



Criminal Offenses Only: If you answered yes to either of the above two questions, please provide the date(s) and explain in accordance with the above instructions so that individual circumstances can be considered.

Criminal convictions or arrests will not automatically disqualify an applicant from a particular job. ORENDER GOLF MANAGEMENT will consider the nature of the crime, its seriousness, whether the conviction(s) substantially relates to the position's functions and qualifications, the frequency of convictions, the applicant's age at the time of conviction, the time elapsed since the date of conviction or completion of jail sentence, the applicant's entire work and educational history, and employment references and recommendations.

Have you ever initiated an act of violence in the workplace?  Yes  No

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## WORK EXPERIENCE

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Account for all periods of time including any period of unemployment. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service.

Employer Name \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Employed: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ May We Contact?  Yes  No

Wages: Start \_\_\_\_\_ Final \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

Employer Name \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Employed: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ May We Contact?  Yes  No

Wages: Start \_\_\_\_\_ Final \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

Employer Name \_\_\_\_\_ Type of Business \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Employed: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Job Title \_\_\_\_\_ Duties \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ May We Contact?  Yes  No

Wages: Start \_\_\_\_\_ Final \_\_\_\_\_ Reason For Leaving \_\_\_\_\_

Education	School Name and Location	Course of Study	# of Years Completed
High School			
College			
Bus./Tech./Trade			

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## EDUCATION

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## REFERENCES

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer related references.

Name	Position	Company	Telephone Number
1. _____			
2. _____			
3. _____			

Please list the names of personal references (not previous employers or relatives) who know you well that we may contact.

Name	Position	Company	Telephone Number
1. _____			
2. _____			
3. _____			

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

If employed by ORENDER GOLF MANAGEMENT, I understand and agree that ORENDER GOLF MANAGEMENT, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to files, desks, vehicles, and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, non-compete, and/or conflict of interest statement.

I certify that all the information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

I authorize ORENDER GOLF MANAGEMENT or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation.

I understand that ORENDER GOLF MANAGEMENT may now have, or may establish, a drug free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If ORENDER GOLF MANAGEMENT has such a program and I am offered a conditional offer of employment, I understand that if a pre - employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the locations, pursuant to ORENDER GOLF MANAGEMENT's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or controlled drugs.

If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with ORENDER GOLF MANAGEMENT's policies and applicable federal, state, and local law.

I authorize and consent to, without reservation, any party or agency contacted by ORENDER GOLF MANAGEMENT to furnish the above-mentioned information. I hereby release, discharge and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to ORENDER GOLF MANAGEMENT or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability ORENDER GOLF MANAGEMENT and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information.

If hired by ORENDER GOLF MANAGEMENT, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by ORENDER GOLF MANAGEMENT. I also understand ORENDER GOLF MANAGEMENT employs only individuals who are legally eligible to work in the United States for ORENDER GOLF MANAGEMENT.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE AND COMPLETE.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that ORENDER GOLF MANAGEMENT, to the extent permitted by federal, state and local law, can test the applicant for controlled substances, conduct inspections of property without notice, and communicate screen results to ORENDER GOLF MANAGEMENT personnel who need to know, the applicant, and the applicant's legal guardian.

Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**DISCLOSURE AND AUTHORIZATION**  
**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

Orender Golf Management (the "Company") may request from a consumer reporting agency and for employment-related purposes, a "consumer report(s)" (commonly known as "background reports") containing background check about you in connection with your employment, or application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable).

HireRight, LLC ("HireRight") will prepare or assemble the background reports for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, phone (866) 521-6995, fax (877) 797-3442, email [customerservice@hireright.com](mailto:customerservice@hireright.com) and website [www.hireright.com](http://www.hireright.com).

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

California, Minnesota or Oklahoma consumers: Please check this box if you would like to receive (whenever you have such right under the applicable state law) a free copy of your background report if one is obtained on you by the Company.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by HireRight 3349 Michelson Drive, Suite 150, Irvine, CA 92612, another outside organization acting on behalf of the Company, and/or the Company itself. The Privacy Policy of HireRight can be reviewed at [www.hireright.com/Privacy-Policy.aspx](http://www.hireright.com/Privacy-Policy.aspx). I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

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

**Consumer Information**

LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

OTHER NAMES/ALIAS: \_\_\_\_\_

SOCIAL SECURITY\* #: \_\_\_\_\_ DATE OF BIRTH\*: \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

\*This information will be used for background screening purposes only and will not be used as hiring criteria

## Authorization for the Social Security Administration (SSA) To Release Social Security Number (SSN) Verification

Printed Name:	Date of Birth:	Social Security Number:
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I want this information released because I am conducting the following business transaction:  
Employment

Reason (s) for using CBSV: (Please select all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Mortgage Service            | <input type="checkbox"/> Banking Service     |
| <input checked="" type="checkbox"/> Background Check | <input type="checkbox"/> License Requirement |
| <input type="checkbox"/> Credit Check                | <input type="checkbox"/> Other               |

with the following company ("the Company"):

Company Name: Hampton Golf Inc.

Company Address: 10401 Deerwood Park Blvd. Ste. 2130, Jacksonville, FL 32256

I authorize the Social Security Administration to verify my name and SSN to the Company and/or the Company's Agent, if applicable, for the purpose I identified.

The name and address of the Company's Agent is:

HireRight, LLC  
14002 E. 21st Street, Suite 1200, Tulsa, OK 74134

I am the individual to whom the Social Security number was issued or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare and affirm under the penalty of perjury that the information contained herein is true and correct. I acknowledge that if I make any representation that I know is false to obtain information from Social Security records, I could be found guilty of a misdemeanor and fined up to \$5,000.

**This consent is valid only for 90 days from the date signed, unless indicated otherwise by the individual named above. If you wish to change this timeframe, fill in the following:**

**This consent is valid for 90 days from the date signed. \_\_\_\_\_ (Please initial.)**

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Relationship (if not the individual to whom the SSN was issued): \_\_\_\_\_

**Contact information of individual signing authorization:**

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

**City/State/Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

## Privacy Act Statement Collection and Use of Personal Information

Sections 205(a) and 1106 of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from releasing information to a designated company or company's agent.

We will use the information to verify your name and Social Security number (SSN). In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0058, entitled Master Files of SSN Holders and SSN Applications. Additional information and a full listing of all our SORNs are available on our website at [www.socialsecurity.gov/foia/bluebook](http://www.socialsecurity.gov/foia/bluebook).

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 3 minutes to complete the form. You may send comments on our time estimate above to: SSA, 6401 Security Blvd., Baltimore, MD 21235-6401. ***Send to this address only comments relating to our time estimate, not the completed form.***

-----TEAR OFF-----

### NOTICE TO NUMBER HOLDER

The Company and/or its Agent have entered into an agreement with SSA that, among other things, includes restrictions on the further use and disclosure of SSA's verification of your SSN. To view a copy of the entire model agreement, visit [HYPERLINK http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf](http://www.ssa.gov/cbsv/docs/SampleUserAgreement.pdf)