



EMPLOYMENT APPLICATION

An Equal Opportunity Employer

It is the policy of the Company to afford equal employment opportunity regardless of a person's age, race, religion, color, national origin, sex, marital status, height, weight, qualifying disability, veteran status or other protected characteristic.

PLEASE PRINT

NAME (Last, First, Middle Initial)

TODAY'S DATE

STREET ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

DRIVERS LICENSE NUMBER

STATE OF ISSUE

COUNTY OF RESIDENCE

Do you have a CDL? YES NO

What endorsements do you maintain?

Which type of license do you maintain?

Operator

Chauffeur

CDL-A

CDL-B

INSTRUCTIONS

The careful completion of this application is an essential step in our consideration of you for employment. You must complete the entire application. Ask for an extra piece of paper if you need to clarify or complete any responses. Your application will become inactive after 30 days unless you inform the Company, in writing, and prior to the expiration of the 30-day period, that you want your application to remain active for an additional 30 days. Before you complete and sign this application, please ask any questions that you may have. If you need a reasonable accommodation in order to complete this application form, please notify the Company. Thank you.

POSITION FOR WHICH YOU ARE APPLYING

POSITION (USE SPECIFIC TITLE)

DATE AVAILABLE

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT A REASONABLE ACCOMMODATION?

ARE YOU PRESENTLY EMPLOYED? IF YES, WHERE?

ARE YOU SUBJECT TO RECALL AT ANOTHER JOB? IF YES, EXPLAIN

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? IF SO, FOR WHAT POSITION? WHEN?

WAGE EXPECTED? WERE YOU REFERRED BY ANYONE WHO CURRENTLY WORKS FOR THE COMPANY?

IF YES, PLEASE NAME THE INDIVIDUAL(S)

EDUCATION HISTORY

	Name and Location	Course of Study	Years Completed	Graduate? Yes / No	Diploma or Degree	GPA
HIGH SCHOOL						
COLLEGE						
OTHER						

OTHER FORMAL EDUCATION OR EXPERIENCE THAT YOU FEEL IS RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING, INCLUDING MILITARY EXPERIENCE:

MISCELLANEOUS INFORMATION

ARE YOU AT LEAST 18 YEARS OLD? DO YOU HAVE LEGAL AUTHORIZATION TO WORK IN THE U.S.?

HAVE YOU WORKED UNDER A DIFFERENT NAME? IF YES, PROVIDE EACH DIFFERENT NAME:

HAVE YOU EVER BEEN CONVICTED OF A CRIME? IF YES, STATE THE CRIME(S)

DATE OF CONVICTION _____

ARE ANY FELONY CHARGES CURRENTLY PENDING AGAINST YOU? IF YES, EXPLAIN:

WHAT OTHER EMPLOYMENT OR "SIDELINE" BUSINESS DO YOU HAVE?

DO YOU PLAN TO CONTINUE IT IF EMPLOYED BY US?

PROFESIONAL REFERENCES-FORMER MANAGERS OR SUPERVISORS (Provide Names, Addresses and Telephone Numbers)

- 1.
- 2.
- 3.

EMPLOYMENT HISTORY

(List below past and present employment, starting with most recent. Do not skip any employers. Use more paper if necessary.)

1. NAME AND ADDRESS

POSITION	LAST SALARY/WAGE
DESCRIPTION OF DUTIES	
SUPERVISOR'S NAME(S)	DATES EMPLOYED: FROM TO
REASON(S) FOR LEAVING	MAY WE CONTACT THIS EMPLOYER

2. NAME AND ADDRESS

POSITION	LAST SALARY/WAGE
DESCRIPTION OF DUTIES	
SUPERVISOR'S NAME(S)	DATES EMPLOYED: FROM TO
REASON(S) FOR LEAVING	MAY WE CONTACT THIS EMPLOYER

3. NAME AND ADDRESS

POSITION

LAST SALARY/WAGE

DESCRIPTION OF DUTIES

SUPERVISOR'S NAME(S)

DATES EMPLOYED: FROM

TO

REASON(S) FOR LEAVING

MAY WE CONTACT THIS EMPLOYER

4. NAME AND ADDRESS

POSITION

LAST SALARY/WAGE

DESCRIPTION OF DUTIES

SUPERVISOR'S NAME(S)

DATES EMPLOYED: FROM

TO

REASON(S) FOR LEAVING

MAY WE CONTACT THIS EMPLOYER

5. NAME AND ADDRESS

POSITION

LAST SALARY/WAGE

DESCRIPTION OF DUTIES

SUPERVISOR'S NAME(S)

DATES EMPLOYED: FROM

TO

REASON(S) FOR LEAVING

MAY WE CONTACT THIS EMPLOYER

6. NAME AND ADDRESS

POSITION

LAST SALARY/WAGE

DESCRIPTION OF DUTIES

SUPERVISOR'S NAME(S)

DATES EMPLOYED: FROM

TO

REASON(S) FOR LEAVING

MAY WE CONTACT THIS EMPLOYER

APPLICANT STATEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

(YOU MUST DATE AND SIGN THIS APPLICANT STATEMENT TO BE CONSIDERED FOR EMPLOYMENT)

AFFIRMATION. I affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I also agree that any false information, misrepresentations, or omissions may disqualify me from further consideration for employment and may result in termination of my employment if discovered at a later date.

AUTHORIZATION. I authorize the Company to investigate all statements contained in this application, to contact my previous employers, to contact educational institutions I attended, and to discuss with them my employment/education history with them. I authorize my former employers and any educational institutions I have attended to disclose and discuss my employment/education history and records, including my disciplinary records, and waive any right to notice of such disclosure or discussion.

EXAMINATIONS. Should I receive a conditional offer of employment, I agree to submit to any physical, medical and/or psychological examination. I further authorize any physician, counselor or other treater conducting such examinations to release to and discuss with the Company the results of such examinations.

ACCOMMODATIONS. I also understand that if I have a protected disability that affects my ability to do the job I seek, I may ask the Company to attempt to make a reasonable accommodation for it. I must make my request in writing to the Controller as soon as possible, and under the Michigan Persons with Disabilities Civil Rights Act, such notice must be given no later than 182 days after the date I know or reasonably should know that accommodation is needed.

DRUG/ALCOHOL TESTS. I give my consent for the Company, through an authorized testing service of its choice, to collect blood, urine or other samples from me and to conduct any other necessary medical tests to determine the presence of alcohol, drugs, or controlled substances. I authorize the testing service to release to and discuss with the Company the test results and other relevant medical information. If I am accepted for employment, I also consent to be tested in the above manner during my employment when, in the Company's judgment, such testing is appropriate. I acknowledge that remaining free of illegal drug use and complying with the Company's substance abuse policy is a condition of my employment.

AT-WILL EMPLOYMENT. I understand that all employees of the Company are employed on an at-will basis. I understand that this means that my employment is for an indefinite period of time and may be terminated by either the Company or me at any time, with or without cause, and with or without prior notice, warning or discipline. No person other than the President of the Company has authority to offer employment for any specified period or to make any contract contrary to the foregoing. Moreover, no such agreement will be enforceable unless it is in writing, pertains specifically to me, and is signed by the President of the Company.

RELEASE. I release my current and former employers, the educational institutions I have attended, the physicians/counselors/treaters who examine me, the drug/alcohol testing service, the Company and each of their staffs and employees from any and all liability associated with the disclosure and discussion of any information, records or other documents that pertain to me.

CRIMINAL/CREDIT HISTORY. In addition, depending on the position for which I am applying, I understand that the Company may request a criminal and/or credit history pertaining to me. If such a check will be required, I understand that I will be provided with additional notices and information about that process and my rights.

WAIVER OF LIMITATIONS PERIODS. In exchange for the Company considering my application for employment, and except as prohibited by law, I agree that I must file any and all claims and/or lawsuits arising out of or pertaining in any way to my application for employment, employment, or termination of employment within six (6) months of the event giving rise to the claim and/or lawsuit. I understand that applicable statutes of limitations may be longer than six (6) months. However, I agree to be bound by this shorter, six (6) month period of limitations and accordingly **WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.**

I HAVE CAREFULLY READ THE FOREGOING APPLICANT STATEMENT. I UNDERSTAND EACH PARAGRAPH OF THE APPLICANT STATEMENT. I AGREE TO EACH PROVISION SET FORTH IN THE APPLICANT STATEMENT.

Date

Applicant Signature

INVITATION TO SELF-IDENTIFY DISABLED AND/OR VETERAN STATUS

As an Equal Opportunity Employer, Terra complies with the Rehabilitation Act and the Vietnam-Era Veteran's Readjustment Act, as amended. If you are a veteran or a person with a disability, you are invited to report your status by responding. A request to benefit under the Affirmative Action Program may be made immediately and/or at any time in the future. Any refusal to provide this information will not subject you to adverse treatment and it will not be used in any manner inconsistent with the Act.

CHECK ALL THAT APPLY.

NON-VETERAN WITH A DISABILITY – *A DISABILITY DEFINED AS A PHYSICAL OR MENTAL IMPAIRMENT THAT SUBSTANTIALLY LIMITS ONE OR MORE MAJOR LIFE ACTIVITY, SUCH AS WALKING, HEARING, SEEING OR WORKING.*

DISABLED VETERAN – *ANY VETERAN WHO IS ENTITLED TO COMPENSATION (OR WHO BUT FOR THE RECEIPT OF MILITARY RETIRED PAY WOULD BE ENTITLED TO COMPENSATION) UNDER LAWS ADMINISTERED BY THE SECRETARY OF VETERANS AFFAIRS, OR WHO WAS DISCHARGED FROM ACTIVE DUTY BECAUSE OF A SERVICE CONNECTED DISABILITY.*

OTHER PROTECTED VETERAN JULY 17, 2009 – *ANY VETERAN WHO SERVED ON ACTIVE DUTY DURING A WAR OR IN A CAMPAIGN OR EXPEDITION FOR WHICH A CAMPAIGN BADGE HAS BEEN AUTHORIZED, UNDER LAWS ADMINISTERED BY THE DEPARTMENT OF DEFENSE.*

ARMED FORCES SERVICE MEDAL VETERAN – *ANY VETERAN WHO, WHILE SERVING ON ACTIVE DUTY IN THE ARMED FORCES, PARTICIPATED IN A UNITED STATES MILITARY OPERATION FOR WHICH AN ARMED FORCES SERVICE MEDAL WAS AWARDED PURSUANT TO EXECUTIVE ORDER 12985 (62 FED. REG. 1209).*

RECENTLY SEPARATED VETERAN – *ANY VETERAN DURING THE THREE YEAR PERIOD BEGINNING ON THE DATE OF SUCH VETERAN'S DISCHARGE OR RELEASE FROM ACTIVE DUTY.*

YOUR NAME

EQUAL EMPLOYMENT OPPORTUNITY SURVEY

Terra is an equal opportunity employer subject to federal affirmative action regulations. You are invited to voluntarily self-identify your status so you can be considered under our Company's equal employment opportunity programs. You are not required to provide this information. This information will be kept confidential. See the attached definitions at the bottom of this page if you need clarification for completing this form.

SECTION 1:

MALE

FEMALE

SECTION 2:

Hispanic or Latino?

YES

NO (IF "NO" GO ON TO SECTION 3)

SECTION 3:

If you are NOT Hispanic or Latino, please check one of the following:

WHITE

AMERICAN INDIAN OR ALASKA NATIVE

BLACK OR AFRICAN AMERICAN

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
LIST:

ASIA (INCLUDES INDIA, PAKISTAN)

TWO OR MORE RACES

CURRENT POSITION OR POSITION APPLIED FOR

NAME

SIGNATURE

DATE

DEFINITIONS FOR EEO SURVEY

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

White – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black or African American – A person having origins in any of the Black racial groups of Africa.

Asian – 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 Alaskan Native – A person having origins in any of the original peoples of North America and South America (including Central America) and who maintains tribal affiliation or community attachment.

Native Hawaiian or Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Two or More Races – Persons who identify with more than one of the above five races.