REACH YOU			EMAIL WE CAN REACH YOU	
AGENCY AFFILIATION (SELECT ALL THAT APPLY)				
<input type="checkbox"/> Central Aid Agency: _____ <input type="checkbox"/> Training Solutions International: _____ <input type="checkbox"/> No Agency Affiliation Operating Number: _____ <input type="checkbox"/> Instructor <input type="checkbox"/> Other				
<input type="checkbox"/> Law Enforcement/Security: _____ <input type="checkbox"/> Military: _____ <input type="checkbox"/> Fire/EMS: _____ Agency: _____ Branch: _____ Agency: _____				
AGENCY YEARS OF SERVICE				
LIST ALL STATES WHERE YOU HAVE LIVED, WORKED, OR ATTENDED SCHOOL SINCE AGE 18 (Attach page if more room needed)				
LIST ALL OTHER NAMES THAT YOU HAVE USED, INCLUDING NICKNAMES, ALIASES, AND MAIDEN NAME(S) (Attach page if more room needed)				
Last, First, Middle				
Last, First, Middle				
Last, First, Middle				
FULL LEGAL NAME				
SIGNATURE				

TRAINING SOLUTIONS INTERNATIONAL LLC

THIS IS A LIABILITY AND LEGAL RELEASE -- READ BEFORE SIGNING

APPLICANT NAME _____ DATE OF BIRTH _____
(Please Print)

IN CONSIDERATION of being permitted to participate in any way in the operations and activities of Training Solutions International LLC, its partners, or its affiliates; I acknowledge, appreciate, and agree that:

1. That there is an inherent potential risk of injury from some activities Training Solutions International LLC engages in, including the potential for permanent disability and death, and while particular protective equipment, policies, and training will minimize this risk, the risk of serious injury or death does exist;

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of those persons released from liability below, and assume full responsibility for my participation, actions, postings, jobs, positions, assignments, or otherwise; I swear and affirm I will not release sensitive or classified materials to anyone not authorized to receive them; and,

3. I understand that some activities of Training Solutions International LLC are physically and mentally intense. I understand that I will be bound to the policies of Training Solutions International and will comply with all rules and regulations therein. I recognize that all Training Solutions International personnel are considered Mandatory Reporters in regards to incidents of abuse; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS TRAINING SOLUTIONS INTERNATIONAL LLC, its affiliates, and the owners and lessors of premises used to conduct training or operations, their officers, officials, agents and/or employees ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, except that which is the result of gross negligence and/or wanton misconduct, or that which is covered by relevant employment laws or policies. I understand that TRAINING SOLUTIONS INTERNATIONAL LLC is not responsible or liable for damage, destruction, or injury to personally owned property; including clothing, vehicles, equipment, animals, or otherwise, that are voluntarily used in the course of official duties. And that replacement or repair of such items is up to the sole discretion of TRAINING SOLUTIONS INTERNATIONAL LLC.

5. I understand and agree that this Release of Liability Agreement covers each and every official activity or event SPONSORED, ENDORSED, or AUTHORIZED BY TRAINING SOLUTIONS INTERNATIONAL LLC or its affiliates in which I participate hereafter.

6. I hereby grant permission to TRAINING SOLUTIONS INTERNATIONAL LLC and its affiliates to use my photographic and digital likeness, voice sound, and any intellectual property created by me while on duty; in all forms and media for advertising, trade, and any other lawful or official purpose.

7. I hereby authorize Training Solutions International LLC to make emergency medical decisions and interventions on my behalf, whether conscious or unconscious. I authorize Training Solutions International LLC to create and access personal medical history relevant to providing treatment, care, or for the purposes of selection, hiring, or assignment.

8. I understand that I am a volunteer or at-will employee and therefore Training Solutions International reserves the right to terminate my membership, application, employment, or position at any time for any reason they see fit.

9. I understand that Training Solutions International LLC prohibits any form of solicitation or distribution in working areas, during work time, or that uses company resources, without prior authorization. The parties to this Agreement realize that TSI provides special and essential services to the community, and that for this and other humanitarian reasons, it is the intent of the parties to settle disputes by the grievance procedure provided for herein. It is, therefore, agreed that during the term of this Agreement, there shall be no strikes, including any sympathy strikes, work stoppages, picketing, hand-billing, walkouts, slowdowns, boycotts or any other activity that interrupts or impedes work, or the delivery of goods, services or otherwise to or by TSI. No one shall authorize, instigate, aid or condone such activity. In the event of any such activity, TSI may do everything within its power to end or avert the same. Any personnel participating in any of the activities referred to above, including the refusal to cross a picket line posted by any other labor organization or any other party, shall be subject to immediate dismissal, permanent replacement, or lesser discipline, at the discretion of TSI. I hereby certify that I will not use my status, training, certifications, knowledge, experience, or skills in a manner that is in competition to the business interests of Training Solutions International LLC without the express permission of the Company Manager or an authorized designee. I understand that only Manager level personnel may enter into contracts and agreements on behalf of TSI, and I cannot independently contract my services as a TSI Instructor.

10. I hereby authorize the Training Solutions International LLC to make periodic background checks and drug tests, and that refusal or failure of such checks may result in disciplinary actions and/or my termination.

11. I understand that Training Solutions International LLC has adopted a company policy of political neutrality, except as it pertains to issues related to the mission of the company or our parent organization the Central Aid Agency. Therefore, I acknowledge and agree to abstain from political activities, statements, postings, displays, or otherwise while on duty or otherwise representing Training Solutions International LLC; unless specifically authorized.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ Date Signed: _____
APPLICANT SIGNATURE

FOR PARTICIPANTS OF MINOR AGE: (UNDER AGE 18 AT TIME OF APPLICATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release of the TRAINING SOLUTIONS INTERNATIONAL LLC and all other Releasees but also to release and indemnify the Releasees from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin.

X _____ Date Signed: _____
PARENT/GUARDIAN'S SIGNATURE

UNIFORM SIZING AND OPTIONS			
Your Height:			
X	Uniform Item & Options	Preferred Size	Your Measurements (Inches)
Head / Hat			
	Tactical Ballcap, Black (x1) (Optional, add \$20.00)	_____ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unisex	
Jacket			
	Available later – Please state sizing	_____ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unisex	
Top			
	Available later – Please state sizing	_____ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unisex	_____ (Chest AND Arm Length)
T-Shirt			
X	Instructor Polo Shirt, Black (x1)	_____ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unisex	
Belt			
X	BDU style Pants Belt, Khaki, Coyote, or reversible (x1)	_____ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unisex	
Pants			
X	Instructor Tactical Pants, Tan (x1)	_____ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unisex	_____ (Chest AND Arm Length)
Boots			
	Duty shoes 6" tall, Coyote (x1 Pair) Duty boots 8" tall, Coyote (x1 Pair) (choose one)	_____ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unisex	N/A
Equipment			
	N/A	_____ <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unisex	N/A
Insignia			
X	Chest ID Tapes (x4)	Regulation	N/A
X	Chest Instructor Badge (x1)		
X	Shoulder flag patch (x1)		
X	Shoulder TSI patch (x1)		
NOTE: Please include BOTH Size (Sm / Md / Lg / XL etc.) AND Inch Measurements.			
NOTES / COMMENTS			
PLEASE NOTE: All uniform items meet stringent regulations as to style and material composition.			
Uniform Flag Preference (Please select one)			
<input type="checkbox"/> TSI Site Flag <input type="checkbox"/> U.S. Flag <input type="checkbox"/> Other Country Flag: _____ (State Country-Must have affiliation)			

PLEASE NOTE: APPLICATIONS TURNED IN WITHOUT UNIFORM SIZING INFORMATION CORRECTLY FILLED OUT WILL BE REJECTED!

INITIAL UNIFORM PAYMENT INFORMATION	
Payment may be made by cash, check, or card. Please ensure to attach payment to this application, or make arrangements to make payment online.	
COST	ITEM
\$20.00*	<ul style="list-style-type: none"> Tactical Ballcap, Black (x1) *(Optional – Not Required for uniform)
\$30.00	<ul style="list-style-type: none"> Instructor Polo Shirt, Black (x1)
\$15.00	<ul style="list-style-type: none"> BDU style Pants Belt, Khaki, Coyote, or reversible (x1)
\$45.00	<ul style="list-style-type: none"> Instructor Tactical Pants, Tan (x1)
\$100.00	<ul style="list-style-type: none"> Duty shoes 6" tall, Coyote (x1 Pair)
\$10.00	<ul style="list-style-type: none"> Shipping / Manufacturing
Free (\$50.00 value)	<ul style="list-style-type: none"> Insignia – <i>Provided by TSI</i>
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="font-size: 1.2em; font-weight: bold;">Total Due: \$200.00*</div> <div style="font-size: 0.8em;">*Does not include additional \$20 for optional hat.</div> </div>	
PLEASE NOTE: Enterprise Instructors <u>MUST</u> pay for their initial uniform before they can begin working. Uniform items in new or good condition may be sold back at fair market value upon leaving the company.	
PREFERRED PAYMENT METHOD	
<div style="display: flex; align-items: flex-start;"> <div style="flex: 1;"> <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Card <input type="checkbox"/> Online / Through Website </div> <div style="flex: 2; margin-left: 20px;"> Total Payment Enclosed: _____ </div> </div>	

APPLICATION	
<input type="checkbox"/> I HEREBY CERTIFY AND AFFIRM THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE POSITION DESCRIPTION AND ALL TERMS AND REQUIREMENTS THEREIN.	
LAST NAME	FIRST NAME
DATE OF BIRTH	LEGAL GENDER
	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
CONTACT PHONE	CONTACT EMAIL
SIGNATURE	
DATE	
BELOW FOR C.A.A. PERSONNEL APPLICANTS ONLY	
CURRENT COMMAND OR BRANCH	CURRENT UNIT
CURRENT COMMANDING OFFICER	YOUR C.A.A. ID NUMBER
BELOW FOR AUTHORIZING MANAGER ONLY	
APPLICATION APPROVED	DATE
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Hold	
COMMENTS	
SIGNATURE	ID NUMBER

TSI ASSIGNMENT FORM

(FILLED OUT BY FILING MANAGER)

<input type="checkbox"/> New Assignment	<input type="checkbox"/> Transfer	<input type="checkbox"/> Re-Assignment	<input type="checkbox"/> Attachment	<input type="checkbox"/> Change Duty Status
NAME (LAST, FIRST)		EMPLOYEE NUMBER		
PREVIOUS ASSIGNMENT				<input type="checkbox"/> Check if none
ROLE				
LOCATION / UNIT				
NEW ASSIGNMENT				<input type="checkbox"/> Check if Additional Duty
ROLE				<input type="checkbox"/> Check if same as above
LOCATION / UNIT				<input type="checkbox"/> Check if same as above
DATE & TIME END PREVIOUS		DATE & TIME START NEW		
<input type="checkbox"/> Check if all below remaining unchanged				
PREVIOUS SECURITY CLEARANCE		NEW SECURITY CLEARANCE		
PREVIOUS RANK	RSD#	NEW RANK	RSD#	
PREVIOUS DUTY STATUS		NEW DUTY STATUS		
COMMENTS				
AUTHORIZING MANAGER			DATE	
EMPLOYEE NUMBER				