

REFERENCES

LIST THE NAMES OF THREE REFERENCES WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	PHONE	YEARS KNOWN

AUTHORIZATION

" I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the American Disabilities Act (ADA) and other relevant federal and state laws."

DATE _____ SIGNATURE _____

INTERVIEWED BY _____ DATE _____

NOTICE Georgetown Airport requires drug testing as part of consideration for employment, and does occasionally require mandatory drug testing.

DO NOT WRITE BELOW THIS LINE

REMARKS

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	
HIRED	FOR DEPT.	POSITION	SALARY WAGES

APPROVED 1. _____ APPROVED 2. _____

EMPLOYMENT MANAGER

GENERAL MANAGER