



**EVERGREEN ALLIANCE GOLF LIMITED, L.P.**  
**EMPLOYMENT APPLICATION**

ALL APPLICANTS MAY BE SUBJECT TO PRE-EMPLOYMENT DRUG SCREENING.

VARIOUS FEDERAL, STATE AND LOCAL LAWS PROHIBIT DISCRIMINATION BASED ON RACE, COLOR, SEX, RELIGION, NATIONAL ORIGIN, ANCESTRY, AGE, DISABILITY, OR MARITAL STATUS. EAGLE IS AN EQUAL OPPORTUNITY EMPLOYER AND YOUR RESPONSE TO ANY QUESTION WILL NOT BE USED AS A BASIS FOR DISCRIMINATION, BUT WILL BE JUDGED ON ITS RELEVANCE TO THE POSITION YOU ARE SEEKING.

**PERSONAL INFORMATION**

Name (Last) _____ (First) _____ (Middle) _____		Social Security Number _____	
Home Address _____		City _____	State _____ Zip _____
Home Telephone _____ ( ) _____		Business Telephone _____ ( ) _____	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Applying For: _____		Days Available (check all that apply): <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	
Salary Desired \$ _____/Hour			
Date Available : _____			
Are you interested in (check all that apply): <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal			
Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you are under 18 years of age, please state your date of birth: _____	Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How were you referred to EAGL?		What percent _____ %	
PERSON TO CONTACT IN AN EMERGENCY: Name _____ Phone Number _____ ( ) _____			

**EDUCATION**

Type of School	Name and Location of School		Degree/Area of Study	Number of Years Attended	Graduated (check one)
High School	Name _____	Address _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City _____	State _____			
College	Name _____	Address _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City _____	State _____			
Graduate School	Name _____	Address _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City _____	State _____			
Other	Name _____	Address _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
	City _____	State _____			

**U. S. MILITARY SERVICE**

Branch of Service _____	Technical Specialization _____	Rank Attained _____

**LEGAL**

Are you a U.S. citizen?  Yes  No If no, are you authorized by Immigration and Naturalization to work in the U.S.?  Yes  No  
(Identity and employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Act of 1986.)

Were you ever discharged by any company?  Yes  No If yes, give name of company (ies) \_\_\_\_\_

Reason for discharge \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic violation?  Yes  No If yes, please explain offense and final disposition:  
\_\_\_\_\_  
\_\_\_\_\_

# EMPLOYMENT HISTORY

List employment starting with your most **recent** position. Account for any time during this period that you were unemployed by stating the nature of your activities. **May we contact your present employer?** \_\_\_Yes \_\_\_No **Past Employer?** \_\_\_Yes \_\_\_No Please indicate if you were employed under a different name.

DATES	NAME AND ADDRESS OF EMPLOYER	POSITION HELD AND SUPERVISOR	LIST MAJOR DUTIES	SALARY or WAGES	REASON FOR LEAVING
From: ___/___/___ mo. yr.	Name	Your Job Title		Starting	
To: ___/___/___ mo. yr.	Address City State	Supervisor		Final	
	Phone ( )				
From: ___/___/___ mo. yr.	Name	Your Job Title		Starting	
To: ___/___/___ mo. yr.	Address City State	Supervisor		Final	
	Phone ( )				
From: ___/___/___ mo. yr.	Name	Your Job Title		Starting	
To: ___/___/___ mo. yr.	Address City State	Supervisor		Final	
	Phone ( )				
From: ___/___/___ mo. yr.	Name	Your Job Title		Starting	
To: ___/___/___ mo. yr.	Address City State	Supervisor		Final	
	Phone ( )				

Have you previously worked for Evergreen Alliance Golf Limited, L.P. or any of its subsidiaries? \_\_\_ Yes \_\_\_ No If yes, please list locations and dates:

# REFERENCES

Business references: (do not list relatives) (please indicate if you were employed under a different name)

Name	Address	Work Phone	Title	Years known

# PLEASE READ CAREFULLY

In submitting this application for employment, I understand that an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, credit record and/or criminal history. I authorize anyone possessing this information to furnish it to Evergreen Alliance Golf Limited, L.P. (EAGLE) and/or a 3<sup>rd</sup> party company hired by EAGLE upon request and I release anyone so authorized, EAGLE and such 3<sup>rd</sup> party company from all liability and damages whatsoever in furnishing, obtaining, or using said information.

I understand that if I am made an "offer of employment" by EAGLE that offer may be made contingent on satisfactory results of a pre-employment drug screening.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand, also, that I am required to abide by all rules, regulations, policies and procedures of EAGLE.

I understand and agree that if employed, the employment will be "at will". That is, either I or EAGLE may end the employment relationship at any time, for any reason, or for no reason. I understand that receipt of this application by EAGLE does not imply employment and that this application and/or any other EAGLE document are not contracts of employment.

APPLICANTS SIGNATURE \_\_\_\_\_ DATE SIGNED \_\_\_\_\_