

Authorization and Understanding

Release of Prior Personnel Records: By signing this application, I agree that all the information now or later given by me in support of my application for employment is true and complete. I give you my permission to verify any of the information concerning my employment, education, credit or medical history with the appropriate individuals, organizations, or governmental agencies. I give these individuals, organizations, or governmental agencies my permission to release any information that you need, including my previous disciplinary record, without requiring them to contact me or give me written notice before revealing the information to you. By signing this application, I release you and them from any liability whatsoever arising out of any information request or disclosure. I agree that any false information in support of my application may subject me to discharge at any time during my employment.

At-Will Employment Status: I agree that either party may terminate the employment relationship, with or without cause, at any time, for any reason, and I further agree that this arrangement may only be changed by the Oscoda-Wurtsmith Airport Authority Members at a regular scheduled authority meeting. I agree that I shall be bound by the other rules, policies, regulations, and terms and conditions of employment of the Oscoda-Wurtsmith Airport as they are from time to time changed and that no additional obligations can be imposed by me on the Oscoda-Wurtsmith Airport except those that have been acknowledged, in writing, by the Airport Authority or its designated representative. I further agree that my employment is conditional upon satisfactory completion of documentation as required by the Immigration Reform and Control Act of 1986 and until such time as the results of my pre-employment physical and drug testing (if such physical and drug testing are required) are known.

Handicap Accommodation Request: I understand that Michigan law requires employers to make accommodations to handicapped applicants and employees where the accommodation does not impose an undue hardship on the employer. I further understand handicapped employees and applicants may request an accommodation of their handicap by notifying the Airport Authority in writing of the need for accommodation within 182 days of the date the handicapper knows or should know that an accommodation is needed. Failure to properly notify the Airport Authority will preclude any claim that the Airport Authority failed to accommodate the handicapper.

Limitation on Time for Employment Complaints: I agree that any action or lawsuit against the Airport Authority arising out of my employment or termination of employment, including but not limited to claims arising under State or Federal civil rights statutes, must be brought within one year of the event giving rise to the claims or be forever barred. I waive any limitation period to the contrary.

Certification/Signature: Complete application and read carefully before signing.

Signature: _____

Date: _____