



**BURNING TREE**

**Check Desired Location:**

- Burning Tree Lodge:** Elgin, TX
- Burning Tree Ranch:** Kaufman, TX

*- Office Use Only -*

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE PRINT OR TYPE IN INK. All persons are welcome to apply with Burning Tree. Your application will be considered in competition with others for the position in which you are interested. Please furnish complete information as outlined in this application. Submission of an incomplete application disqualifies you from consideration for employment.

All information contained in or connected with this application will be used only in conjunction with your possible employment with Burning Tree. You are encouraged to attach any additional information which you believe qualifies you for the position for which you are applying.

Burning Tree fully endorses recruitment and selection based upon merit criteria. Burning Tree is an Equal Opportunity Employer and does not discriminate on the basis of race, color, creed, religion, national origin, marital status, status with regard to public assistance, sexual orientation, sex, age or disability in employment or provision of services.

**PLEASE COMPLETE PAGES 1-8**

DATE: \_\_\_\_\_

Name: \_\_\_\_\_ S/S#: \_\_\_\_\_  
LAST FIRST MIDDLE

List any other names used if different from name on this application. \_\_\_\_\_

Present Address: \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE # OF YEARS AT THIS ADDRESS

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

If a minor under 18, do you have a certificate of age or employment? ?  Yes  No Position applied for: \_\_\_\_\_

Start date available for work? \_\_\_\_\_ Salary desired: \_\_\_\_\_ per (circle one) Hour Year

What days/hours are you unable to work? \_\_\_\_\_ How many hours can you work weekly? \_\_\_\_\_

Can you work nights?  Yes  No Employment Desired:  FULL-TIME ONLY  PART-TIME ONLY  FULL OR PART TIME

How did you hear about this employment opportunity? \_\_\_\_\_

Have you ever been convicted of or plead no contest to a felony or misdemeanor?  No  Yes

If yes, please explain in concise detail, giving dates and nature of the offense, the name and location of the court, and disposition of the case(s). A conviction may not disqualify you, but false statement will. \_\_\_\_\_



**EDUCATION** (NOTE: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certification, and registrations)

Type of School	Name and Location of School	Date Attended				Type of Diploma or Degree	Major/Minor Fields of Study
		From		To			
		Mo.	Yr.	Mo.	Yr.		
High School							
Undergraduate Colleges or Universities							
Graduate Schools							
Technical, Vocational, or Business Schools							

**Special Training/Skills/Qualifications:** List all job related training or skills you possess and machines or office equipment you can use, such as calculators, computer equipment, types of software and hardware. (Attach additional page, if necessary.)

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Approximately how many words per minute do you type? \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State of Issue \_\_\_\_\_  Class C  Commercial (CDL)  Chauffeur

Expiration Date: \_\_\_\_\_

Have you had any accidents during the past 3 years?  Yes  No If yes, how many? \_\_\_\_\_

Have you had any moving violations during the past 3 years?  Yes  No If yes, how many? \_\_\_\_\_



**MILITARY SERVICE** Complete this section if you served in the U.S. Armed Forces (A copy of a report of separation from the Armed Services may be required.)

Describe your duties and any special training \_\_\_\_\_  
\_\_\_\_\_

Branch of Service \_\_\_\_\_ Length of Active Duty \_\_\_\_\_

Rank at Discharge \_\_\_\_\_

**EMPLOYMENT HISTORY** Beginning with your present or most recent employment or occupation, list all of your employers for at least the last five years. It is important to provide complete information. Resume and additional supporting materials may be submitted in support of but not in lieu of the following. If you need additional space, you may attach a typed employment history providing the same information in the same format as this application form.

Name of Employer:				Immediate Supervisor:			
Address:				Title:			
City & State/Zip:				Supervisor's Telephone No.:			
Employer's Telephone No.:				Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Seasonal/ Temp <input type="checkbox"/>	
Starting Date		Leaving Date		Starting Salary		Ending Salary	
Mo.	Yr.	Mo.	Yr.				
				Job Title			

Summary of experience:

Specific reason for leaving:

May we contact  Yes  No

If not, why?





# BURNING TREE

Name of Employer:				Immediate Supervisor:					
Address:				Title:					
City & State/Zip:				Supervisor's Telephone No.:					
Employer's Telephone No.:				Full-Time <input type="checkbox"/>		Part-Time <input type="checkbox"/>		Seasonal/ Temp <input type="checkbox"/>	
Starting Date		Leaving Date		Starting Salary			Ending Salary		
Mo.	Yr.	Mo.	Yr.						
				Job Title					

Summary of experience:

Specific reason for leaving:

May we contact  Yes  No

If not, why?

**Please list two references other than relatives or previous employers.**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Position: \_\_\_\_\_

Company: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_



PLEASE READ CAREFULLY

## APPLICATION FORM WAIVER

In exchange for the consideration of my job application by **Burning Tree (BT)** (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain as an employee of **BT**, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Owner and/or Chief Executive Officer of the Company. Both the undersigned and **BT** may end the employment relationship at any time, without specific notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies, and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without previous notice. I hereby give **BT** permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release **BT** from any liability as a result of such contact.

I authorize any of the persons or organizations referenced in this application to give **BT** any and all information concerning my previous employment, education, or any other information they might have. I hereby relieve and release all persons or organizations of any liability for any information they may give.

I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the United States.

I understand that disclosure of my Social Security Number (SSN) is optional. The company may use the SSN for administrative tracking purposes and for identification of individuals. This is in accordance with the Federal Law U.S.C 552a Section 7(b).

I also understand (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job related physical examinations.

I understand that **BT** will check with the Texas Department of Public Safety, the Federal Bureau of Investigation or other organizations, for any criminal history in accordance with applicable statutes.

I understand that, in connection with the routine processing of this employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as is required by the Fair Credit Reporting Act.

I understand that my employment with the Company shall be probationary for a period of **180 days**, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

**Thank you for completing this application form and for your interest Burning Tree.**



## APPLICATION QUESTIONNAIRE

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Position Applying For

\_\_\_\_\_  
Date

1. What are your strengths? \_\_\_\_\_
2. What are your weaknesses? \_\_\_\_\_
3. How do you feel about working in an environment where there are stressful situations? \_\_\_\_\_
4. What is the extent of your computer knowledge? \_\_\_\_\_
5. What is the extent of your knowledge about Alcoholism and Addiction? \_\_\_\_\_  
\_\_\_\_\_
6. What is the extent of your knowledge about prescriptions and dealing with pharmacies? \_\_\_\_\_  
\_\_\_\_\_
7. How do you handle time urgent matters and multiple tasks? \_\_\_\_\_
8. How do you feel about traveling in high traffic areas? \_\_\_\_\_
9. How comfortable are you driving a 15-passenger van? \_\_\_\_\_
10. Are you CPR certified? If not, would you be opposed to becoming CPR certified? \_\_\_\_\_
11. How do you feel about working holidays? \_\_\_\_\_
12. How do you feel about commuting to work or relocating if necessary? \_\_\_\_\_
13. Is there any work task you are not comfortable performing? (Example: making coffee or sweeping the floor)  
\_\_\_\_\_
14. If you cause damage to company property, who do you feel should be responsible for replacement or repair of the damaged property? \_\_\_\_\_



## APPLICANT CONSENT TO OBTAIN D.P.S CRIMINAL BACKGROUND CHECK

Applicant Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

I, \_\_\_\_\_ DO HEREBY GIVE

Applicant Name (please print)

MY CONSENT TO ALLOW *BURNING TREE* TO CONDUCT A BACKGROUND CHECK USING TEXAS DEPARTMENT OF PUBLIC SAFETY RECORDS. I UNDERSTAND THAT THIS DOCUMENTATION WILL BE USED TO EVALUATE MY FUTURE EMPLOYMENT WITH *BURNING TREE*. IF HIRED, I UNDERSTAND THAT THIS INFORMATION WILL BE PLACED IN MY PERSONNEL RECORD, ACCESSIBLE ONLY BY THE MANAGEMENT OF *BURNING TREE*.

Driver's License Number: \_\_\_\_\_

State: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Height/Weight: \_\_\_\_/\_\_\_\_

Present Address: \_\_\_\_\_

City

State

Zip

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**- Office use only -**

Date DPS Background Check was conducted on this applicant? \_\_\_\_/\_\_\_\_/\_\_\_\_

Name and title of staff conducting check: \_\_\_\_\_

**Ensure that a copy of the DPS check has been placed in the applicant's personnel file.**





# APPLICANT CONSENT FOR PRE-EMPLOYMENT DRUG TESTING

Applicant's Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

According to our licensing authority, DSHS (Department of State Health Services), we are required to submit all applicants to a *Pre*-employment drug test. The method of testing used shall preserve the privacy of the individual tested and ensure the integrity and identity of the specimen collected. In addition, "chain of custody" procedures are in place and documentation on the handling and storage of a specimen is maintained. All information gained from drug testing shall be held in the strictest of confidence in accord with all federal and state privacy regulations.

I, \_\_\_\_\_ DO HEREBY GIVE MY  
Applicant Name (please print)

CONSENT TO ALLOW *BURNING TREE* TO CONDUCT A PRE-EMPLOYMENT DRUG TEST. I UNDERSTAND THAT RESULTS OF THIS TEST WILL BE USED TO EVALUATE MY FUTURE EMPLOYMENT WITH *BURNING TREE*. IF HIRED, I UNDERSTAND THAT THIS INFORMATION WILL BE PLACED IN MY PERSONNEL RECORD, ACCESSIBLE ONLY BY THE MANAGEMENT OF *BURNING TREE*.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**- Office use only -**

Date & Time applicant submitted UA: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ :\_\_\_\_\_ AM PM

Name & Phone # of lab: \_\_\_\_\_  
Name of Drug Testing Lab Phone Number

Date & Time results of Drug test were received from Lab: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ :\_\_\_\_\_ AM PM

***Ensure that a copy of the drug test results has been placed in the applicant's personnel file.***



## EMPLOYEE AGREEMENT AND CONSENT TO DRUG AND/OR ALCOHOL TESTING

I hereby agree, in accordance with the drug/alcohol testing policy of BURNING TREE, to submit to all drug or alcohol tests and furnish on demand, a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under BURNING TREE policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate termination. I further authorize and give full permission to have BURNING TREE and/or its company physician send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to BURNING TREE and/or any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize BURNING TREE to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-authorized BURNING TREE officers, employees, and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and they will share such information only to the extent necessary to make employment decisions and to respond to inquiries or notices from government entities.

I will hold harmless BURNING TREE, its company physician, and any testing laboratory BURNING TREE might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if a BURNING TREE or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless BURNING TREE, its company physician, and any testing laboratory BURNING TREE might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

I am aware of BURNING TREE's drug testing policy as stated in my Employee Handbook. This policy and authorization has been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT BURNING TREE WILL REQUIRE A DRUG SCREEN AND/OR ALCOHOL TEST UNDER THIS POLICY FOR RANDOM EMPLOYEE DRUG TESTING AND WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL IN THE ACCIDENT OR INJURY EVENT, AND I AGREE TO SUBMIT TO ANY SUCH TEST.

Employee Printed Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## MOTOR VEHICLE RECORD (MVR) AUTHORIZATION

I, \_\_\_\_\_, understand and agree that in connection with my application for employment and/or my continued employment BURNING TREE needs to obtain motor vehicle record (MVR) information to confirm my eligibility or continued eligibility to drive BURNING TREE vehicles (whether owned, leased or rented) in the course and scope of my employment. I understand that my driving history will be compared against BURNING TREE'S MVR REVIEW POLICY, as stated below, to determine my driving eligibility.

### MVR REVIEW POLICY

The following guidelines indicate those drivers who would be deemed unacceptable to drive a company vehicle or to drive a personal vehicle on company business.

#### ONE OR MORE TYPE A VIOLATIONS IN THE PAST THREE (3) YEARS

Type A Violations (Major Violations) include:

- DWI/DUI/OWI/OUI – Drugs or Alcohol
- Refusing to take a substance test
- Driving with an open container (alcohol)
- Manslaughter or Negligent homicide using a motor vehicle
- Driving while license is suspended or revoked
- Operating a motor vehicle for the commission of a felony
- Aggravated assault with a motor vehicle
- Permitting an unlicensed person to drive
- Reckless Driving
- Fleeing or evading police or roadblock
- Resisting arrest
- Speed contest (racing)
- Hit and run (Bodily injury or property damage)
- Failure to report an accident
- Illegal passing of a school bus
- Speeding violation over 20 mph
- Other violations considered serious by state law

#### ANY THREE OR MORE TYPE B VIOLATIONS IN THE PAST THREE (3) YEARS

Type B Violations (Minor Violations) include:

- Having a license suspended in the past related to moving violations
- Moving violations, including
  - ✓ Speeding
  - ✓ Improper lane change
  - ✓ Failure to obey traffic signal or sign
  - ✓ Failure to yield
  - ✓ Careless driving
  - ✓ At fault accidents

A driver's MVR may become unacceptable during the course of employment. Drivers who become unacceptable should be relieved from driving responsibilities until the MVR reflects an acceptable status. During the course of employment with BURNING TREE employees are required to report any violations to BURNING TREE management immediately.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



## AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_  
Last Name First Name Middle Name

Current Address

Dates Lived Here

Address for the past SEVEN Years: (include street, city, state, zip code)

Dates of Residence:

Date of Birth

Other Names Used (including maiden name)

Years Used

Social Security Number

Driver's License #

State

do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of **IntelliCorp Records, Inc** to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **IntelliCorp Records, Inc** for identification purposes and for the release information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by **IntelliCorp Records, Inc** to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

\*\*I hereby do \_\_\_\_\_ do not \_\_\_\_\_ authorize you to contact my current employer for Employment and Reference Verifications (This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/reference Section of your application.)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

Printed Name

Applicant Signature

Date

CALIFORNIA, OKLAHOMA, and MINNESOTA RESIDENTS ONLY: If you are a current California, Oklahoma, or Minnesota resident and would like to request a copy of your Consumer Report or Investigative Consumer Report, please check this box. This report may include character and reputation information obtained through personal interviews.