

SUBMITTING AN APPLICATION

INSTRUCTIONS:

1. Print this form.
2. Fill out the attached forms **COMPLETELY** and in **BLACK INK ONLY**
 - a. Legible handwriting required
 - b. Incomplete applications will be discarded
3. Return this form using one of the following methods:
 - a. **Email:** Send this form as a standard PDF to nvhrdept@papillon.com
 - i. *Only PDFs are accepted.*
 - b. **Secure Fax:** Fax completed forms to (702) 800-5499
 - c. **Traditional Mail:** Applications may be mailed to:

Human Resources Department
1265 Airport Rd
Boulder City, NV 89005

FREQUENTLY ASKED QUESTIONS:

- What if a form on your application is not relevant to me? Can I just leave it blank?
 - That is not recommended. If a field does not apply to you please write **N/A** in the space provided for an answer.
- May I attach a resume to this form?
 - Absolutely! However, this application is the only official way to apply for a job with our company.
- Can I reference my attached resume on my application.
 - No, all fields on the application must be thoroughly completed. “*See Resume” is not an acceptable answer.

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: select 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: _____

Which location are you applying for?: ☐ Las Vegas, Nevada ☐ Boulder City, Nevada ☐ Page, AZ
☐ Grand Canyon West Rim, Arizona ☐ Grand Canyon South Rim, Arizona

Which Company are you applying for? : ☐ Papillon Airways ☐ Canyon Flight Trading
☐ Grand Canyon Airlines ☐ Grand Canyon Coaches

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 ☐ 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? _____

Education Type	Name & Address of School	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 on a separate sheet of paper.

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

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 phones 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.

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.

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: _____

Please read this section carefully and acknowledge your understanding by signing your name in the space below. If you are to be hired by the (Company) **Papillon Airways Inc., Grand Canyon Airlines dba Scenic Airlines, Grand Canyon Coaches, Air Grand Canyon, Canyon Flight Trading, Grandcanyon.com** you will be required to attest to your identity and employment eligibility, 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. In the event that 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 sufficient 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 of 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 - Employees

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 people 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.doi.gov/veterans/html/vetmedal2.htm>
- ☐ **Newly Separated Veteran:** Veterans whose discharge date from active duty in the US 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: