



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 complete pages 1-7 and email the completed application to mlanders@burningtree.com and jperry@burningtree.com.

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.

Applicant Information

STEP 1 OF 5

Date:

Name:
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:

Position applied for:

If a minor under 18, do you have a certificate of age or employment? ☐ Yes ☐ No

Start date available for work: Salary desired: \$ per ☐ 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 and Skills

STEP 2 OF 5

Education

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				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 and 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.)

Approximately how many words per minute do you type?

Driver's License

Driver's License No. State of Issue Expiration Date

License class: ☐ Class C ☐ Commercial (CDL) ☐ Chauffeur

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?



Experience and References

STEP 3 OF 5

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.

Employer 1

Name of Employer:				Job Title:	
Address:				City & State/Zip:	
Employer's Telephone No.:				☐ Full-Time ☐ Part-Time ☐ Seasonal/Temp	
Immediate Supervisor:		Title:		Telephone No.:	
Starting Date		Leaving Date		Starting Salary	Ending Salary
Mo.	Yr.	Mo.	Yr.	\$	\$
Summary of experience:					
Specific reason for leaving:					
May we contact this employer? ☐ Yes ☐ No					
If not, why?					



Experience and References (continued)

STEP 3 OF 5

Employer 2

Name of Employer:				Job Title:			
Address:				City & State/Zip:			
Employer's Telephone No.:				☐ Full-Time ☐ Part-Time ☐ Seasonal/Temp			
Immediate Supervisor:		Title:		Telephone No.:			
Starting Date		Leaving Date		Starting Salary		Ending Salary	
Mo.	Yr.	Mo.	Yr.	\$		\$	
Summary of experience:							
Specific reason for leaving:							
May we contact this employer? ☐ Yes ☐ No							
If not, why?							

Employer 3

Name of Employer:				Job Title:			
Address:				City & State/Zip:			
Employer's Telephone No.:				☐ Full-Time ☐ Part-Time ☐ Seasonal/Temp			
Immediate Supervisor:		Title:		Telephone No.:			
Starting Date		Leaving Date		Starting Salary		Ending Salary	
Mo.	Yr.	Mo.	Yr.	\$		\$	
Summary of experience:							
Specific reason for leaving:							
May we contact this employer? ☐ Yes ☐ No							
If not, why?							

References

Please list two references other than relatives or previous employers.

Reference 1		Reference 2	
Name:		Name:	
Position:		Position:	
Company:		Company:	
Telephone:		Telephone:	
Address:		Address:	



Application Questionnaire

STEP 4 OF 5

Name of Applicant

Position Applying For

Date

Answer each question in up to about 150 words.

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?



Application Questionnaire (continued)

STEP 4 OF 5

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?

Resume and Signature

STEP 5 OF 5

Resume. If you have a resume, attach it when you email this application to mlanders@burningtree.com and jerry@burningtree.com.

Application Form Waiver

PLEASE READ CAREFULLY

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 in Burning Tree.

Email your completed application to mlanders@burningtree.com and jerry@burningtree.com.