



N7152 Bowers Rd. Elkhorn, WI 53121 – 262-642-9286P – 262-642-9228F – www.teronomy.com

APPLICATION FOR EMPLOYMENT

TERONOMY BUILDERS, INC. IS AN EQUAL OPPORTUNITY EMPLOYER DEDICATED TO NON-DISCRIMINATION IN EMPLOYMENT. TERONOMY BUILDERS, INC. SELECTS THE BEST QUALIFIED INDIVIDUAL FOR THE JOB BASED ON JOB-RELATED QUALIFICATIONS REGARDLESS OF RACE, AGE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, ANCESTRY, MARITAL STATUS, SEXUAL PREFERENCE, DISABILITY OR ANY OTHER STATUS PROTECTED BY APPLICABLE LAW.

Please print clearly and complete ALL information requested (complete or put N/A in each space). Date: _____

Name _____

First

Middle Initial

Last

Current Address _____

Home Phone _____ Cell Phone _____

(Area Code)

(Area Code)

Social Security Number _____

State age if you are under 18 ____ If you are under 18, hire is subject to verification that you are of minimum legal age to work.

If you are hired, can you present evidence of your legal right to live and work in this country? YES _____ NO _____
(Proof required by law)

Have you ever been convicted of a felony? YES ____ NO ____ (If yes, state details on back of page.)

Have you ever been arrested but the case is pending/unresolved? YES ____ NO ____ (If yes, state details on back of page.)

Note: Conviction of a crime is not an automatic bar to employment – all circumstances will be considered.

Do you have a current, valid Driver's License? _____ Do you have a CDL for big trucks/equipment? _____
If no, why not? _____

Are you able to perform the essential functions of the position applied for, either with or without an accommodation? YES ___ NO ___

What brought you to this Company? Newspaper ____ Employment Agency ____ School ____ Friend/employee ____ On my own ____
Other (please specify) _____

EMPLOYMENT DESIRED

Position _____ Date you can start _____ Salary Desired _____

Do you prefer full-time _____ If part-time, specify
Or part-time? _____ days and hours _____

Are you employed now? _____ If so, may we contact your present employer? YES _____ NO _____

Have you ever applied to or worked for this Company before? _____ Date _____

EDUCATION

Name of School	Address	# of Years Completed	Did You Graduate?	Major Subject	Degrees Earned
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High School: _____

College: _____

Graduate or Technical: _____

Additional Training/Skills, Experience, Special Achievements, Certificates, etc. relevant to position: _____

Initials _____

Have you served in the United States Armed Forces? YES _____ NO _____
 Branch _____ Reserve Status _____ Special Training _____

List below present and past employers beginning with the most recent. Be detailed in your responses.

Month/ Year	Name & Address of Employer	Initial Position Title and Duties	Previous Supervisor	Starting Salary	Reason for Leaving
		Final Position and Duties	Telephone Number	Ending Salary	
From:					
To:					
From:					
To:					
From:					
To:					

Please account for all unemployment since leaving school and between positions for last ten years. Give dates & state what you were doing.

From:
To:

From:
To:

POST-OFFER PHYSICAL/CONTROLLED SUBSTANCES SCREENING

Teronomy Builders, Inc. strongly believes in its responsibility to provide a safe and healthful workplace for all its employees. I understand that at any time after I am hired, the Company may require me to submit to a physical examination to the extent permitted by law. I consent to the disclosure of the results of the physical examinations and related tests to the Company. You should understand that **YOU MAY BE TESTED** for the presence of controlled substances before you are hired as a condition of employment with *Teronomy Builders, Inc.* If you have any questions regarding this policy, please contact the office before your final interview.

I understand an offer of employment may be made contingent on passing a job-related physical examination. I agree to submit to a controlled substances screening and physical examination by the Company's designated physical therapist and/or other medical practitioner.

I have read, understand, and agree to the above-referenced physical examination and drug testing policy.

APPLICANT SIGNATURE _____ DATE _____

Initials _____

**AGREEMENT OF
APPLICANT CERTIFICATION, AUTHORIZATIONS AND
UNDERSTANDING OF EMPLOYMENT RELATIONSHIP**

I hereby state that all the information that I provided on this Application or any other document submitted in connection with my employment, and in any interview, are true and correct. I have withheld nothing that would, if disclosed, affect this Application unfavorably. I understand that if I am employed and any information is later found to false in any respect or if I have omitted material information, I may be dismissed. I understand that if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States.

VOLUNTARY AGREEMENT TO ARBITRATE

You and the Company voluntarily and explicitly agree that any dispute, in any way related to your employment or prospective employment with this Company, which the parties are unable to resolve through direct discussion, regardless of the kind or type of dispute shall be submitted exclusively to final and binding arbitration. The arbitration shall be conducted pursuant to the then current employment dispute resolution rules of the American Arbitration Association. To exercise a party's rights under this section, the moving party must reduce to writing the details of any dispute and serve it upon the other party. Any failure to request arbitration in a timely manner based on applicable Wisconsin law shall constitute a waiver of all rights to raise any claims in any forum rising out of any dispute that was subject to arbitration.

The parties shall agree on a single arbitrator who shall take evidence and issue a written award. If the parties cannot agree within thirty (30) calendar days of the written notification of a dispute as specified above, an arbitrator shall be chosen by the parties by assembling a list of five (5) arbitrators. The arbitrator shall be selected by the parties by alternately striking names from the list. The moving party shall strike the first name. This process shall be completed within forty (40) calendar days of the date the written request was served on the opposing party and/or the subsequent date arbitration is ordered by a court, whichever is sooner.

The parties voluntarily agree that arbitration shall be the exclusive, final and binding remedy for any and all disputes, except as provided above, between the parties hereto. The arbitrator shall only be authorized to exercise the power specifically enumerated in this Agreement and to decide the dispute(s) in accordance with the governing principles of law and equity. The arbitrator shall have no authority to alter, amend, or modify the terms of this Agreement. Should any party fail to appear or participate in the arbitration proceedings, the arbitrator may make a decision based on the evidence presented in the proceedings by the appearing party to the dispute. The arbitrator shall issue a written award within sixty (60) calendar days of the date the matter is submitted.

Judgment on the arbitration award may be entered in any court of competent jurisdiction. The adjudication of all disputes shall take place in the city of ELKHORN and county of WALWORTH unless the parties agree otherwise in writing. All costs associated with the arbitration shall be paid by the Company, except that each party shall bear its own expense for counsel and witness fees.

This section does not limit the Company's "at-will" employment policy.

I understand that by agreeing to this binding arbitration provision, both the Company and I voluntarily surrender my rights to civil litigation, and a trial by jury and any associated rights of appeal. My signature hereon confirms my voluntary agreement to this provision and further confirms that I have read and understood the contents of this Agreement.

If you have any questions regarding this statement, please ask a Company representative before signing.

AT WILL EMPLOYMENT

If hired, I agree as follows: My employment with the Company is terminable at will, is for no definite period, and my employment may be terminated by the Company or me at any time and for any reason whatsoever, with or without good cause. No implied, oral or written agreements contrary to the express language of this Agreement are valid unless they are in writing signed by the PRODUCTION MANAGER of the Company. No supervisor or representative of the Company, other than the CHIEF FINANCIAL OFFICER of the Company, has any authority to make any agreements to the foregoing. This Agreement is the entire agreement between the Company and the employee regarding the right of Company or employee to terminate employment, and this Agreement takes the place of all prior agreements, representations, and understandings of the employee and the Company.

I hereby acknowledge that I have read and understand the above statements.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT AND CONFIRM YOUR VOLUNTARY AGREEMENT

Note: This Application expires within ninety (90) days of the signature date below unless the Company begins the review process within that time.

APPLICANT SIGNATURE _____ DATE _____

APPLICANT PRINTED NAME _____ PHONE # _____

Email: _____ CELL PHONE # _____

REQUEST, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I, _____
Last Name First Name Middle Name (Please include Jr. Sr. II, III etc.)

understand that in conjunction with my application for employment with *Teronomy Builders, Inc.*, ("the Company") that the Company will use the services of an outside agency to research and verify the information I have provided on my resume and/or application for employment including my personal background, character, professional standing, work history and qualifications. *Teronomy Builders, Inc.* may use a consumer-reporting agency as an agent to perform these background verifications and this agency will provide a report to *Teronomy Builders, Inc.*

I also understand that *Teronomy Builders, Inc* will utilize various sources of information they deem appropriate, including but not limited to: Department of Motor Vehicle records, credit reporting agencies, criminal and civil court conviction records, current and former employers, government regulatory agencies, local, state or federal licensing boards or commissions, public or private associations, school records, military records, and professional and personal references.

I hereby grant *Teronomy Builders, Inc.* permission to access any and all applicable sources of information, including, but not limited to those listed above and unconditionally release and hold harmless *Teronomy Builders, Inc.* and any named or unnamed corporation, company, custodian of records or informant, official or unofficial, from any and all liability resulting from furnishing information about me.

I further understand that in connection with my application for employment, *Teronomy Builders, Inc.* may obtain and review my consumer credit report from one or more of the nationally recognized credit reporting bureaus.

I authorize the procurement of an Investigative Consumer Report and understand that it may contain information about my background, mode of living, character and personal reputation. This authorization, in original or copy form, shall be valid for one year from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by *Teronomy Builders, Inc.* if employment is denied because of information obtained from a Consumer Reporting Agency. Upon written request within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to *Teronomy Builders, Inc.* I further understand that, when requesting a copy of the report, proper identification will be required and I should direct my request to: *Teronomy Builders, Inc., N7152 Bowers Rd. Elkhorn, WI 53121.*

Your signature allows a photocopy or fax copy of this authorization to be valid as the original.

Signed Today's Date

Printed Name Position Applied For Dept.

_____-_____-_____
Social Security Number Driver's License # State

Other names you have used or are also known as: _____

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS (Use back if necessary)

Current Residence: _____
Street Apt.# City State Zip # Yrs

Former Residence: _____
Street Apt.# City State Zip # Yrs

Former Residence: _____
Street Apt.# City State Zip # Yrs

Former Residence: _____
Street Apt.# City State Zip # Yrs

Initials _____