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.)

APPLICANT INFORMATION

Full Name _____ Date: _____
Last First Middle

Present Address _____
Street Apt.

_____
City State Zip

Phone No. (___) _____ Email: _____

Date you will be available for work: _____ Position you are seeking: _____

Referred to the Company by: _____

Have you ever worked for this company? Yes ____ No ____ If yes, when? _____

Do you have any relatives working for the Company? Yes ____ No ____

If yes, state the name(s) and relationship: (1)_____ (2)_____

Are you over eighteen years of age? Yes ____ No ____ (If under 18, hire is subject to verification that you are of minimum legal age.)

Can you, after employment, submit verification of your legal right to work in the United States?

Yes ____ No ____

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.

4. _____ I agree that to the fullest extent allowed by law, any controversy, claim or dispute 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/rules-employment-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: _____