

**APPLICANT'S CERTIFICATION,
AUTHORIZATION, WAIVER AND ACKNOWLEDGMENT**

I certify the facts set forth in my employment application submitted to *Speedy Q Markets, By-Lo Oil Co. and Craig Food Stores* are true and complete. I understand that if I am employed and it is discovered I have made any false statements on my employment application, such false statements shall subject me to immediate dismissal.

You are authorized to make an investigation of my employment history through any investigative agencies or bureaus of your choice, and you may contact my current or any of my former employers and I give such employers the right to release information to you and all records of my employment, excluding medical records. I further understand you may require a driving record and I authorize you to obtain such a report. I understand that you reserve the right to make a conditional offer of employment which would be conditioned upon the results of a medical examination including, but not limited to, any drug screening tests which are required by the company.

If employed, I understand that if I need or believe I need an accommodation for a handicap under the Michigan Handicappers Civil Rights Act, I must notify the company in writing of my need for such an accommodation within 180 days after I know or should have known that I need such an accommodation. My failure to provide such a timely notice will prevent me from claiming that my employer failed to accommodate my handicap under the Michigan Handicappers Civil Rights Act.

This application is current for a period of ninety (90) days from the date I sign it. At the conclusion of this time, if I have not been employed by the company and wish to be considered for employment, it will be necessary for me to fill out and submit a new application.

I understand and agree if I am hired by the company, unless specifically set forth in writing the contrary and signed by the President of the company and myself, my employment will be for no definite period of time, and may be terminated at any time with or without cause.

If hired by the company, I agree that any claim or lawsuit arising out of my employment with the company, or my application for employment with the company, must be filed no more than six (6) months after the date of my employment or within six (6) months of the action by the company that is the subject the claim or lawsuit. I understand the Statute of Limitations for claims arising out of an employment action may be longer than (6) months, and I agree to be bound by a six (6) month Statute of Limitations for any claim arising out of my employment with the company. I waive any Statute of Limitations to the contrary, unless such waiver is prohibited by State, Federal or local law.

I have read and understand the above statements.

(Applicant)

Date: _____