

Employee Profile

Last Name _____
Department _____

Social Security Number: _____

Your Name as it appears on your Social Security Card

First: _____
Middle: _____
Last: _____

Date of Birth: _____

Gender: circle one:
Male Female

Affirmative Action Survey (optional) Please circle one:

White Black American Indian/Alaskan Hispanic Asian/Pacific Islander

Check if any of the following are applicable Vietnam Vet ___ Disabled Vet ___
Disabled Individual ___

Permanent mailing address (where we can mail your W-2 tax form in February)

Number or PO Box Street

City State Zip

Primary phone: _____

Alternate phone: _____

Email: _____

How did you find out about employment opportunities at Alpine Meadows?

Circle one:

Newspaper ad Internet- skialpine.com Internet- funjobs.com

Employment Development Dept(EDD) Referred by employee

Walk-in applicant Job Fair Other _____

I-9 status: Circle one:

Citizen Lawful Permanent Resident Temporary Alien Resident (J-1 or H2B)

Emergency Contact:

Name: _____ Phone #: _____



Print Last Name _____

Receipt of Employee Handbook

I received a copy of the employee handbook of Alpine Meadows Resort (“Company”). 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.

Date: _____

Employee’s signature

Department:

"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 Alpine Meadows Ski Corporation and JMA Alpine Manager LLC (collectively referred to hereafter as "Alpine Meadows") terminate or modify my employment relationship at any time without notice or cause.

I understand and agree that Alpine Meadows, 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 President of JMA Alpine Manager, LLC 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 Alpine Meadows may present throughout the duration of my employment with Alpine Meadows.

Signed _____ Dated _____

Print Your Name _____ Department _____

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



CONSENT TO DRUG AND ALCOHOL TEST

I consent to allow Alpine Meadows 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 Alpine Meadows Ski Resort may be terminated.

AGREED TO

Date: _____

Employees' signature

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. The information given to me included:

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

Employee's Name
(Please print)

Employee's Signature

Date

EMPLOYER: Please place in Employee's Personal file

**AFFIRMATIVE ACTION SURVEY
(OPTIONAL)**

Date: _____

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. Submission of information about any disability is voluntary.

Check one: _____ Male _____ Female

Check one of the following race/ ethnic groups:

_____ White _____ Black _____ American Indian/ Alaskan

_____ Hispanic _____ Asian/ Pacific Islander

Check if any of the following are applicable:

_____ Vietnam Vet _____ Disabled Vet

_____ Disabled Individual

RIGHTS TO WORKERS' COMPENSATION BENEFITS AND HOW TO OBTAIN THEM

The information included here is true in most situations.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

WHAT IS WORKERS' COMPENSATION?

If an employee gets an injury or illness on the job, Alpine Meadows is required by law to provide workers' compensation benefits. Workers' compensation benefits cover injuries or illnesses arising out of employment which occur while in the course of employment. This may, in some circumstances, include psychiatric illness. An employee could get hurt by:

- One event at work. Examples: hurting back in a fall, getting burned by a chemical that splashes on skin, getting hurt in a car accident while making deliveries. It may include injuries, including psychiatric injuries, resulting from a workplace crime; or
- Repeated exposures at work. Examples: hurting wrist from doing the same motion over and over, losing hearing because of constant loud noise.

An employee must file a claim within one year from the date of the work-related injury or illness, or within one year after the employee knew or reasonably should have known that he/she has suffered a work-related injury or illness, whichever is later.

WHAT ARE THE BENEFITS?

Workers' compensation benefits can include:

- **Medical Care.** Paid by Alpine Meadows, to help an employee recover from an injury or illness caused by work. An employee should never receive a medical bill.
- **Temporary Disability Benefits.** Payments if an employee loses wages because he/she can't perform usual job while recovering.
- **Permanent Disability Benefits.** Payments if an employee's treating doctor says he/she will never recover completely and will always be somewhat limited in his/her ability to work. These payments are limited and may not cover all employee's lost income.
- **Vocational Rehabilitation.** Job placement counseling and possibly retraining, if an employee is unable to return to his/her old job and Alpine Meadows doesn't offer other work.
- **Death Benefits.** Payments to the spouse, children, or other dependents of an employee who dies from a job injury or illness.

WHAT SHOULD AN EMPLOYEE DO IF THERE IS A DISPUTE?

If an employee has a concern, he/she should speak up. See whether Alpine Meadows or its claims administrator can agree to resolve the problem. If this doesn't work, don't delay getting help. Try the following:

- **Contact an Information & Assistance Officer.** State I&A officers answer questions and help injured workers.
- **Consult an Attorney.** Lawyers who specialize in helping injured workers with their workers' compensation claims are called applicants' attorneys.

If an employee has a serious dispute that may require a decision by a workers' compensation judge, an Application for Adjudication must be timely filed, normally within one year from the date of the employee's injury or the last date the employee was paid benefits.

WHAT OTHER RIGHTS DO I HAVE?

It is illegal for Alpine Meadows to punish or fire an employee for having a job injury, or for filing a workers' compensation claim when hurt on the job. The California Labor Code (section 132a) prohibits this kind of discrimination.

It is also illegal for Alpine Meadows to discriminate against an employee because of a serious disability. The federal Americans with Disabilities Act (ADA) and the California Fair Employment and Housing Act (FEHA) prohibit this. More information about ADA is available by calling the Equal Employment Opportunity Commission at 800-669-3362. Information about the state FEHA is available by calling 800-884-1684.

If an employee wants to choose the doctor or chiropractor who will treat him/her for a job injury or illness, the employee must tell Alpine Meadows the name and address of his/her personal physician or chiropractor before the employee is injured or becomes ill. The employee must do it in writing. This is called predesignating a personal physician or chiropractor. If an employee does not predesignate, Alpine Meadows usually will have the right to choose the doctor or chiropractor who treats the employee during the first 30 days after Alpine Meadows learns about the employee injury or illness.

An employee can predesignate a doctor of medicine (M.D.), chiropractor or doctor of osteopathy (D.O.) who treated the employee in the past and has the employee's medical records. Or an employee can predesignate the office, clinic or hospital where he/she was treated.

I, the undersigned employee, in case of an industrial injury or illness, elect to receive medical treatment from my personal physician and/or my personal chiropractor. I understand that Labor Code Section 4600 defines my "personal physician" as my "regular physician and surgeon" who has previously directed my medical treatment and who retains my medical records, including medical history. I understand that Labor Code Section 4601 defines my "personal chiropractor" as my "regular chiropractor" who has previously directed my treatment and who retains my chiropractic treatment records, including my chiropractic history.

Circle one: Personal Physician Personal Chiropractor

Doctor Name: _____
Address: _____
Telephone: _____
Employee Name: _____
Employee Signature: _____
Date: _____

PLEASE NOTE
Do not sign unless
you elect to pre designate
your personal physician
to provide treatment in
the event of a work related
injury.