

# APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer. We consider all applicants without regard to race, color, age, sex, religion, national origin, the presence of mental, physical, or sensory, disability, sexual orientation, or any other basis prohibited by federal, state, or provincial law.

**\*Please Print Clearly and Use Black Ink to complete this application.**

Application Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Legal Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Other former names you are known by: \_\_\_\_\_

Are you less than 18 years old?  yes  no

**Are you legally eligible for employment in the United States?**  yes  no

(All new hires will be required to provide proof of eligibility to work in the United States)

**Have you been convicted of a crime including felony or traffic violations?**

yes  no *Convictions that are a matter of public record (arrests are not convictions).*

**Charge/Description:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Dates:** \_\_\_\_\_

**Disposition/Outcome:** circle one (Deferred, Dismissed, Fined, Imprisoned, Probation). A conviction will not necessarily disqualify you for employment.

Street Address: \_\_\_\_\_ Apt/Sp # \_\_\_\_\_, City: \_\_\_\_\_, State: \_\_\_\_\_, Zip Code: \_\_\_\_\_

Cell Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ Home Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Please list the job position you are applying for:** Position Title: \_\_\_\_\_

Desired Salary: \$ \_\_\_\_\_ How soon can you begin work? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Have you ever filed an application with us before?  yes  no If yes, when? \_\_\_\_\_

Are you available to work  Regular Full-time  Regular Part-time  Seasonal Full-time  Seasonal Part-time?

Are you available to work overtime?  yes  no

Please list hours of availability:

Sun	Mon	Tue	Wed	Thu	Fri	Sat
____ am/pm	____ am/pm	____ am/pm	____ am/pm	____ am/pm	____ am/pm	____ am/pm
____ am/pm	____ am/pm	____ am/pm	____ am/pm	____ am/pm	____ am/pm	____ am/pm

If the position requires travel, are you able to travel?  yes  no

How did you hear about this position(s)?  Advertisement  Friend  Relative  Walk-in  Agency  Other \_\_\_\_\_

Have you ever worked for  Buck Wild LLC  Papillon Airways  Scenic Airlines  Grand Canyon Airlines  Air Grand Canyon  Grand Canyon Coaches  Canyon Flight Trading  GrandCanyon.com?  yes  no

If yes, when? \_\_\_\_\_ Location? \_\_\_\_\_ Department? \_\_\_\_\_ Position? \_\_\_\_\_

Do you have any relatives or friends that work for any of our properties?  yes  no If yes, name & which property? \_\_\_\_\_

Are you currently on "lay-off" status or subject to recall? .....  yes  no

Education Type	Name & Address of School	Circle Last Years Completed	Did you graduate?	Subjects Studied and Degrees Received GED/Diploma/Degree Type
High School		1 2 3 4	Y N	
College		1 2 3 4	Y N	
Post College		1 2 3 4	Y N	
Trade, Business or Correspondence School, License		1 2 3 4	Y N	

**Education**

**Describe any specialized training, apprenticeship, and extra-curricular activities.**


**Describe any job-related training received in the United States military.**


If you need additional space, please continue a separate sheet of paper.

**List professional, trade, business or civic activities and offices held.**  
*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:*


Employment Experience (Writing “see resume” does not complete the application).

**List below all former employers for the past ten (10) years starting with the most current employer. Please include all gaps between employment and state the reason for the gap. If needed an additional continuation sheet can be provided.**

**1. All boxes must be thoroughly completed with phone numbers, complete addresses, and dates.**

From	Employer Name	Salary or Hourly	Position	Reason for Leaving
To	Address	Start		
		End		
Duties Performed				
Supervisor's Name		Phone Number (Required)	May We Contact? <input type="checkbox"/> Y <input type="checkbox"/> N	
		( ) -		

**2.**

From	Employer Name	Salary or Hourly	Position	Reason for Leaving
To	Address	Start		
		End		
Duties Performed				
Supervisor's Name		Phone Number (Required)	May We Contact? <input type="checkbox"/> Y <input type="checkbox"/> N	
		( ) -		

**3.**

From	Employer Name	Salary or Hourly	Position	Reason for Leaving
To	Address	Start		
		End		
Duties Performed				
Supervisor's Name		Phone Number (Required)	May We Contact? <input type="checkbox"/> Y <input type="checkbox"/> N	
		( ) -		

**4.**

From	Employer Name	Salary or Hourly	Position	Reason for Leaving
To	Address	Start		
		End		
Duties Performed				
Supervisor's Name		Phone Number (Required)	May We Contact? <input type="checkbox"/> Y <input type="checkbox"/> N	
		( ) -		

**5.**

From	Employer Name	Salary or Hourly	Position	Reason for Leaving
To	Address	Start		
		End		
Duties Performed				
Supervisor's Name		Phone Number (Required)	May We Contact? <input type="checkbox"/> Y <input type="checkbox"/> N	
		( ) -		

**\*\*Please review your current and past employment information to ensure that all phone numbers, complete addresses, and dates of employment have been included. All boxes in the Employment section must be thoroughly completed.**

## Additional Information

### Other Qualifications

Summarize specialized job-related skills and qualifications acquired from employment or other experience.

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## Specialized Skills (Check Skills/Equipment Operated)

Skills (check all that apply)

- Word  Excel  Power Point  Outlook E-mail  Internet Explorer  Terminal  PC / MAC  
 Typing WPM \_\_\_\_\_  10-key/Calculator  Typewriter  Shorthand  Cash handling  Register  
 Inventory  Multi-Phone Lines  Production/ Mobile Machinery (list) \_\_\_\_\_  
 CDL  Vehicle Types \_\_\_\_\_  Aircraft Types \_\_\_\_\_

Languages (check all that apply)

- English  Spanish  Japanese  German  French  Italian  Other \_\_\_\_\_

State additional information you feel may be helpful to us in considering your application.

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Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU WERE APPLYING.

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

\_\_\_\_\_ YES \_\_\_\_\_ NO

## Professional References

Name	Address	Phone	Business	Years Known
1. _____	_____	(____)____-_____	_____	_____
2. _____	_____	(____)____-_____	_____	_____
3. _____	_____	(____)____-_____	_____	_____

### FOR PERSONNEL DEPARTMENT ONLY

Position(s) Applied for Is Open: \_\_\_\_\_ Yes \_\_\_\_\_ No

Position (s) Considered For: \_\_\_\_\_

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

and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

**1. Consent to Conduct Background Investigation**

As a condition of, and as a prerequisite consideration of this application, I give permission to investigate my personal and employment history. I understand that this background investigation will include, but not be limited to, verification of all information on this application, as well as interviews with past employers. I further give permission to conduct this investigation and to discuss the results of this investigation in connection with my application for employment.

**2. Consent to Contact Past Employers**

I give permission to contact all employers listed in this application (except those specifically excluded) for references. I further give permission to all current or previous employers to discuss my relevant personal and employment history with consent to the release of such information orally or in writing, and hereby release them from all liability, and agree not to sue them for defamation or other claims based upon any statements they make to any representative of the company. I further waive all rights I may have under state law to receive a copy of any written statement provided by any of my former employers. I further agree to indemnify all past employers for any liability they may incur because of their reliance upon this release.

**3. Consent to Contact Government Agencies**

I give permission to any agent, attorney or representative to receive a copy of any information obtained in the file of any federal, state, or local court, government agency, law enforcement agency or investigator concerning or relating to me. I further consent to the release of such information and waive any right under state law concerning notification of the request for a release of such information. In the event a state law does not provide for prospective employers to have access to information, I hereby delegate the Company as my agent for receipt of information. I understand that the scope of this investigation will be limited to criminal and/or civil records that relate to my honesty, integrity and/or abilities.

**4. Cooperation with Investigation**

I agree to fully cooperate in background investigation, and to sign any waivers or releases that may be necessary to obtain access to relevant information. If any former employer or federal, state, or local governmental agency will not release reference information or criminal history information directly to the Company, I agree to personally request such information to the extent permitted by law.

**5. Falsification Statement**

I understand that any falsification or willful omission of fact made in this application or in connection with any background investigation may be enough grounds for rejection of this application, or, if discovered after an offer of employment, for immediate dismissal.

**6. Employment “At Will”**

In consideration of my employment, I agree to conform to the rules and regulations of the Company and my employment and compensation is “at will” in that they can be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or myself, except as otherwise provided by law. I understand that no manager or representative of the Company other than the Owner/COO/CEO of the Company has authority to enter into any agreement for employment for any specified period of time, or to make any agreement or contract to the foregoing, and that any promises to the contrary will only be relied upon by me if they are in writing and signed by the Owner/COO/CEO of the Company.

**7. Medical Examination**

If I am offered employment, I agree to submit to a medical examination and/or a drug/alcohol test(s) before starting work, if required. If employed, I also agree to submit to a medical examination and/or a drug/alcohol test(s) at any time deemed appropriate by the Company and as permitted by the Company policy and law. I consent to such examinations and test, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, may be contingent upon satisfactory medical examinations and/or drug/alcohol test(s), and if I am hired, a condition of my employment will be that I abide by the Company’s Substance Abuse Policy.

*I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I certify that all the statements made by me on this application for employment are true, correct, and complete to the best of my knowledge.*

**Applicant (Print) Name:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

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

## EEO Information – Employee

We are committed to Equal Employment Opportunity (EEO), including providing all employees equal access to employment, promotion, and training opportunities. To successfully comply with our policy, we ask that you voluntarily provide the following information, which will not be used to evaluate your current or future employment status. Refusal to provide this information will not subject you to any adverse treatment. This information will be kept confidential; if reported to the federal government for civil rights enforcement, data will not identify any specific individual.

Name: \_\_\_\_\_

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

Position: \_\_\_\_\_

Male

Female

### RACE (Please check one)

- White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black or African American (Not Hispanic or Latino)** – A person having origins in any of the Black racial groups of Africa.
- Hispanic or Latino** – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.
- Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian/Alaskan Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or more Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

### VETERAN STATUS

- Qualified Disabled Veteran:** 1) a person entitled to disability compensation under laws administered by the Veteran Administration for disability rated at 30% or more, or 2) a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty, and 3) is capable (qualified) of performing a particular job with reasonable accommodation to his/her disability.
- Vietnam Veteran:** A person who 1) actively served for more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was released with other than a dishonorable discharge, or 2) was released from such active duty for a service-connected disability.
- “Other Veteran”:** Other Veteran is defined as a veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized. A complete list of campaigns can be viewed at <http://www.opm.gov/veterans/html/vgmedal2.htm>
- Newly Separated Veteran:** Veterans whose discharge date from active duty in the U.S. military occurred in the past 12 months.

### DISABILITY STATUS

Are you able to perform the essential functions of the job?  Yes  No

Do you require any special accommodation to perform the essential functions of the job?  Yes  No If yes, please describe: