

# Application For Employment

Oscoda-Wurtsmith Airport Authority  
 3961 East Airport Drive  
 Oscoda, Michigan 48750  
 Tel (989) 739-1111 Fax (989) 739-0207

To The Applicant: We appreciate your interest in the Oscoda-Wurtsmith Airport and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications.

We are an equal opportunity employer and shall consider applicants for all positions without regard to race, color, handicap, sex, religion, national origin, age, marital, or veteran status.

Personal Information	
Name:	Date:
Social Security Number:	
Home Address	
City, State Zip:	
Home Phone: (     )	Business Phone: (     )
US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Not Give Visa No. & expiration:
Have you filed an application before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Date(s)

Position Applying For	
Position(s):	Salary Desired
Full Time, Part Time, or Other?	Date Available:
If part-time, specify hours and days desired:	

Military Service Record		
Have you had any experience in the Armed Forces of the United States or in a State National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what branch?	Rank at discharge?	Date of discharge?
Are you in the reserves?	If yes, date obligation ends:	
Special or technical training:		

References (Do not include relatives or former employers)				
	Name	Address	Telephone	Years Acquainted
1				
2				
3				

**Employment Experience (List current or most recent employment first)**

1	Employer	Dates From                      To  Hourly Rate/Salary Starting                      Final	Work Performed
	Address		
	Job Title		
	Supervisor		
	Reason for leaving		
2	Employer	Dates From                      To  Hourly Rate/Salary Starting                      Final	Work Performed
	Address		
	Job Title		
	Supervisor		
	Reason for leaving		
3	Employer	Dates From                      To  Hourly Rate/Salary Starting                      Final	Work Performed
	Address		
	Job Title		
	Supervisor		
	Reason for leaving		
4	Employer	Dates From                      To  Hourly Rate/Salary Starting                      Final	Work Performed
	Address		
	Job Title		
	Supervisor		
	Reason for leaving		
5	Employer	Dates From                      To  Hourly Rate/Salary Starting                      Final	Work Performed
	Address		
	Job Title		
	Supervisor		
	Reason for leaving		

**Attach additional sheets if necessary**

### Education

	Name and Location	Years Completed	Diploma Degree	Courses of Study
Elementary				
High School				
College/University				
Graduate				
Vocation/Training				

Any other educational training:

### Occupational Licenses, Registration, Certificates (Do not include Driver License)

Name of License			
License Number			

### Additional Information

Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	License No.	State
Have you been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, when, where and nature of offense	
Are there any felony charges pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

## 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: \_\_\_\_\_