



Application for Employment

We are an equal opportunity employer and make employment decisions without regard to race, color, religion, gender, sexual orientation, gender identity, national origin, genetic information, age, disability or veteran status. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law.

Applicant Name:		Date:	
Address:			
Email:		Phone:	
Position(s) Applied For:		Type of Employment:	<input type="checkbox"/> full-time <input type="checkbox"/> part-time <input type="checkbox"/> temporary
Desired Annual Salary:		Date Available to Start:	
How were you referred to Terra?			

Are you a citizen of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, are you authorized to work in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to meet the attendance requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any objection to working overtime, if necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel, if required by this position?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:	

Employment History

Please provide all employment information for the last ten (10) years, listing your current or most recent first.

Current/Most Recent Employer

Employer:			Telephone #	
Address:				
Position(s) held:				
Dates Employed:	To:	From:	Starting Salary:	
Supervisor Name & Title:			Final Salary:	
Job Duties:				
Reason for Leaving:			May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No



Previous Employer

Employer:		Telephone #	
Address:			
Position(s) held:			
Dates Employed:	To:	From:	Starting Salary:
Supervisor Name & Title:			Final Salary:
Job Duties:			
Reason for Leaving:		May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Prior Employer

Employer:		Telephone #	
Address:			
Position(s) held:			
Dates Employed:	To:	From:	Starting Salary:
Supervisor Name & Title:			Final Salary:
Job Duties:			
Reason for Leaving:		May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Educational History

TYPE OF SCHOOL	NAME & LOCATION OF SCHOOL	MAJOR & DEGREE OR COMPLETED
High School	Click here to enter text.	Click here to enter text.
College	Click here to enter text.	Click here to enter text.
Business or Trade School	Click here to enter text.	Click here to enter text.



Skills and Qualifications

Briefly summarize any job-related training, skills, computer knowledge, licenses, certificates, and any other information that you believe is relevant to your qualifications for this position.

Job-Related Skills	Computer or Technical Skills	Licenses/Languages/Other Misc. Skills

Other:

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References

List 3 professional references, including their names, relationship to you, telephone numbers, and years known:

#	Reference Name	Relationship	Telephone #	Years Known
1				
2				
3				

Release

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references.

I understand that any intentional misrepresentation or material omission made by me on this application may constitute grounds for rescission of a job offer or immediate termination of employment if I am employed, without notice, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either employer or I can terminate the relationship *at will*, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that this is a drug-free workplace and I consent to pre-employment testing as well as compliance with company policy as a condition of employment.

I also understand that, if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I have read and fully understand the foregoing statements and I seek employment under these conditions.

Applicant Signature

Date