

**SPM RESORTS
NEW HIRE PACKET CHECKLIST**

| | Person Responsible | Provided | Hard Copy Signed & Returned | Date Returned |
|---|-----------------------|----------|--------------------------------------|------------------|
| Applicant Resume | | | | |
| Employment Application | | | | |
| Background Check Disclosure & Auth. Form (MUST BE DONE PRE-OFFER) | | | | |
| Reference Check Form - 2 minimum | | | | |
| 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 | | | | |
| 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

SPM RESORTS

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. _____ | _____ | _____ | _____ |

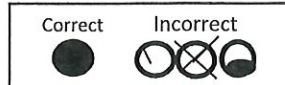
I understand that SPM Resorts, Inc. is a non-smoking company. The unlawful manufacture, distribution, possession or use of drugs or alcohol on company premises, or while conducting company business off company premises is absolutely prohibited. I understand and agree that any misrepresentation by me 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 _____





Print Characters like this
ABCDE 12345



Consent to Request Consumer Report & Investigative Consumer Report Information

A Summary of Your Rights Under the Fair Credit Reporting Act

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Applicant's First Name or Initial

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Last Name

I understand that SPMI **c/o Hospitality Employee Group** ("COMPANY") will use Acutraq Background Screening ("ACUTRAQ"), P.O. Box 766, Elkins, AR, 72727 (479) 439-9174, to obtain a consumer report and/or investigative consumer report ("Report") as part of the hiring process. I also understand that if hired, to the extent permitted by law, COMPANY may obtain further Reports from ACUTRAQ so as to update, renew or extend my employment.

I understand ACUTRAQ's investigation may include obtaining information regarding my credit background, bankruptcies, lawsuits, judgments, paid tax liens, unlawful detainer actions, failure to pay spousal or child support, accounts placed for collection, character, general reputation, personal characteristics and standard of living, driving records and criminal record, subject to any limitations imposed by applicable federal and state law. I understand such information may be obtained through direct or indirect contact with former employers, schools, financial institutions, landlords and public agencies or other persons who may have such knowledge. If an investigative consumer report is being requested, I understand such information may be obtained through any means, including but not limited to personal interviews with my acquaintances and/or associates or with others whom I am acquainted.

The nature and scope of the investigation sought is indicated by the selected services below: **EMPLOYER USE ONLY**

☐

Basic Report

☐

Health Care Package

☐

Credit Check

☐

Motor Vehicle Report

☐

Professional License/ Certification

☐

Other: (Please List) _____

I acknowledge receipt of the attached summary of my rights under the fair Credit Reporting Act and, as required by law, any related state summary of rights (collectively "Summaries of Rights").

The consent will not affect my ability to question or dispute the accuracy of any information contained in a Report. I understand if COMPANY makes a conditional decision to disqualify me based all or in part on my Report, I will be provided with a copy of the Report and another copy of the Summaries of Rights, and if I disagree with the accuracy of the purported disqualifying information in the Report, I must notify COMPANY within five business days of my receipt of the Report that I am challenging the accuracy of such information with ACUTRAQ.

I hereby consent to the investigation and authorize COMPANY to procure a Report on my background.

In order to verify my identity for the purposes of Report preparation, I am voluntarily releasing my date of birth, social security number and the other information and fully understand that all employment decision are based on legitimate non-discriminatory reasons.

The name, address and telephone number of the consumer reporting agency designated to handle inquiries regarding the investigative consumer report is:

Acutraq Background Screening | P.O. Box 766 | Elkins, AR, 72727 | (479) 439-9174

☐

California, Maine, Massachusetts, Minnesota, New Jersey & Oklahoma Applicants ONLY: I have the right to request a copy of any Report obtained by COMPANY from ACUTRAQ by checking the box. (Check only if you wish to receive a copy.)

Signature

Today's Date

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed

EMPLOYEE COPY

or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

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States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:

1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.

b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:

2. To the extent not included in item 1 above:

a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks

b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act

c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations

d. Federal Credit Unions

3. Air carriers

4. Creditors Subject to Surface Transportation Board

5. Creditors Subject to Packers and Stockyards Act, 1921

6. Small Business Investment Companies

7. Brokers and Dealers

8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations

9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

CONTACT:

a. Consumer Financial Protection Bureau
1700 G Street NW
Washington, DC 20552

b. Federal Trade Commission: Consumer Response Center – FCRA
Washington, DC 20580
(877) 382-4357

a. Office of the Comptroller of the Currency
Customer Assistance Group
1301 McKinney Street, Suite 3450
Houston, TX 77010-9050

b. Federal Reserve Consumer Help Center
P.O. Box 1200
Minneapolis, MN 55480

c. FDIC Consumer Response Center
1100 Walnut Street, Box #11
Kansas City, MO 64106

d. National Credit Union Administration
Office of Consumer Protection (OCP)
Division of Consumer Compliance and Outreach (DCCO)
1775 Duke Street
Alexandria, VA 22314

Asst. General Counsel for Aviation Enforcement & Proceedings
Aviation Consumer Protection Division
Department of Transportation
1200 New Jersey Avenue, SE
Washington, DC 20590
Office of Proceedings, Surface Transportation Board
Department of Transportation
395 E Street S.W.
Washington, DC 20423

Nearest Packers and Stockyards Administration area supervisor

Associate Deputy Administrator for Capital Access
United States Small Business Administration
409 Third Street, SW, 8th Floor
Washington, DC 20416

Securities and Exchange Commission
100 F St NE
Washington, DC 20549

Farm Credit Administration
1501 Farm Credit Drive
McLean, VA 22102-5090

FTC Regional Office for region in which the creditor operates or
Federal Trade Commission: Consumer Response Center – FCRA
Washington, DC 20580
(877) 382-4357

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

| LIST A Documents that Establish Both Identity and Employment Authorization | LIST B Documents that Establish Identity | LIST C Documents that Establish Employment Authorization |
|---|---|---|
| OR 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI | AND 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record | 1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security |

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.