Cleveland | XXIO SRIXON° /

APPLICATION FOR EMPLOYMENT An Equal Opportunity Employer

Roger Cleveland Golf Company, Inc. dba Srixon / Cleveland Golf / XXIO (the "Company") is an equal opportunity employer. The Company prohibits unlawful discrimination against employees or applicants based on race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, military status, veteran status, uniformed service member status, sexual orientation, transgender identity, citizenship status, pregnancy, or any other consideration made unlawful by federal, state, or local laws. The Company also prohibits unlawful discrimination based on the perception that anyone has any of those characteristics, or is associated with a person who has or is perceived as having any of those characteristics.

To be sure your application is properly evaluated, all questions should be answered as carefully and completely as possible. If you need more space for your answers, please attach a separate sheet. (Please print in ink or type.)

Full Name			Date:	
Last	First	Middle		
Present Address				
	Street		Apt.	
	City		State	Zip
Phone No. ()	H	Email:		
Date you will be availa	ble for work:	Position you an	e seeking:	
Referred to the Compar	ıy by:			
Have you ever worked	for this company? Yes	No If yes, wh	en?	
Do you have any relativ	ves working for the Compa	ny? Yes No	_	
If yes, state the name(s)) and relationship: (1)		(2)	
Are you over eighteen	years of age? Yes N	o (If under 18, hir you are of minir	•	fication that
Can you, after employr	nent, submit verification of	your legal right to wor	k in the United Sta	tes?
Yes No				

APPLICANT INFORMATION

EDUCATION

Education	Name & Location	Number of Years Completed	Did You Graduate?	Diploma/ Major
High School/GED				
Comm./Jr. College				
College/University				
Graduate School				
Other				

PREVIOUS EMPLOYMENT

(Most Recent First) A resume may be attached to supplement (but not replace) this information.

Employment Dates Mo.Yr. to Mo.Yr.	Company Name/Address and Phone Number	Position	Supervisor	Reason for Leaving	May We Contact for a Reference?

PROFESSIONAL REFERENCES

Name and Occupation	Address	Phone Number	Years Known	Relationship

ADDITIONAL INFORMATION

In the space below, provide any additional information that will assist us in evaluating your qualifications for employment, including technical training/education, professional certifications, employee awards, memberships, and scholastic honors. (You may exclude affiliations which might indicate race, religion, age, gender identify, sexual orientation, veteran status or any other protected classification.)

CERTIFICATION -- PLEASE READ CAREFULLY

(You must initial every paragraph and sign below.)

1. _____ I certify that the answers given by me to questions on the application and statements made by me are complete and true to the best of my knowledge and belief. I understand that any misrepresentation, falsification, or omission of information may result in denial of employment or, if hired, may result in termination. I understand that the Company will consider this application active for 60 days from the date of submission, after which I must reapply if interested in employment.

2. _____ I agree and understand that, if I am hired, my employment with the Company will be at-will, which means that the Company or I may end the employment relationship at any time, with or without cause or prior notice. I also understand that this at-will aspect of my employment may not be changed except by an individualized written employment agreement signed both by the Company's CEO or President and me.

3. _____ I authorize the Company to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and personal references to give the Company all information about my previous employment and education, along with any other pertinent information they may have.

I agree that to the fullest extent allowed by law, any controversy, claim or dispute 4. between me and the Company, and/or any of its related entities, holding companies, parents, subsidiaries, divisions, officers, shareholders, directors, employees, agents, insurers, predecessors, successors, and assigns (collectively, "Company") relating to or arising out of my application for employment, employment, or the cessation of my employment will be submitted to final and binding arbitration as the sole and exclusive remedy, regardless of whether such dispute is initiated by Company or me. All claims subject to this Agreement must be arbitrated in an individual capacity. Both Company and I expressly waive our rights (i) to utilize class or collective action procedures in asserting a claim subject to this Agreement; and (ii) to the extent permitted by applicable law, including the Federal Arbitration Act, to utilize representative action procedures in asserting a claim subject to this Agreement. Under no circumstances shall the arbitrator have jurisdiction to decide any dispute on anything other than an individual basis. The arbitration shall be before a neutral arbitrator in the county in which I work or last worked for Company, for determination in accordance with the JAMS Employment Arbitration Rules and Procedures (including any subsequent modifications or amendments to such Rules), to the extent those Rules do not conflict with this Agreement. (I understand that a copy of the most current JAMS Rules may be obtained from Company's Human Resources Department or by visiting http://www.jamsadr.com/rulesemployment-arbitration/.) In any such arbitration, the parties may conduct discovery to the same extent as would be permitted in a court of law. The arbitrator will issue a written decision stating the essential findings and conclusions on which the award is based, and will have full authority to award all remedies that would be available in court. Company will pay all arbitrator's fees and costs beyond what would normally be incurred had the matter been resolved in court. Any judgment upon the award rendered by the arbitrator may be entered in any court in the county where the arbitration award was rendered. Questions of arbitrability, including whether claims can proceed on a class, collective, or representative basis, may only be decided by a court. This Agreement is governed by and enforceable under the Federal Arbitration Act. If for any reason the Federal Arbitration Act is held not to apply to this Agreement or any portion of it, the Agreement shall, to that extent, be governed by and enforceable under the laws of the state in which I am or was last employed by Company. If any provision of this Agreement is found to be unenforceable, the remainder of this Agreement shall remain in full force and effect, as if the unenforceable or invalid provision did not exist. BY AGREEING TO THIS BINDING MUTUAL ARBITRATION PROVISION, BOTH I AND COMPANY GIVE UP ALL RIGHTS TO A TRIAL BY JURY.

I AGREE TO ALL OF THE ABOVE STATEMENTS:

Signature: _____

Date:



EQUAL EMPLOYMENT OPPORTUNITY DATA

Date:

To be completed by applicant:

Completion of this form is entirely voluntary, and all information will remain confidential and will not affect your application for employment. This information is separated from your employment application and/or resume and maintained in a separate confidential file. We are required by law to collect this information for equal opportunity employment purposes, and it will not become part of your personnel record if you are hired by this company.

Applicant Name:	Position Applying for:	
How did you hear about this position? Check one.	 ☐ Walk in ☐ Employment Agency ☐ Newspaper 	 Internet Posting Employee Referral Other:
Race/Ethnicity: American Indian/Alaskan Native Asian Black or African-American Hispanic or Latino White (Not Hispanic or Latino) Native Hawaiian or Other Pacific Islander Two or more races		

Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

Vietnam Era Veteran
Disabled Veteran
Individual with a Disability

To be completed by employer:

EEO-1 Category:

- 1a. Executive/Senior Level Officials and managers
 -] 1b. First/Mid Senior Level Officials and Managers
 - 2. Professionals
 - 3. Technicians
- 4. Sales Workers
- 5. Administrative Support Workers

6. Crafts Workers
7. Operatives – semi-skilled
8. Laborers and Helpers
9. Service Workers

Employer information completed by:

Date: