



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation <i>(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)</i>					
Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)
Address (Street Number and Name)		Apt. Number	City or Town		State Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address		Telephone Number
	[]-[]-[]				

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States *(See instructions)*
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

3-D Barcode
Do Not Write in This Space

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)	City or Town	State	Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div>3-D Barcode Do Not Write in This Space</div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name Homewood Village Resorts LLC	
Employer's Business or Organization Address (Street Number and Name) 105 Tahoe Ski Bowl Way		City or Town Homewood	State CA	Zip Code 96141

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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EMPLOYEE ACTION FORM

EMPLOYEE NAME (Last)	(M.I.)	(First-Legal)	EFFECTIVE DATE
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EMPLOYEE PROFILE			
SOCIAL SECURITY NUMBER	<input type="checkbox"/> Applied	DATE OF BIRTH (Month/Day/Year)	<input type="checkbox"/> Under 18 Y.O. (Work Permit req'd)
		GENDER (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female	
MAILING ADDRESS (Number and Street or PO Box, City, State, ZIP)		PHONE (Home)	(Mobile)
		EMAIL	
*This is where you W-2 will be sent			
EMERGENCY CONTACT (Name)		(Relationship)	(Phone)
EMPLOYEE SIGNATURE			DATE

EMPLOYER ACTION			
ACTION (check all that apply)		DEPARTMENT (New)	(Old)
<input type="checkbox"/> New Hire (see Checklist)	<input type="checkbox"/> Pay Change (explain below)		
<input type="checkbox"/> Re-Hire (see Checklist)	<input type="checkbox"/> Promotion (explain below)	JOB TITLE (New)	(Old)
<input type="checkbox"/> Department Transfer	<input type="checkbox"/> Demotion (explain below)		
<input type="checkbox"/> Job Title Change	<input type="checkbox"/> Emp Type (see box below)	PAY RATE (New)	(Old)
<input type="checkbox"/> Add'l Job Title (check one)	<input type="checkbox"/> Leave	\$	\$
<input type="checkbox"/> Primary Job Title	<input type="checkbox"/> Return from Leave	<input type="checkbox"/> Hourly	<input type="checkbox"/> Hourly
<input type="checkbox"/> Secondary Job Title	<input type="checkbox"/> Other (explain below)	<input type="checkbox"/> Salary (Bi-Weekly)	<input type="checkbox"/> Salary (Bi-Weekly)
EMPLOYMENT TYPE		OTHER ITEMS (check all that apply)	
(check one)	(check one)	<input type="checkbox"/> Under 18 years of age (see HR for Work Permit)	
<input type="checkbox"/> Seasonal/Temporary	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Driver Authorization (submit Driver Authorization Form)	
<input type="checkbox"/> Year-Round (10 month)	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Security and/or IT Access (submit Controlled Access Form)	
<input type="checkbox"/> Year-Round (12 month)	<input type="checkbox"/> On-Call	<input type="checkbox"/> Benefits: Insurance + Vacation/Sick (see HR)	
EXPLANATION FOR ACTION AND/OR OTHER COMMENTS			
NEW HIRE/RE-HIRE CHECKLIST			
<input type="checkbox"/> Employment Application	<input type="checkbox"/> I-9 Identification (list A or B + C)	<input type="checkbox"/> Liability Release (for Winter Employee Pass)	
<input type="checkbox"/> Hire Packet (all pages signed)	<input type="checkbox"/> Online Training Acknowledgement	<input type="checkbox"/> Background Check (Lift Ops and Ski/SB School)	

AUTHORIZATION			
	Manager/Supervisor	Director	General Manager/Exec
Print Name			
Signature			
Date			
HR Use Only			
<input type="checkbox"/> ADP			
<input type="checkbox"/> RTP			
<input type="checkbox"/> Kronos/Aloha			



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NOTICE TO EMPLOYEE
Labor Code section 2810.5

EMPLOYEE

Employee Name: _____

Start Date: _____

EMPLOYER

Legal Name of Hiring Employer: _____

Is hiring employer a staffing agency/business (e.g., Temporary Services Agency; Employee Leasing Company; or Professional Employer Organization [PEO])? ☐ Yes ☐ No

Other Names Hiring Employer is "doing business as" (if applicable):

Physical Address of Hiring Employer's Main Office:

Hiring Employer's Mailing Address (if different than above):

Hiring Employer's Telephone Number: _____

If the hiring employer is a staffing agency/business (above box checked "Yes"), the following is the other entity for whom this employee will perform work:

Name: _____

Physical Address of Main Office: _____

Mailing Address: _____

Telephone Number: _____

WAGE INFORMATION

Rate(s) of Pay: _____ Overtime Rate(s) of Pay: _____

Rate by (check box): ☐ Hour ☐ Shift ☐ Day ☐ Week ☐ Salary ☐ Piece rate ☐ Commission

☐ Other (provide specifics): _____

Does a written agreement exist providing the rate(s) of pay? (check box) ☐ Yes ☐ No

If yes, are all rate(s) of pay and bases thereof contained in that written agreement? ☐ Yes ☐ No

Allowances, if any, claimed as part of minimum wage (including meal or lodging allowances):

(If the employee has signed the acknowledgment of receipt below, it does not constitute a "voluntary written agreement" as required under the law between the employer and employee in order to credit any meals or lodging against the minimum wage. Any such voluntary written agreement must be evidenced by a separate document.)

Regular Payday: _____

WORKERS' COMPENSATION

Insurance Carrier's Name: _____
Address: _____
Telephone Number: _____
Policy No.: _____
☐ Self-Insured (Labor Code 3700) and Certificate Number for Consent to Self-Insure: _____

PAID SICK LEAVE

Unless exempt, the employee identified on this notice is entitled to minimum requirements for paid sick leave under state law which provides that an employee:

- a. May accrue paid sick leave and may request and use up to 3 days or 24 hours of accrued paid sick leave per year;
- b. May not be terminated or retaliated against for using or requesting the use of accrued paid sick leave; and
- c. Has the right to file a complaint against an employer who retaliates or discriminates against an employee for
 1. requesting or using accrued sick days;
 2. attempting to exercise the right to use accrued paid sick days;
 3. filing a complaint or alleging a violation of Article 1.5 section 245 et seq. of the California Labor Code;
 4. cooperating in an investigation or prosecution of an alleged violation of this Article or opposing any policy or practice or act that is prohibited by Article 1.5 section 245 et seq. of the California Labor Code.

The following applies to the employee identified on this notice: *(Check one box)*

- ☐ 1. Accrues paid sick leave only pursuant to the minimum requirements stated in Labor Code §245 et seq. with no other employer policy providing additional or different terms for accrual and use of paid sick leave.
- ☐ 2. Accrues paid sick leave pursuant to the employer's policy which satisfies or exceeds the accrual, carryover, and use requirements of Labor Code §246.
- ☐ 3. Employer provides no less than 24 hours (or 3 days) of paid sick leave at the beginning of each 12-month period.
- ☐ 4. The employee is exempt from paid sick leave protection by Labor Code §245.5. (State exemption and specific subsection for exemption): _____

ACKNOWLEDGEMENT OF RECEIPT

(Optional)

(PRINT NAME of Employer representative)

(PRINT NAME of Employee)

(SIGNATURE of Employer Representative)

(SIGNATURE of Employee)

(Date)

(Date)

The employee's signature on this notice merely constitutes acknowledgement of receipt.

Labor Code section 2810.5(b) requires that the employer notify you in writing of any changes to the information set forth in this Notice within seven calendar days after the time of the changes, unless one of the following applies: (a) All changes are reflected on a timely wage statement furnished in accordance with Labor Code section 226; (b) Notice of all changes is provided in another writing required by law within seven days of the changes.

Form W-4 (2016)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <div style="display: inline-block; vertical-align: middle;"><div style="display: inline-block; vertical-align: middle;">• You are single and have only one job; or</div><div style="display: inline-block; vertical-align: middle;">• You are married, have only one job, and your spouse does not work; or</div><div style="display: inline-block; vertical-align: middle;">• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</div></div>	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G _____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ►	H _____
	For accuracy, complete all worksheets that apply. <div style="display: inline-block; vertical-align: middle;"><div style="display: inline-block; vertical-align: middle;">• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.</div><div style="display: inline-block; vertical-align: middle;">• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.</div><div style="display: inline-block; vertical-align: middle;">• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</div></div>	

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
		► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2016
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck		6		\$
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ► 7				
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ►				
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)

Deductions and Adjustments Worksheet**Note:** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details	1	\$	_____
2	Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,300 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$	2	\$	_____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$	_____
4	Enter an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$	_____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2016 Form W-4</i> worksheet in Pub. 505.)	5	\$	_____
6	Enter an estimate of your 2016 nonwage income (such as dividends or interest)	6	\$	_____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$	_____
8	Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction	8		_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9		_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10		_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**Note:** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____

Note: If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2016. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2016. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$6,000	0	\$0 - \$9,000	0
6,001 - 14,000	1	9,001 - 17,000	1
14,001 - 25,000	2	17,001 - 26,000	2
25,001 - 27,000	3	26,001 - 34,000	3
27,001 - 35,000	4	34,001 - 44,000	4
35,001 - 44,000	5	44,001 - 75,000	5
44,001 - 55,000	6	75,001 - 85,000	6
55,001 - 65,000	7	85,001 - 110,000	7
65,001 - 75,000	8	110,001 - 125,000	8
75,001 - 80,000	9	125,001 - 140,000	9
80,001 - 100,000	10	140,001 and over	10
100,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
75,001 - 135,000	1,010	38,001 - 85,000	1,010
135,001 - 205,000	1,130	85,001 - 185,000	1,130
205,001 - 360,000	1,340	185,001 - 400,000	1,340
360,001 - 405,000	1,420	400,001 and over	1,600
405,001 and over	1,600		

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



RECEIPT OF EMPLOYEE HANDBOOK

I received a copy of the employee handbook of West Shore Café/Homewood Mountain Resort ("Company"). Employee Handbook is also available online at www.skihomewood.com on the Current Employees page.

I agree to read the handbook and to comply with the various policies and procedures of the Company.

I understand that neither this employee handbook nor any other communication by a management representative is intended to in any way create a contract of employment, either express or implied. Rather, I understand that the Company and I each have the right to end our employment relationship for any reason at any time, with or without cause or notice.

Employee Name

Employee Signature

Date

EEO/AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, and other information of applicants and/or employees. This data is for analysis and for equal opportunity purposes only. Submissions about any disability is voluntary.

Date: _____

GENDER (check one)	
<input type="checkbox"/> Male	<input type="checkbox"/> Female
VETERANS AND DISABILITY (check one)	
<input type="checkbox"/> Vietnam Veteran	<input type="checkbox"/> Disabled Individual
<input type="checkbox"/> Disabled Veteran	<input type="checkbox"/> Not Applicable
ETHNIC GROUP (check one)	
<input type="checkbox"/> White	<input type="checkbox"/> Pacific Islander/Native Hawaiian
<input type="checkbox"/> Black	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Two or more ethnic groups
<input type="checkbox"/> Asian	



CONSENT TO DRUG AND ALCOHOL TEST

I consent to allow West Shore Cafe/Homewood Mountain Resort Ski Resort to administer a breathalyzer test or collect urine or blood specimens for testing for alcohol and drugs. I also give my consent for the release of the test results to the appropriate management employees. I understand that if I decline to sign this consent and decline to take the test, my application for employment may be rejected or my employment with West Shore Cafe/Homewood Mountain Resort Ski Resort may be terminated.

Employee Name

Employee Signature

Date

ACKNOWLEDGEMENT OF RECEIPT OF MPN INFORMATION

I acknowledge that I have received information regarding my employer's use of a Medical Provider Network for Workers' Compensation claims. MPN information is also available online at www.skihomewood.com on the Current Employees page. The information given to me included:

1. A letter that outlines the MPN; and
2. A copy of the Continuity of Care Plan

Employee Name

Employee Signature

Date



HARASSMENT PREVENTION POLICY

As an employee of Homewood Mountain Resort, I acknowledge that there is a written harassment prevention policy in place at this resort. Homewood takes this policy very seriously and it is extremely important to the leadership of this organization that all employees are provided a work place free of harassment of any kind. This policy included:

- Homewood has zero tolerance for harassment of any kind and does not tolerate retaliation of any employee who makes a claim.
- If I feel harassed in the workplace, it is my responsibility to report it directly to the Vice President of Human Resources in writing.
- If I do report a claim, Human Resources will conduct a full and thorough investigation.
- Full cooperation is expected during an investigation and .
- Retaliation of any kind will also not be tolerated. All employees have a right to voice and come forward with a claim or concern without a fear of retaliation.

I acknowledge that I have received, read, and understand the Harassment policy of Homewood Mountain Resort/West Shore Café and Inn. I understand that failure to comply with the policy could result in disciplinary action up to and including termination of employment.

I understand that if I have any questions or if I encounter any problems, I can contact the Human Resources Coordinator or the Vice President of Human Resources at hr@skihomewood.com or kchan@jmaventuresllc.com .

I understand that if I know of or have reason to know of any acts of sexual harassment or of the existence of a hostile, intimidating, or offensive work environment at our Company, and I fail to report it to Human Resources or higher management, both our Company and I may be placed in jeopardy.

Therefore, I will report any act of sexual harassment or harassment of any kind immediately to Human Resources.

Employee Name

Employee Signature

Date



"AT WILL" EMPLOYMENT ACKNOWLEDGMENT

I understand and agree that my employment is "at will" for no definite period of time, and that, just as I may terminate my employment at any time without notice or cause, so too may **West Shore Café/Homewood Mountain Resort** terminate or modify my employment relationship at any time without notice or cause.

I understand and agree that West Shore Café/Homewood Mountain Resort, at its option, may change, delete, suspend, or discontinue any part or parts of the policies and/or privileges in the Employee Handbook or any other Company communication whether written or in verbal form at any time without prior notice.

I understand and agree that the policies, procedures, rules, guidelines, and information contained in the handbook may not constitute a complete list and that no policy, procedure, rule, guideline, or information should be construed to be a contract of employment, express or implied, or a promise of employment for a specified period of time.

Any such action shall apply to existing, as well as, future employees. Employees may not accrue eligibility for monetary benefits that they have not earned through actual time spent at work and such benefits must be provided for in writing. Employees shall not accrue eligibility for any benefits or rights and privileges beyond the last day worked.

I understand that no one other than the General Manager of the West Shore Café or Homewood Mountain Resort, has the authority to enter into any agreement, oral or written, for my employment for any specified period of time or to make any agreement contrary to any policy or procedure contained in the Employee Handbook or any other Company communication whether written or in verbal form.

I agree that my employment is conditional upon my compliance with the policies, procedures, rules, and guidelines stated in the Employee Handbook, the Company's Drug and Alcohol Policy or any other Company communication presented to me in written or verbal form.

I agree to all conditions stated above and any other conditions West Shore Café/Homewood Mountain Resort may present throughout the duration of my employment with West Shore Café/Homewood Mountain Resort.

Employee Name

Employee Signature

Date

THIS SIGNED ACKNOWLEDGMENT MUST BE ON FILE WITH HUMAN RESOURCES
PRIOR TO YOUR FIRST DAY OF WORK



ONLINE ORIENTATION AND SAFETY TRAINING ACKNOWLEDGEMENT

Go to skihomewood.com/employment > TRAINING > ORIENTATION & SAFETY TRAINING

☐ Winter: (year/year) _____ / _____ ☐ Summer: (year) _____

Initial each box

<input type="checkbox"/>	I understand and will comply with the uniform and appearance standards of Homewood Mountain Resort and West Shore Café.
<input type="checkbox"/>	I understand and will comply with the parking and smoking policy of Homewood Mountain Resort and West Shore Café.
<input type="checkbox"/>	I understand the importance of clocking in and out for work and that failure to do so regularly may result in disciplinary action.
<input type="checkbox"/>	I understand Homewood Mountain Resort and West Shore Café have an Injury and Illness Prevention Program (IIPP) and Code of Safe Practices, and know where to locate it.
<input type="checkbox"/>	I have received training on the importance of Material Safety Data Sheets/Safety Data Sheets and know where to locate and how to use MSDS/SDS.
<input type="checkbox"/>	I have received training on the use and importance of Personal Protective Equipment (PPE).
<input type="checkbox"/>	I have received training on the procedures and importance of Lock out/Tag out.
<input type="checkbox"/>	I have received training on the dangers of confined space and how to remain safe when working in confined spaces.
<input type="checkbox"/>	I have received training on emergency preparedness and know how to properly use a fire extinguisher.
<input type="checkbox"/>	I have received training on the dangers of slips, trips, and falls, and how to prevent them.
<input type="checkbox"/>	I have received training on the importance of ergonomics and how to prevent repetitive motion injuries.
<input type="checkbox"/>	I have received training on the importance of proper lifting and how to properly lift.
<input type="checkbox"/>	I have received training on the dangers of ladders and how to use ladders safely.
<input type="checkbox"/>	I have received training on exposure to blood borne pathogens and how to protect myself when dealing with blood borne pathogens.
<input type="checkbox"/>	I have received training on heat illness and how to prevent heat related illnesses.
<input type="checkbox"/>	I have received training on sun safety and how to protect myself from the sun.
<input type="checkbox"/>	I have received training on the importance of hydrating and how to keep my body hydrated.

(Winter season only)

<input type="checkbox"/>	I have received training and understand the Homewood Mountain Resort ski and snowboard policies regarding Your Responsibility Code, free skiing and snowboarding, and designated and preferred routes.
<input type="checkbox"/>	I understand and will comply with the Homewood Mountain Resort Closed Area and Boundary Policy.
<input type="checkbox"/>	I have received training on ACL injury awareness and know how to prevent ACL injuries.
<input type="checkbox"/>	I have received training on the dangers of exposure to cold temperatures including frostbite and hypothermia, and how to prevent cold weather injuries.

(Print Employee Name and Department)

I, _____, have completed the online Orientation and Safety Training and understand the policies of Homewood Mountain Resort and West Shore Café, including the harassment prevention policy. I understand that failure to comply with these policies may result in disciplinary action up to and including termination of employment.

Employee Signature

Date

West
Shore





EMPLOYEE AND DEPENDENT SEASON PASS AGREEMENT AND LIABILITY RELEASE

***This section to be completed by employee**

Name: (First) _____
(Last) _____
Dept/Position: _____

***This section to be completed by Human Resources**

☐ Part-time (6 Vouchers) IP# _____
☐ Full-time (8 Vouchers) HR _____
☐ YR/Mgmt (10 Vouchers)

As a condition of being issued an Employee Season Pass and/or Dependent Season Pass(es) (collectively, Pass), and in return for being permitted to participate in snow sports Activities and to use the facilities at Homewood Mountain Resort I understand and agree to the following:

1. **I AGREE** to ski/snowboard under control at all times and in such a manner that I can stop or avoid other skiers, snowboarders, objects, or other persons. When skiing/snowboarding downhill, or overtaking another skier or snowboarder, I will avoid the skier/snowboarder below me. **I WILL NOT** stop where I am obstructing a trail or where I am not visible from above. When entering a trail or starting downhill, I will yield to others.
2. **I WILL** use brakes or other retention devices to prevent runaway skis, snowboards, or other snow sports equipment.
3. **I WILL** keep out of all areas marked "Closed" or "Closed Area." If I travel beyond the ski area boundary, I agree to assume all risks associated with backcountry travel, including the risk of avalanches. I understand that I may be charged for any rescue, if available, beyond the boundary.
4. **I WILL** always observe and obey all posted signs, warnings, the RESPONSIBILITY CODE (Placer County Code Art. 9.28), and all other ski area rules. I will not swing while in the chairlift, or ever jump off of a chairlift. I AGREE to abide by all regulations, county ordinances, state and federal laws, and Homewood policies that exist, that are contained in this agreement, or are posted at the ski area. If Homewood determines that my behavior while on or using any of the owned or leased premises is in violation of any such regulations, ordinances, laws, or policies, I agree that management may, at its sole discretion, suspend or revoke and terminate the Pass without refund, and/or terminate my employment.
5. **I UNDERSTAND** that violating any safety rule may result in the immediate loss of all skiing/snowboarding privileges and possible criminal prosecution under California Penal Code sections 653i and 602(r), including possible fines and jail time.
6. The Pass is **NON-ASSIGNABLE, NON-TRANSFERABLE, AND NON-REFUNDABLE**. **I UNDERSTAND** that use of my Pass by anyone other than the named passholder, use at any time other than designated by the Pass, or any other fraudulent use of the Pass, will constitute **FRAUD**, may result in criminal prosecution, and is grounds for employee termination, a \$50.00 fee, and/or revocation of the Pass without compensation. I agree to carry the Pass with me at all times while skiing or snowboarding at Homewood and to present it for inspection to all lift attendants, ski patrollers, or other personnel of Homewood when asked by them to do so.
7. **Free skiing/snowboarding** is defined as skiing/snowboarding for the express purpose of recreation on an employee's own free time. Free skiing/snowboarding by employees is only permitted (a) on authorized days off, (b) after being relieved of duties and/or clocking out, or (c) before clocking in. If I am an employee and I ski/snowboard on a day off, before or after my scheduled day's work, or during a work break, I do so under my own volition and I am not covered in any manner by Workers' Compensation. Free skiing/snowboarding does not relate to employee job duties or functions nor is it part of normal prudent routes to work from home or from home to work.
8. **I UNDERSTAND** that if I lose my Pass or if it is stolen, I must immediately notify the special tickets desk, and at the resort's discretion, the Pass may be replaced for a \$20.00 fee. If I forget my Pass on any given day, I will have to purchase a lift ticket for that day.
9. **I UNDERSTAND** that the Pass issued to me and/or my dependents remains the property of Homewood and may be revoked or terminated upon the breach of any provision of this agreement or ski area rules, and must be returned to Homewood upon demand.
10. **I UNDERSTAND** that Homewood reserves the right to restrict the use of my Pass for any reason. I further understand that management may choose to close Homewood Mountain Resort and or any portion thereof for any reason at its sole discretion.
11. **I UNDERSTAND** that my Pass is valid for the season for which issued (as long as the resort operates that season for passholders). In the event that I renew my pass for a subsequent season or seasons ("renewal season"), **I UNDERSTAND** and agree that this Conditions of Issuance and Release of Liability and Indemnity Agreement shall remain in effect for each renewal season.

RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

I understand that skiing, snowboarding, and other winter and snow sports (the “Activities”) can be dangerous and involve inherent and other risks of injury and death. These risks include, **but are not limited to**, variations in terrain, changing and variable snow conditions, avalanches, loss of balance, loss of control, falling, collisions with other skiers or snowboarders, collisions with manmade and natural objects including, but not limited to, trees, rocks, fences, snowmaking or snowgrooming equipment and their components, snowmobiles and other vehicles, and manmade or natural obstacles (padded or not) whether they are obvious or not. These obstacles and other risks also include, **but are not limited to**, bare spots, bumps, moguls, ice, stumps, forest growth and debris, subsurface snow conditions, erosion control devices, terrain park features and other slope hazards. I agree that I assume all risks inherent in the use of terrain parks, halfpipes, rails, and their features.

Despite the risks involved in the Activities, and as consideration for being allowed to participate in the Activities, **I AGREE TO EXPRESSLY ASSUME ANY AND ALL RISK OF INJURY OR DEATH** which might be associated with my participation in the Activities and use of the services and facilities of Homewood Mountain Resort, including, but not limited to, use of terrain parks, use of chairlifts or other mountain transportation, use of rental equipment, instruction, racing, traveling beyond the ski area boundary and all special events (collectively referred to as “Use of the Facilities”).

I AGREE NEVER TO SUE AND TO RELEASE FROM LIABILITY Homewood Mountain Resort, Homewood Village Resorts, LLC, Homewood Village Resorts II, LLC, Homewood Operations Management, LLC, the United States Of America, Department of Agriculture, Forest Service, and their owners, investors, members, managers, officers, directors, managing agents, employees, agents, volunteers, course designers, landowners, subsidiaries and all affiliated companies (herein collectively referred to as “Homewood”) for any damage, injury or death to me arising from my participation in the Activities and my Use of the Facilities regardless of cause, including the alleged **NEGLIGENCE** of Homewood. I understand this document is intended to provide a comprehensive release of liability, but it is not intended to assert claims or defenses not allowed under California law.

I understand this is a **RELEASE FROM LIABILITY** which will prevent me or my heirs from filing suit or making any claim for damages in the event of injury or death to me. Additionally, in the event I, my child, the user, or my legal representative asserts a claim or files a lawsuit arising out of the Activities or the Use of the Facilities, **I AGREE TO DEFEND, INDEMNIFY AND HOLD HARMLESS** Homewood, for any damages, attorney’s fees or costs arising out of such a claim or lawsuit. With the aforesaid fully understood, I nevertheless enter into this agreement freely and voluntarily and agree that it is binding upon me, my child, the user, my heirs, assigns and legal representatives. I understand and agree that this agreement will be interpreted under California law and agree that any action must be filed in Placer County. I understand that this agreement is severable. If any clause is found to be invalid the balance of the contract will remain in effect, valid, and enforceable. I understand and agree that this Conditions of Issuance and Release of Liability and Indemnity Agreement is **RENEWED EACH TIME I PARTICIPATE IN THE ACTIVITIES OR USE THE FACILITIES AT HOMEWOOD** and shall remain in effect each season(s) I renew my pass.

I hereby authorize the use and reproduction of my image and/or likeness by Homewood and its authorized representatives, without compensation or restriction.

THIS IS A RELEASE OF LIABILITY. DO NOT SIGN IT UNLESS YOU AGREE TO BE BOUND BY ITS TERMS.

Name of Employee _____ **Date** _____

Signature of Employee _____

Name of Spouse _____ **Date** _____

Signature of Spouse _____

As a parent or legal guardian of the minor children named below, I affirm that I am authorized to sign this Release of Liability on behalf of the minor children. I acknowledge and accept on behalf of the minor children the Agreement stated above.

I declare below the ages and dates of birth of my Dependent children. I agree, if asked, to produce on or before the time I pick up their Dependent Season Passes, a birth certificate or valid I.D. as proof of age.

Dependent Minors:
(please print) _____

Name	Age	DOB
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_____	_____	_____
Name	Age	DOB

Parent/Legal Guardian Signature _____ Date _____

This is a TWO-PAGE Document – PLEASE READ BOTH SIDES AND SIGN ON THIS PAGE