

Submit Application: Papillon Helicopters / Grand Canyon Scenic Airlines to
karen.voneggers@papillon.com

APPLICATION FOR EMPLOYMENT

Our company is an equal opportunity employer. Our company does not discriminate in employment with regard to race, color, religion, national origin, citizenship status, ancestry, age, sex, sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service or another characteristic protected by law.

Personal Information

Incomplete information could disqualify you from further consideration. Please complete all fields.

Application Date

Last four (4) of Social Security #

(Legal) Last Name		First		Middle	
Sr/Jr		Preferred Name		Other Alias Names	

Address	Street #		Street Name		Unit/Space/Apt	
City			State		Zip Code	

Contact Information	Cell Phone		Alternate Phone	
Email				

Are you less than 18 years of age? Yes No

Are you legally eligible for employment in the United States? Yes No

Have you been convicted of a crime including felony or traffic violation?	Yes		No	
City		State		Charge Date
Charge Description (Explain)				

Disposition Outcome	Deferred		Dismissed	
Fined		Imprisoned		Probation

Have you ever been terminated from employment or asked to resign by an employer? Yes No

Are you currently employed? Yes No

Employment Desired	
Please list the job position you are applying for: <i>You must list the job title as stated in the job posting. Please do not write "any" as the position title.</i>	Position Title

Which company are you applying			
Papillon GC Helicopters		South Rim AZ	

Desired Hourly Rate \$		Desired Salary Rate \$	
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Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation?	Yes		No	
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Are you willing to relocate?	Yes		No	
If Yes, Which locations will you relocate to?				

Have you applied with us before?	Yes		No		If Yes, When (Date)?	
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Do you have reliable transportation ?	Yes		No	
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Are you willing to travel?	Yes		No	
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Availability

Date you can start

Availability	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time							
End Time							

If applying for seasonal work, which months are you available to work?

Jan		Feb		Mar		Apr		May		Jun	
Jul		Aug		Sep		Oct		Nov		Dec	

Are you available to work overtime?	Yes		No	
Are you available to work on holidays?	Yes		No	
Are you available to work weekends including Sundays?	Yes		No	
<i>We operate business seven (7) days per week, including weekends, Sundays, holidays, first, second, and third shift.</i>				

Referral Source

How did you hear about us?

Have you ever worked for us before?		Yes		No	
If Yes, provide name of company and dates worked:					
Locations include: Papillon Helicopters, Grand Canyon Scenic Airlines, Grand Canyon Coaches, Buck Wild, Grandcanyon.com, Canyon Flight Trading.					

Do you have any relatives who work for the company?	Yes		No	
If yes, provide name of relative, company, position:	<input style="width: 400px;" type="text"/>			

Were you referred to by any of our Team Members?	Yes		No	
If yes, provide name of Team Member, company, position:	<input style="width: 400px;" type="text"/>			

Education and Military Experience

Highschool Name				Location			
Did you Graduate?		Yes	No	Degree Received			
Subjects Studied/Major							

Military Branch Name				Base			
Rank Title		Duties/Skills					
Active?		Retired?		Honorably Discharged?	Yes	No	

College or University Name				Location			
Did you Graduate?		Yes	No	Degree Received			
Subjects Studied/Major							

College or University Name				Location			
Did you Graduate?		Yes	No	Degree Received			
Subjects Studied/Major							

Trade, Business or Correspondence School Name				Location			
Did you Graduate?		Yes	No	Degree Received			
Subjects Studied/Major							

Seminars/Continuing Education

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Hobbies

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Volunteer Activities

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Community Service Activities

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License and Certificate

Do you have a valid/unexpired Driver's License	Yes		No	
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Do you have a CDL License with Passenger Endorsement?	Yes		No	
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Do you have a Notary License?	Yes		No	
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Do you have an unexpired Health Card?	Yes		No	
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Do you have an A&P Airframe Powerplant License?	Yes		No	
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If yes, is your License an A, P, or both A&P?				
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Do you have an IA Inspection Authorization Certification?	Yes		No	
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List ALL Aviation Certificates Below

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List All PIC Hours Below

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List all Aircraft Types Below

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Additional Information

<i>Use the space below to list any additional experience and/or information you would like for us to know.</i>
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Skills

Please list all languages you speak including English:	
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Do you have any specific skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, please explain.

Check all that apply									
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Adobe Creative		ECR/Catapult POS		Great Plains	
Sage		Internet		MS Excel (Basic)	
MS Excel (Advance)		MS Outlook		MS Power Point	
MS Publisher		MS Word		Credit Card Reader	
Photoshop		Photoshop Light room		Typing WPM	
Google Meet		Skype		Zoom	
Please list other Computer/Software skills:					
Which Social Media platforms do you have experience using?					
3CX Phones		135 ACM		Alpro	

Have you ever worked in the Airplane or Helicopter industry?	Yes		No	
If yes, what was your position?				
Please provide the employer's name.				
Describe your duties:				

Do you have any management experience? If yes, please explain.

Employment History

Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. *Incomplete information could disqualify you from further consideration. Please do not type "see resume."* All fields must be thoroughly completed.

From		To		Employer Name				
Phone #				Supervisor Name				
May we contact?	Yes		No					
Phone #				Website				
Address	Street #			Street Name				
City				State		Zip Code		
Job Title				Is this a DOT Position?	Yes		No	
Summarize duties performed:								
Provide reason for Leaving:								

From		To		Employer Name				
Phone #				Supervisor Name				
May we contact?	Yes		No					
Phone #				Website				
Address	Street #			Street Name				
City				State		Zip Code		
Job Title				Is this a DOT Position?	Yes		No	
Summarize duties performed:								
Provide reason for Leaving:								

From		To		Employer Name				
Phone #				Supervisor Name				
May we contact?	Yes		No					
Phone #				Website				
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City				State		Zip Code		
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Summarize duties performed:								
Provide reason for Leaving:								

Employment History "Continue Page"

From		To		Employer Name				
Phone #				Supervisor Name				
May we contact?	Yes		No					
Phone #				Website				
Address	Street #			Street Name				
City				State		Zip Code		
Job Title				Is this a DOT Position?	Yes		No	
Summarize duties performed:								
Provide reason for Leaving:								

From		To		Employer Name				
Phone #				Supervisor Name				
May we contact?	Yes		No					
Phone #				Website				
Address	Street #			Street Name				
City				State		Zip Code		
Job Title				Is this a DOT Position?	Yes		No	
Summarize duties performed:								
Provide reason for Leaving:								

Gaps between Employment

Please list all gaps between employers below for the past seven (7) years. Please state the reason for being unemployed.

Gap-unemployed	From		To		Reason	
Gap-unemployed	From		To		Reason	
Gap-unemployed	From		To		Reason	
Gap-unemployed	From		To		Reason	

Professional References

Provide the names of three (3) persons not related to you, whom you have known at least three (3) years.

Name				Phone#				Email			
Position Title				Company				Years Known			
Address	Street #			Street Name							
Unit/Space/Apt			City			State			Zip Code		

Name				Phone#				Email			
Position Title				Company				Years Known			
Address	Street #			Street Name							
Unit/Space/Apt			City			State			Zip Code		

Name				Phone#				Email			
Position Title				Company				Years Known			
Address	Street #			Street Name							
Unit/Space/Apt			City			State			Zip Code		

Reference Letter

If you have a reference letter, you may cut and paste the reference letter in the section below. Please include contact information.

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Assessment

Please in your own words answer each question below. You may use past or current work experience.

What are your customer service strengths?**For the position you have applied for, what are the first things you would do in an emergency situation?****How have you resolved an issue with a co-worker in the past?****What are the steps you would take to managing a customer who is disputing with you?****Tell us about your favorite trip?****Why do you want to work here?****If applying for a (Management Position) As a Manager, describe one scenario in which you had a WIN/WIN end result.**

Acknowledgement

You cannot be hired if you cannot comply with these requirements. You will be required to provide documentation of your eligibility to work in the United States.

Please read carefully before signing.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the Company to hire me. If I am hired, I understand that either the Company or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of the Company has the authority to make any assurance to the contrary.

I attest with my signature below that I have given the Company true and complete information on this application. No requested information has been concealed. I authorize the Company to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

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.

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.

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 the 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.

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.

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.

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.

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 tests, 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.

Print Name		Signature		Date	
THIS APPLICATION IS VALID FOR ONLY SIXTY (60) DAYS FROM THE DATE ABOVE.					

Cover Letter

You may cut and paste your cover letter in the space below.

Resume

You may cut and paste your resume in the space below. You are still required to thoroughly complete the employment history section of this application. Incomplete information on the employment history section of this application could disqualify you.

Applicant Invitation EEO-1 Voluntary Self Identification Form

Date	
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Name		Position applied for:	
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GENDER	
<i>(Please check one of the options below)</i>	
	Male
	Female

RACE/ETHNICITY	
<i>(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)</i>	
	Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
	White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
	Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.
	Native Hawaiian or Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.
	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 American or Alaska 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.
	I do not wish to disclose.

Signature	
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Applicant Invitation to Self-Identify as a Protected Veteran (VEVRAA)
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Date	
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Name		Position applied for:	
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Veteran Status	
<i>I identify as one or more of the following classifications of protected veterans. (Please check one of the options below).</i>	
	Active duty wartime or campaign badge veteran means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
	Armed Forces service medal veteran means any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209, 3 CFR, 1996 Comp., p. 159).
	Disabled veteran means (1) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.
	Recently separated veteran means a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.
	I am not a protected veteran.

Signature	
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