

BLACKHORSE GOLF CLUB, L.P.

EMPLOYMENT APPLICATION

BLACKHORSE GOLF CLUB, L.P. IS AN EQUAL OPPORTUNITY EMPLOYER.

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age disability, military service, or any other legally protected status.

NO APPLICATION WILL BE CONSIDERED UNLESS ALL INFORMATION REQUESTED ON THIS FORM IS COMPLETED IN FULL, EVEN IF YOU HAVE A RESUME.

Print or Type clearly

LAST NAME	FIRST	MIDDLE	SS #			
				XXX-XX-		
ADDRESS	CITY	STATE	ZIP	HOME PHONE	OTHER PHONE	
ARE YOU AT LEAST 16? <input type="checkbox"/> YES IF NOT, HOW OLD ARE YOU? _____				POSITION APPLYING FOR _____		
HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO				DATE AVAILABLE _____		
HAVE YOU EVER APPLIED HERE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO				RATE DESIRED \$ _____		
MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO						
ARE YOU AVAILABLE TO WORK: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> ON-CALL						

WORK HISTORY

(1) EMPLOYER NAME (CURRENT/MOST RECENT)	EMPLOYER ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	JOB TITLE	SUPERVISOR		
DATES OF EMPLOYMENT (MONTH/YEAR) _____ TO _____		START RATE \$ _____	END RATE \$ _____	
RESPONSIBILITIES				
REASON FOR LEAVING	ARE YOU ELIGIBLE FOR REHIRE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
EXPLAIN ANY GAPS IN EMPLOYMENT BETWEEN THIS JOB AND YOUR PREVIOUS JOB				

(2) EMPLOYER NAME (PREVIOUS)	EMPLOYER ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	JOB TITLE	SUPERVISOR		
DATES OF EMPLOYMENT (MONTH/YEAR) _____ TO _____		START RATE \$ _____	END RATE \$ _____	
RESPONSIBILITIES				
REASON FOR LEAVING	ARE YOU ELIGIBLE FOR REHIRE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
EXPLAIN ANY GAPS IN EMPLOYMENT BETWEEN THIS JOB AND YOUR PREVIOUS JOB				

(3) EMPLOYER NAME (PREVIOUS)	EMPLOYER ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	JOB TITLE	SUPERVISOR		
DATES OF EMPLOYMENT (MONTH/YEAR) _____ TO _____		START RATE \$ _____	END RATE \$ _____	
RESPONSIBILITIES				
REASON FOR LEAVING	ARE YOU ELIGIBLE FOR REHIRE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
EXPLAIN ANY GAPS IN EMPLOYMENT BETWEEN THIS JOB AND YOUR PREVIOUS JOB				

WORK HISTORY (CONTINUED)

(4) EMPLOYER NAME (PREVIOUS)	EMPLOYER ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	JOB TITLE	SUPERVISOR		
DATES OF EMPLOYMENT (MONTH/YEAR) _____ TO _____		START RATE \$ _____	END RATE \$ _____	
RESPONSIBILITIES				
REASON FOR LEAVING		ARE YOU ELIGIBLE FOR REHIRE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EXPLAIN ANY GAPS IN EMPLOYMENT BETWEEN THIS JOB AND YOUR PREVIOUS JOB				

EDUCATION/SKILLS

NAME OF INSTITUTION	LOCATION (CITY/STATE)	GRADUATED? If yes, name of degree & major field of study
LANGUAGES FLUENT IN (If relevant to the job):		
COMPUTER SKILLS:		

HOW WERE YOU REFERRED TO US?

DO YOU HAVE ANY RELATIVES EMPLOYED WITH THE REDSTONE COMPANIES? YES NO

IF YES, PLEASE LIST:

PLEASE INDICATE ANY DAYS, TIMES, OR SHIFTS YOUR ARE UNABLE TO WORK

IF HIRED, CAN YOU PROVE THAT YOU ARE AUTHORIZED TO WORK IN THE UNITED STATES? YES NO

Proof of eligibility to work in the United States will be required before an individual can begin employment.

HAVE YOU EVER BEEN CONVICTED OF ANYTHING OTHER THAN A TRAFFIC VIOLATION? Mark yes if you have been convicted of a DWI offense.

YES NO IF YES, PROVIDE DATE OF CONVICTION, NAME OF OFFENSE, LOCATION, AND SENTENCE RECEIVED:

HAVE YOU EVER BEEN GIVEN A DEFERRED ADJUDICATION OR PLEAD GUILTY OR NO CONTEST FOR ANYTHING OTHER THAN A TRAFFIC VIOLATION? Mark yes if you have ever been given a deferred adjudication or plead guilty or no contest for a DWI offense.

YES NO IF YES, PROVIDE DATE OF COMENCEMENT AND END OF DEFERRED ADJUDICATION OR DATE OF PLEA IF YOU PLEAD GUILTY OR NO CONTEST, AND PROVIDE THE NAME OF OFFENSE, LOCATION, AND SENTENCE RECEIVED.

(A conviction record does not necessarily disqualify an applicant from employment.)

PERSONAL REFERENCES (excluding relatives)

NAME	RELATION	PHONE NUMBER

JOB APPLICATION AGREEMENT AND CERTIFICATION

As an applicant of BlackHorse Golf Club, L.P., I agree to the following:

- That the information contained in the application and accompanying documents is true in all respects. I authorize the Company to investigate thoroughly my work and personal history and verify all the information provided to the Company. I authorize all individuals, schools, and employers named in the application (except my current employer if so noted) to provide any information, personal or otherwise, requested about me. I release all parties from all liability for any damage that may result from furnishing information to the Company. A copy or telefax copy of this authorization may be relied upon as if it were an original document.
- I understand that nothing contained in the employment application or in the granting of an interview is intended to create an employment contract between the Company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon this Company unless made in writing.
- I acknowledge that if I need reasonable accommodation in either the application process or employment I will bring my request to the Human Resources department. This Company reserves the right to require medical documentation concerning the need for accommodation.
- I understand that if employed, I am required to abide by all policies, rules and regulations of the Company. I also understand that the Company may revise its policies, rules and regulations, in whole or in part, at any time.
- I understand that this Company has a policy against drug and alcohol abuse, which includes random testing, and reserves the right to revise policies or procedures, in whole or in part, at any time.
- I understand that this application may be considered for a maximum of 60 calendar days. After that time, if I have not heard from the Company and still wish to be considered for employment, it will be necessary for me to reapply by completing a new application.

BY SIGNING BELOW, I CERTIFY THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND UNDERSTAND THAT IF I PROVIDE FALSE OR MISLEADING INFORMATION OR WILLFULLY OMIT INFORMATION IN THIS APPLICATION, ON MY RESUME, DURING MY INTERVIEW, OR DURING MY EMPLOYMENT, I MAY BE DENIED EMPLOYMENT OR, IF DISCOVERED AFTER HIRE, BE SUBJECT TO DISCIPLINE, UP TO AND INCLUDING IMMEDIATE TERMINATION OF EMPLOYMENT.

IN ADDITION, BY SIGNING BELOW, I ACKNOWLEDGE THAT IF I AM EMPLOYED BY THE COMPANY, MY EMPLOYMENT WILL BE AT-WILL, AND THAT I OR THE COMPANY MAY TERMINATE MY EMPLOYMENT AT ANY TIME, FOR ANY REASON OR NO REASON, WITH OR WITHOUT CAUSE OR NOTICE.

Applicant Signature: _____ **Date:** _____

Employment Data Records

BlackHorse Golf Club, N.A. is subject to Federal regulations requiring reporting of certain information on applicants for employment. To assist in this effort, all applicants are requested to complete this form. **Your cooperation is strictly voluntary.** This form will be kept separate from your employment application and the information contained will be kept confidential. It will not be available to personnel involved in the hiring process. The information given will be used only for reporting purposes in accordance with Federal laws and regulations.

If you do not wish to provide this information, please print your name, the date and please indicate such fact in the appropriate space below. **Your decision in this regard will not affect your application.**

I do not wish to provide the information requested below.

SECTION 1 (To be completed pre-offer)

_____	_____	
Date	Position applied for	
_____	_____	
Name	Address	
_____	_____	_____
City	State	Zip
_____	_____	_____
Social Security Number	Male	Female

Ethnic Origin: (Check One)

- White Hispanic or Latino American Indian/Alaska Native
 Black or African American Native Hawaiian or Other Pacific Islander
 Asian Two or more races

----- **STOP HERE** -----

SECTION 2 (To be completed post-offer)

Check if any of the following are applicable:

- | | |
|--|---|
| <input type="checkbox"/> Vietnam Era Veteran | <input type="checkbox"/> Special Disabled Veteran |
| <input type="checkbox"/> Other Protected Veteran | <input type="checkbox"/> Disabled Individual |
| <input type="checkbox"/> Newly Separated Veteran | <input type="checkbox"/> Not Applicable |

If you wish to be considered disabled for purposes of our Affirmative Action Program, please identify your disability and what accommodations, if any, you may need to successfully perform your work.