

Open Skies Healthcare fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, gender, sexual orientation, veteran's status, disability or any other basis prohibited by federal, state or local law. In accordance with requirements with the Americans with Disabilities Act, it is our policy to provide reasonable accommodation upon request during employment. As an equal opportunity employer, we intend to comply fully with applicable federal and state employment laws and information on this application will only be used for purposes consistent with those laws. Applications are only accepted for positions currently available and will only be used for thirty (30) days from today's date or until the position is filled, whichever occurs first.

## PERSONAL

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

Address: \_\_\_\_\_

Referred by: \_\_\_\_\_ Phone Number: \_\_\_\_\_

When are you able to start work? \_\_\_\_\_

Have you ever applied for/worked for Open Skies Healthcare before?  Yes  No

If yes, when and where: \_\_\_\_\_

Do you have any family members that currently work for Open Skies Healthcare?  Yes  No

If so, where? \_\_\_\_\_

Are you legally authorized to work in the United States?  Yes  No

**Note:** The Federal Immigration and Reform and Control Act of 1986 requires that a DHS Employment Eligibility Verification "Form I-9" be completed for every new hire and that within 3 business days of beginning work, every new hire must present documentation establishing his/her identity and authorization to work. This federal requirement must be satisfied as a condition of employment.

## EDUCATION

Type of School	Name of School	Location City and State	Degree/Number of Years Completed	Did you graduate?
High School/GED				
College				
Graduate School				
Other Training/Degrees				

## PROFESSIONAL LICENSE

Type of License(s) Held: \_\_\_\_\_

State of New Mexico License Number: \_\_\_\_\_

License Expiration Date: \_\_\_\_\_

Other Professional Memberships: \_\_\_\_\_

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**RECORD OF CONVICTION**

1. Have you ever been convicted of a felony?  
 Yes  No Date of Conviction: \_\_\_\_\_
  
2. Have you been convicted of misappropriation of funds, embezzlement, or similar dishonest conduct; or an offense involving the use of a weapon, for burglary, robbery, breaking and entering or theft; or physical assault or other violent crime?  
 Yes  No
  
3. Have you been convicted of or completed a period of incarceration within the past five years for any misdemeanor?  
 Yes  No
  
4. A criminal conviction will not necessarily be a barrier to employment. To help us evaluate your application, please describe your criminal convictions, including penalties imposed, the nature of your offense and your rehabilitation since the conviction: \_\_\_\_\_

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**10 YEAR EMPLOYMENT HISTORY** (List your most recent employer first)

Name of Employer Address, City, State, ZIP Phone Number	Employment Dates To: _____ From: _____	Name of Last Supervisor
	Last Job Title	
Reason for Leaving		
Work Performed		

Name of Employer Address, City, State, ZIP Phone Number	Employment Dates To: _____ From: _____	Name of Last Supervisor
	Last Job Title	
Reason for Leaving		
Work Performed		

Name of Employer Address, City, State, ZIP Phone Number	Employment Dates To: _____ From: _____	Name of Last Supervisor
	Last Job Title	
Reason for Leaving		
Work Performed		

\*Please add additional pages if necessary to account for full job history

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**DRIVING RECORD**

Do you have a valid driver's license?  Yes  No State: \_\_\_\_\_

License Number: \_\_\_\_\_

Have you had any violations/tickets:  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has your license ever been suspended or revoked?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any DUI or DWI convictions?  Yes  No

If yes, please state when you were convicted: \_\_\_\_\_

Has any State ever denied you a driver's license, permit or privilege to operate a motor vehicle?  Yes  No

Has any State ever suspended or revoked your driver's license, permit or privilege to operate a motor vehicle?

Yes  No

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If the answer to either of the questions above is "yes", please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**MILITARY SERVICE (complete only if you served in the military)**

Branch of Service: \_\_\_\_\_ Number of Years/Months of Service: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Describe any military skills, training or experience you believe are relevant to the job applied for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Applicant's Certification and Agreement**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Open Skies Healthcare to verify their accuracy and to obtain reference information on my work performance. I hereby release Open Skies Healthcare from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I acknowledge that my application will remain active for 30 days from this date. If I have not heard from Open Skies Healthcare at the conclusion of this 30 day period, it is my responsibility to complete a new application if I still wish to be considered for employment.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of Open Skies Healthcare. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either Open Skies Healthcare or I may terminate my employment at any time with or without notice or cause.

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Signature of Applicant

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Date

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**Voluntary EEOC**

Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records and only accessed by the human resources department. Please return completed forms to the human resources department.

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Gender:     Male     Female

**RACE/ETHNICITY**

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

- 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 Other 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.
- American Indian 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 maintain 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.

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