

New Hire Packet Checklist

Employee Name: _____

Date: _____

DOCUMENT

- New Hire Setup Form
- Candidate Release Authorization (ADP Background Screening Form)
- I-9 Form with proper identification
- W-4 Bottom portion signed
- Direct Deposit (Attach check to enroll)
- Authorization to deduct
- Safety Pamphlet (sign first page for file)
- Receipt of Employee Handbook

Documents As Needed By Position

- Authorization to obtain Driving record to drive company vehicle
- Cell Phone Policy
- Housekeeping: Authorization to Deduct 30 Minute Lunch Break
- Housekeeping: Golf Cart/Utility Vehicle Safety Guidelines
- Maintenance Positions - Sign the job discription
- Special Projects - Work Hours Policy/Purchasing Policy



New Hire Name _____
 Re-Hire Hire Date _____
 Title _____

Completed By Manager

1. Company: QM Corp Interval MGMT 2. Dept: _____
 3. Location: Corporate Thunderbird R.V. Park North Lake Ridge Sierra
 4. Clock: All Corporate R.V. Park TB Main Gate TB Housekeeping
 North Lake Ridge Sierra Tahoe Chaparral
 5. Pay: \$ 40 Hrs. 8 Hrs. W/Auto - 30 Min. Lunch
 Non-Exempt Exempt (Reason) _____
 6. Schedule: Full-T Part-T Hrs/Wk Temporary Until _____
 Days _____ Time _____ Days _____ Time _____

Signatures _____
 Manager _____ HR _____ Date _____

Completed By Employee

Contact Informaiton

Home Ph _____ Cell Phone _____ D.O.B. _____
 Address _____
 City _____ State _____ Zip _____

Emergency Contact

Name _____ Relationship _____
 Address _____
 City _____ State _____ Zip _____
 Home Ph _____ Cell Phone _____

Employee Signature (review and sign) _____
 Date _____

Completed By Human Resources

License Employee Manager Badge # _____ Employee ID _____
 W-4 Status M S # Exemptions _____ SS # _____ - -
 Direct Dep Yes No Add'l Deduction(s) \$ _____
 (If yes, attach form and voided check)
 W.C. Code # 5645-Carpentry 8810- Office 9052 - Hotel [Incl. All Others]
 RCC _____
 Entry Date _____ Entry By _____ Date To Payroll _____

Candidate Release Authorization

- I. In connection with my application for employment or continued employment at QM Resorts/Interval Mngmt (the Company), I understand that a consumer report and/or an investigative consumer report will be ordered that may include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance, and experience, along with reasons for termination of past employment. I understand that in compliance with applicable law and as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about, but not limited to, my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.
- II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
- IV. Massachusetts, Minnesota, Oklahoma, New York, Maine, Washington, New Jersey and California applicants only: if you want a free copy of the report(s) ordered, check this box . The report(s) will be sent to you by the consumer reporting agency listed here. The reports will be processed by: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524. See attached Candidate Disclosure / Authorization Form for other notices.
- V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by QM Resorts/Interval Mngmt (the Company) or its agent, to furnish the information described in Section I.
- VI. I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to QM Resorts/Interval Mngmt. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name LAST FIRST MIDDLE

Please print other names you have used

Home Address City State Zip Code

Social Security Number Date of Birth (FOR IDENTIFICATION PURPOSES ONLY)

The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IL, IN, MI, OR, SC, TX, WI

Sex: Male Female Race: Asian Black/African American Hispanic/Latino White Other

Driver's License Number State Issuing License Name as it appears on license

I PROMISE THE INFORMATION THAT I PROVIDED ON THIS FORM IS TRUE AND CORRECT. I UNDERSTAND THAT DISHONESTY WILL DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT, OR IF I AM HIRED OR ALREADY WORK FOR THE COMPANY, THAT I MAY BE FIRED.

Signature Today's Date

If required, notarize here. When using an embossed seal, please shade with a pencil before faxing.

Subscribed and sworn before me:

Name

Date

Notary Public

My Commission Expires

THIS PAGE CONTAINS SENSITIVE INFORMATION. KEEP ONLY IN SECURE FILES, SEPARATELY FROM PERSONNEL RECORDS!



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(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.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last 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 □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's 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 boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Today's 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





Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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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		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
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		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

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

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

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing 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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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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	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (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 	OR	<ol style="list-style-type: none"> 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 <li style="text-align: center;">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 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (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.

Employee's Withholding Certificate

2021

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2: Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Multiple Jobs or Spouse Works Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____		
	Multiply the number of other dependents by \$500 ▶ \$ _____		
	Add the amounts above and enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Sign Here

▶ **Employee's signature** (This form is not valid unless you sign it.) ▶ **Date**

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

DIRECT DEPOSIT INSTRUCTIONS

TO: QM/IM PAYROLL DEPARTMENT DATE: _____
FROM: NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
HOME / CELL PHONE _____

YOU ARE HEREBY AUTHORIZED and directed (unless otherwise advised by me in writing) to deduct the amount of money shown below from my earnings each pay period, after all other legally-required deductions have been made, provided sufficient wages are available, and remit to the financial institution noted below.

DIRECT DEPOSIT TO:

CHECKING TOTAL AMOUNT TO DEPOSIT _____
FINANCIAL INSTITUTION _____
ROUTING NO. _____ ACCT NO. _____

CHECKING TOTAL AMOUNT TO DEPOSIT _____
FINANCIAL INSTITUTION _____
ROUTING NO. _____ ACCT NO. _____

CHECKING TOTAL AMOUNT TO DEPOSIT _____
FINANCIAL INSTITUTION _____
ROUTING NO. _____ ACCT NO. _____

CHANGE:

- INCREASE
- DECREASE
- STOP ALL DEDUCTIONS EFFECTIVE DATE _____

EMPLOYEE SIGNATURE DATE SET-UP COMPLETED BY/DATE

PLEASE ATTACH A VOID CHECK HERE



Corporate Offices
 515 Nichols Boulevard
 Sparks, Nevada 89431
 775-355-4040
 1-800-788-4297
 Fax 775-355-4081
www.qmresorts.com

Authorization To Deduct From My Wages

In accepting employment from QM Corporation/Interval Management, and by my signature below, I understand that I am responsible for the cost of the Company Property that I lose, damage or fail to return should my employment be terminated (for any reason). I further authorize the Company pursuant to NRS 608. 110, that at the time of my termination to deduct from my last paycheck, the appropriate amount of money for any item listed below which I have not returned, as required by Company policy.

QTY	ITEM	ISSUE DATE	EMPLOYEE INITIALS	RETURN DATE	CHARGE
	ID/Name Badge				\$20 \$30 each
	Uniform(s)				\$25 each
1					
2					
	Key(s) - List keys				\$25 each
1					
2					
3					
	Gas Card				\$100
	FOB #				\$25 each
	Driver FOB				\$25 each

 EMPLOYEE SIGNATURES / DATE

 WITNESS/ISSUER

 PRINT NAME

Pursuant to NRS 608.110, QM Corporation/Interval Management may withhold a portion of an employee's wages when deductions are authorized by written order of an employee. QM Corporation/Interval Management, at the time of the final payment of wages or compensation

****** GAS CARD MUST STAY IN VEHICLE**

***** LOSS OF GAS CARD IS SUBJECT TO DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION!**



EMPLOYEE RIGHTS AND RESPONSIBILITIES

That's part of your job. Give your employer a chance to fix the problem. If you think the unsafe condition still exists, it is your right to file a complaint with the Occupational Safety and Health Enforcement Section of the Division of Industrial Relations. The Division will not give your name to your employer.

There are laws that protect you if you are punished for filing a safety and health complaint. If you feel you have been treated unfairly for making a safety and health complaint, you have 30 days from the date of the punishment to file a discrimination complaint with the Occupational Safety and Health Enforcement Section of the Division of Industrial Relations.

Most on-the-job injuries are covered by Workers' Compensation Insurance - from cuts and bruises to serious accidents. Coverage begins the first minute you're on the job.

It is your responsibility to report any on-the-job injury immediately. Your employer must file an "Employer's Report of Injury" (C-3 Form) within six working days after the receipt of a "Claim for Compensation" (C-4 Form) from a physician or chiropractor.

Remember, it is fraud to file on industrial insurance claim if you were not injured on the job. Filing a false claim will result not only in a loss of benefits, but could mean costly fines and/or jail time.

The Nevada Occupational Safety and Health Act was created to allow you to do your job in a safe and healthy workplace. But it is up to you to make sure that job safety works. Here are some tips to help you stay safe on the job.

Know and follow all safety rules set by:

- Your employer
- The Nevada Occupational Safety and Health Act
- The Division of Industrial Relations, Occupational Safety and Health Enforcement Section

You can get copies of all Nevada safety and health standards from the Safety Consultation and Training Section of the Division of Industrial Relations or on the web at www.4safenv.state.nv.us. Also, your employer may be required to have a written workplace safety program.

If your employer requires personal protective equipment, such as hard hats, safety shoes, safety glasses, respirators, or ear protection, you are responsible to wear and/or use the equipment.



Do not remove any safety device or machine guard. If you do and get hurt, you will lose some workers' compensation benefits.

If you do not know how to safely use tools, equipment or machinery, be sure to ask your supervisor.

If you see something that's unsafe, report it to your supervisor.



Stop and Learn Your Rights and Responsibilities



The Division of Industrial Relations of the Nevada Department of Business & Industry helps employers provide a safe and healthful workplace. This document explains the rights and responsibilities of both employers and employees in creating a safe working environment.

Workplace safety is everyone's responsibility.



I have (check one) read this document or viewed the videotape, entitled "Nevada Workplace Safety: Your Rights and Responsibilities" and I understand my rights and responsibilities for safety in the workplace.

Employee Name (please print) _____

Date _____

Employee's Signature _____

Place of Viewing Videotape _____

Employer's Name (please print) _____

Employer's Signature (or representative) _____

Any employee who does not understand this document should contact his or her supervisor, employee representative or the Division of Industrial Relations of the Nevada Department of Business & Industry.

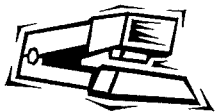
Las Vegas: (702) 486-9140
Reno: (775) 824-4630
Elko: (775) 778-3312
Toll-Free: (877) 4SAFE NV

Note: This portion must be maintained in the employee's personnel file



EMPLOYER RIGHTS AND RESPONSIBILITIES

The Safety Consultation and Training Section of the Division of Industrial Relations, Nevada Department of Business & Industry, was created to assist employers in complying with Nevada laws which govern occupational safety and health.



A Nevada employer with 11 or more employees must establish a written workplace safety program. If you have more than 25 employees, the establishment of a safety committee is also required.

The Safety Consultation and Training Section of the Division of Industrial Relations is available to provide a workplace hazard assessment. This service can assist employers in minimizing on-the-job hazards, and is provided at **no charge**. The Division also offers no cost safety training and informational programs for Nevada employers.

You must maintain a workplace that is free from unsafe conditions.

As an employer you are responsible for complying with all Nevada safety and health standards and regulations found in:

- The Nevada Occupational Safety and Health Act, and the
- Occupational Safety and Health Standards and Regulations.

Copies of all occupational safety and health standards and regulations are available from the Division of Industrial Relations (Safety Consultation and Training Section and the Occupational Safety and Health Enforcement Section) or on the web at www.4safenv.state.nv.us.

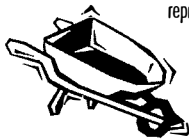
You are also responsible for ensuring that your employees comply with these same rules, standards and regulations. You must select someone to administer and enforce occupational safety and health programs in your workplace.

Before assigning an employee to a job, you must provide proper training in:

- Safe use of equipment and machinery
- Personal protective gear
- Hazard recognition
- Emergency procedures

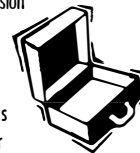
You must also inform all employees of the safety rules, regulations and standards which apply to their respective duties.

It is your responsibility to maintain accurate accident, injury and safety records and reports. These files must be made available, upon request, to the affected employee and representatives of the Division of Industrial Relations, Occupational Safety and Health Enforcement Section.



The Nevada Safety and Health Poster, provided by the Division of Industrial Relations, must be posted in a prominent place on the job site.

Report immediately to the Division of Industrial Relations (Occupational Safety and Health Enforcement Section) all job-related fatalities, as well as those accidents where three or more employees require hospitalization.



Employers must acquire and maintain Workers' Compensation Insurance at all times. You are responsible for filing any workers' compensation claims with your employer.

The law requires that employers shall provide newly-hired employees with a copy of this document or with a video setting forth the rights and responsibilities of employers and employees to promote safety in the workplace.

Employers shall keep a signed copy of the attached receipt in the employee's personnel file to show he or she has been made aware of these rights and responsibilities.



State of Nevada Department of Business & Industry
Division of Industrial Relations Safety Consultation and Training Section

Las Vegas: (702) 486-9140
Reno: (775) 824-4630
Elko: (775) 778-3312
Toll-Free: (877) 4SAFENV

To obtain this communication in alternative formats, contact the Division of Industrial Relations.

ADDITIONAL INFORMATION

If you require further information or would like to obtain copies of safety and health standards and regulations, contact the following:

**State of Nevada Department of Business & Industry
Division of Industrial Relations Safety Consultation
and Training Section**

<u>In Southern Nevada</u>	<u>In Northern/Central Nevada</u>
1301 N. Green Valley Pkwy., Suite 200 Henderson, NV 89074 702-486-9140 FAX: 702-990-0362	4600 Kietzke Lane, Suite E-144 Reno, NV 89502 775-824-4630 FAX: 775-688-1478

<u>In Northeastern Nevada</u>	<u>Or Call, Toll-Free</u>
350 W. Silver Street, Suite 210 Elko, NV 89801 775-778-3312 FAX: 775-778-3412	1-877-4SAFENV (1-877-472-3368) www.4safenv.state.nv.us

**State of Nevada Department of Business & Industry
Division of Industrial Relations Occupational Safety
and Health Enforcement Section**

<u>In Southern Nevada</u>	<u>In Northern Nevada</u>
1301 N. Green Valley Pkwy., Suite 200 Henderson, NV 89074 702-486-9020 FAX: 702-990-0358	4600 Kietzke Lane, Suite F-153 Reno, NV 89502 775-824-4600 FAX: 775-688-1378

A video of this information is available in English and Spanish through the Division of Industrial Relations, Safety Consultation and Training Section.

This document may be copied. For additional copies, contact the Division of Industrial Relations or visit www.4safenv.state.nv.us.

RECEIPT OF EMPLOYEE HANDBOOK

By my signature below, I acknowledge that I have received a copy of the Company's *Employee Handbook*, and I understand it is my responsibility to become familiar with the contents so that I am able to understand and properly fulfill my obligations of employment with the Company. I understand the *Handbook* is not a contract of employment, but an overall guide not intended to address every single element of my employment. I agree that if any aspect of my position with the Company or of my employment is unclear to me it is my responsibility to ask questions of my Supervisor, the appropriate person in management or Human Resources without delay.

I understand and agree that my employment is "at-will", as set forth in detail in the *Handbook*, to which "at-will" policy I agree to pay particular attention.

Employee Name (Print)

Employee Signature

Date Document Received