

**SPM RESORTS
NEW HIRE PACKET CHECKLIST**

	Person Responsible	Provided	Hard Copy Signed & Returned	Date Returned
PREHIRE				
Applicant Resume				
Employment Application				
Background Check Disclosure & Auth. Form (MUST BE DONE PRE-OFFER)				
Reference Check Form – 2 minimum				
POST HIRE				
Personnel Action Request Form				
Welcome Letter				
New Hire Information Form				
W-4 Form				
I-9 Form (Verification of Eligibility) Photocopy Identification				
E-Verify Notice				
Work Permit (if applicable)				
SC D.O.L. Terms of Employment Notice				
Direct Deposit Form				
Job Description - signed				
Christmas Club Form (if applicable)				
Alcohol, Drug & Substance Use Testing Search and Consent Form				
Employee Handbook (Ack. form signed)				
Time Clock Policy/Time Card Approvals				
Healthcare Reform Notice/Acknowledgement				
Provided to FT Employees when eligible				
Employee Benefits Guide				
Benefits enrollment form				
Section 125 Cafeteria Plan Agreement				
Summary Plan Document (CD)				
SPM Resorts 401(k) Plan Workbook (6 months after hire)				

Notes:

Prepared by SPM Resorts, Inc. The information contained herein is privileged and confidential, intended solely for the use of the individual or entity to whom it was directly provided. Please only share this information with individuals associated with your board of directors. Further dissemination, distribution, or reproduction of this information is strictly prohibited without prior written consent of SPM Resorts, Inc.

PLEASE SEND COMPLETED CHECKLIST WITH NEW HIRE PAPERWORK

PRE-HIRE



APPLICATION FOR EMPLOYMENT

SPM Resorts is an equal opportunity employer. We provide equal employment opportunities to all qualified applicants for employment without regard to race, color, religion, national origin, gender, sexual orientation, age, marital status, physical or mental disability, or veteran status. Selection decisions are based on job-related factors only and all qualified applicants will be given equal consideration. SPM's strength lies in the diversity of its people and the ways in which they contribute to the success and mission of the organization. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

Today's Date: _____ Date available for work: _____

Location / Resort applied to: _____

PERSONAL INFORMATION:

Name _____
Last First Middle

Address _____
Street City State Zip

Telephone #: _____ E-mail Address: _____

In case of emergency, notify: _____
Name Address Phone

Do you have a valid motor vehicle license? _____ Has it ever been revoked? _____

If so explain _____

EMPLOYMENT DESIRED:

Position _____ Date you can start _____ Salary desired _____

Can you work full-time or part-time? _____ If part-time what days and hours _____

Are you willing to work overtime and weekends if required to? _____

How would you get to work? _____

Are you employed now? Yes ___ No ___ if so may we inquire of your present employer? Yes ___ No ___

Ever applied to this Company before? Yes ___ No ___ Where? _____ When _____

Name of relatives or friends employed in our company? _____

Are there any reasons known to you that you might be unable to perform any of the essential job duties of the position for which you are applying? _____ Yes _____ No (If yes, explain _____)

BACKGROUND INFORMATION:

Have you ever been convicted of a felony? Yes _____ No _____ If yes, explain in detail: _____

A "Yes" answer to a felony conviction will not automatically disqualify you for consideration of employment.

EDUCATION:

	School Name & Location	Highest Grade Completed	Type of Degree or Diploma
HIGH SCHOOL			
COLLEGE			
GRADUATE			
OTHER SPECIAL TRAINING			

WORK EXPERIENCE: List below last three employers, start with last one first

Company Name _____ Immediate Supervisor _____

Complete Address _____

*Street/P.O.Box**City**State**Zip Code*

Job Title _____ Phone _____

Job Description (duties, skills, equipment used) _____

Dates: From (mm/yy) _____ To (mm/yy) _____ Reason for leaving _____

Company Name _____ Immediate Supervisor _____

Complete Address _____

*Street/P.O.Box**City**State**Zip Code*

Job Title _____ Phone _____

Job Description (duties, skills, equipment used) _____

Dates: From (mm/yy) _____ To (mm/yy) _____ Reason for leaving _____

Company Name _____ Immediate Supervisor _____

Complete Address _____

*Street/P.O.Box**City**State**Zip Code*

Job Title _____ Phone _____

Job Description (duties, skills, equipment used) _____

Dates: From (mm/yy) _____ To (mm/yy) _____ Reason for leaving _____

Volunteer Work _____

Licenses, certificates, special skills, etc. _____

List References (list persons who know about your work/training/occupation & are not related to you)

	Name	Address	Occupation	Phone Number
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

I understand that SPM Resorts, Inc. is a non-smoking company. The unlawful manufacture, distribution, possession or use of drugs or alcohol on company premises, or while conducting company business off company premises is absolutely prohibited. I understand and agree that any misrepresentation by me in this application will be cause for cancellation of this application and/or separation from my job if I have been employed. I UNDERSTAND THAT JUST AS I AM FREE TO RESIGN AT ANY TIME, THE EMPLOYER RESERVES THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE. I understand that no representative of the employer has the authority to make any assurances to the contrary. I give the Employer the right to investigate all references and secure additional information about me, if job related. I release from liability the Employer and its representatives for seeking such information, and persons, corporation and organizations from furnishing such information. This application is current for 6 months; after that if I have not heard from the Employer and still want to be considered for employment, it will be necessary for me to fill out a new application.

Applicant Signature _____ Date _____



BACKGROUND CHECK DISCLOSURE

SPM Resorts, Inc. (the "Company") may order a "consumer report" (a background report) or "investigative consumer report" on you in connection with your employment application, and if you are hired, or if you already work for the Company, may order additional background reports on you for employment purposes, to the maximum extent permitted by applicable law.

The background check company, ADP Screening and Selection Services, will prepare the background report for the Company. ADP Screening and Selection Services is located at 301 Remington Street, Fort Collins, CO, 80524, and can be reached by phone at 800-367-5933 or at their Internet Web site address www.adpselect.com.

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, criminal history, and credit standing. An "investigative consumer report" is a background report that includes information from personal interviews. Information may be obtained from private and public sources and for investigative consumer reports from personal interviews as noted above. You may request more information about the nature and scope of an investigative consumer report, if any, by contacting the Company.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized in the document titled A Summary of Your Rights Under the Fair Credit Reporting Act, as provided on subsequent pages.

THE REMAINDER OF THIS DOCUMENT IS INTENTIONALLY LEFT BLANK.

PLEASE PROCEED TO THE NEXT DOCUMENT: THE AUTHORIZATION FOR BACKGROUND CHECKS.

AUTHORIZATION FOR BACKGROUND CHECKS

I authorize the Company to obtain my background report, including investigative consumer reports. I also agree that a copy of this form is valid like the signed original. I understand that, as allowed by law, the Company may rely on this authorization to order additional background reports, including investigative consumer reports, (1) during my employment and (2) from companies other than ADP Screening and Selection Services without asking me for my authorization again, as allowed by law. I understand the Company may order a background report under my legal name and any other names I may have used.

I also authorize the following agencies and entities to disclose to ADP Screening and Selection Services and its agents all information about or concerning me, as allowed by law, including but not limited to: my past or present employers; learning institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or agency with any information about or concerning me. The information that can be disclosed to ADP Screening and Selection Services and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

If you live or work for the Company in California, Minnesota or Oklahoma: Check this box if you would like a free copy of your background check report:

STATE LAW NOTICES

If you live or work for the Company in the states listed below, please note the following:

MASSACHUSETTS: If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from ADP Screening and Selection Services, which may include any or all of the following: criminal history review, driving record review, credit report review, and employment/education verifications. You may inspect and order a free copy of the report by contacting ADP Screening and Selection Services.

MINNESOTA: If you submit a request to us in writing, you have the right to get from the Company a complete and accurate disclosure of the nature and scope of the consumer report or investigative consumer report ordered, if any, from ADP Screening and Selection Services, which may include any or all of the following: criminal history review, driving record review, credit report review, and employment/education verifications.

NEW JERSEY: If you submit a request to us in writing, you have the right to know whether the Company ordered an investigative consumer report from ADP Screening and Selection Services which may include any or all of the following: criminal history review, driving record review, credit report review, and employment/education verifications. You may inspect and order a free copy of the report by contacting ADP Screening and Selection Services.

NEW YORK: If you submit a request to us in writing, you have the right to know whether the Company ordered a consumer report or an investigative consumer report from ADP Screening and Selection Services which may include any or all of the following: criminal history review, driving record review, credit report review, and employment/education verifications.. You may inspect and order a free copy of the reports by contacting ADP Screening and Selection Services. By signing below, you certify you have received a copy of Article 23A of the New York Correction Law is being provided with this form.

WASHINGTON STATE: You also have the right to ask ADP Screening and Selection Services for a written summary of your rights under the Washington Fair Credit Reporting Act.

Please print your legal name:

Last Name _____ First _____ Middle _____

Signature _____

_____/_____/_____
(Month/Day/Year)

THE REMAINDER OF THIS DOCUMENT IS INTENTIONALLY LEFT BLANK

BACKGROUND CHECK INFORMATION

The information requested below is collected solely for the purpose of aiding the Company in running a background check in connection with your application for employment. The employer is requesting that you provide this information to assist in conducting a thorough background check.

First Name _____ Middle Name _____ Last Name _____

For Identification Purposes Only: Date of Birth ____/____/____ (Month/Day/Year)

Social Security Number _____

Driver's License Number _____ State Issuing License _____

Enter Nickname(s) Used _____

Enter Any Other Names Used (including maiden names):

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

First Name _____ Middle Name _____ Last Name _____

Addresses Within The Past Seven Years (use a separate sheet as needed)

Present Street Address _____

City/State/ZIP _____

Prior Street Address _____

Prior City/State/ZIP _____

From ____/____/____ (Month/Day/Year) To ____/____/____ (Month/Day/Year)