

PAPERWORK



ORANGE FOLDER STICKERS

Scan this QR code to see
a map of the property



BOOKMARK THIS WEBPAGE

For more information, including **how to complete paperwork, your student handbook, instructions on how to file your tax return, and much more;**

Use this website BEFORE
coming to HR.

<https://wildernessworktravel.wixsite.com/info>



Scan this QR code now
and bookmark our page



LEASE AGREEMENT

PAGE 1

- ■ - DAY OF ARRIVAL
- ■ - MONTH OF ARRIVAL
- ■ - Print FULL NAME
- ■ - ROOM NUMBER
- ■ - BUILDING NUMBER
- ■ - DAY AND MONTH OF ARRIVAL
- ■ - DAY AND MONTH OF ESTIMATED DEPARTURE

ROOM LEASE AGREEMENT

THIS ROOM LEASE (the "Lease"), effective this ■ day of ■, 2025 by and between DELL VIEW HOUSING, LLC, a Wisconsin limited liability company (hereinafter referred to as the "Lessor") and ■ (hereinafter referred to as the "Tenant").
(FULL NAME)

WITNESSETH:

1. Leased Premises. Lessor hereby leases to Tenant, and Tenant hereby leases from Lessor, on the terms, covenants, and conditions herein, Unit ■ of Building ■ dorm located at the property commonly known as "Dell View Housing" located at 501 E. Adams Street, Village of Lake Delton, Sauk County, Wisconsin 53965

2. Term of Lease. The Lease term commences ■, 2025 and terminates on ■, 2026 (the "Term"). The Term may be extended upon the mutual, written agreement of Tenant and Landlord.






LEASE AGREEMENT

- Page 2 – NOTHING
- Page 3 – Email
- Page 4 – Print Full Name and Signature
- Page 5,6, 7, 8 – Initial on ALL short red lines
- Page 9 - Initial on ALL short red lines, print name and signature

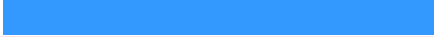
**Your initials are the first letter of your name*

EXAMPLE: John Samuel Smith – JSS

LEASE AGREEMENT

-  - PRINT FULL NAME
-  - SIGNATURE
-  - MONTH
 - DAY
 - YEAR

Housing Contractual Agreement Clause:

I, , have been accepted into employment with
(Please Print Name)

Wilderness Hotel & Resort, Inc. or one of its subsidiaries or affiliate companies ("Wilderness") and has been guaranteed a (space) room in the Dell View Housing, LLC's ("Dell View") facilities. I have read through, understand, and agree to all of the attached terms, conditions, rules, and guidelines in the housing contract. I knowingly and voluntarily accept the room as offered and understand that this is a benefit to me. I also authorize payments for rent/facility fee, the remaining balance of my total housing cost after any pre-payment and any and all amounts owed by me under a Room Lease Agreement with Dell View ("Lease") will be deducted through payroll deductions and give Wilderness the authorization to deduct these payments from my bi-weekly payroll checks as explained in the Lease. I also authorize any damages and other charges incurred through housing inspections or common area cleaning or damage fees will also be deducted from my security deposit if the amounts are unpaid.

Signature of Resident (Employee)  Date  /  / 

The Wilderness Resort Representative _____ Date ____/____/____

The cost of living is as follows:

\$95.00 per Venue Rate & Facility Fee, per person.

\$150.00 Administrative Fee

\$150.00 Security Deposit *

**See terms of Security Deposit return*

DONATIONS PROCEDURE

- Read the information about donations procedure.
- **DO NOT** fill the bottom half. HR will fill the information during orientation.

Donations Procedure

Donations MUST be turned in to the HR office during the week Monday – Friday from 8am-3pm.

What you **CAN** donate:

- Gently used clothes, Wilderness uniforms ONLY.
 - All clothes and uniforms MUST be washed and neatly folded and put in a bag.
- Shoes
 - Shoes must be tied together with shoe laces or rubber bands
- Unopened/unexpired food
 - Food must have original label.
- Unopened/unexpired hygiene products
 - Products must have original label.
- Laundry products

What you **CAN'T** donate:

- NO clothes or non-Wilderness uniforms with stains, rips or are too worn down
- Underwear or socks
- Single/mix matching shoes and/or shoes with holes or missing shoe laces
- Opened products – hygiene or food
- Anything requiring refrigeration

Any clothes or product that cannot be donated **MUST** be thrown away. **DO NOT** leave items in the kitchen, laundry room or bathrooms. **Failure to follow this protocol will result in forfeiture of security deposit.**

All items and / or packages left behind after the time of check out will be donated or thrown away at the discretion of the Housing Coordinator.

If you have questions about what can and cannot be donated, please contact the Housing Coordinator RA phone at 608-434-8617 or email students@wildernessresort.com.

Dell View Rental Receipt:

Date of payment: _____ For \$49.00 payment received in full for _____ Nights _____
If NO cash payment received, \$ _____ remainder of initial payment due: \$ _____
Remaining payment to be deducted from 1st paycheck.
First day of rent covered by payment above: _____ Last day: _____

All payments listed above apply to the FIRST 14 NIGHTS in housing. Final rent/facility fee payment calculated by day AFTER you provide HR with your move out. Daily rate is \$13.57

FOR HR ONLY

NEW HIRE PACKET

- [REDACTED] - LAST DAY OF WORK
 - Expected last working day
 - CANNOT be past your SEVIS end date
 - If you would like to change this date, please fill out an 'International Concern Sheet' and turn it in to HR – NOT your manager
 - Changing your last working day to an earlier date requires at least a minimum of 15-day notice
 - Extending past your SEVIS end date requires approval from HR AND your sponsor

Exchange Visitor Information Form

Please complete ALL lines below including signature

FIRST NAMES: PRINT FIRST NAMES LAST NAMES: PRINT LAST NAMES

Preferred name / nickname: NICKNAME?

JOB TITLE: (circle one) Aquatics HSK F&B Attractions Retail Front Desk Special Events

D.S. Sponsor Information:

D.S. Sponsor: INTRAX, SPIRIT, CIEE, AAG, GREENHEART, OR INTEREXCHANGE

REQUESTED last day of work (MM/DD/YY): [REDACTED] (Date will be provided to Manager)

This is the job offer end date or the date you would like to finish work.

This date cannot be AFTER your DS-2019 end date

*If your flight home is booked please provide the information below.

Flight Date: FLIGHT DATE (IF BOOKED) Departure Airport: DEPARTURE AIRPORT (IF KNOWN)

U.S. Address – Please circle/complete 1 of the 2 below:

1) Wilderness Housing

2) OTHER Housing: Please provide address below if you are NOT living in Wilderness Housing.

Street Name: _____ Apt / Room #: _____ City: _____

Have you previously worked in the United States and currently have a social security card? YES / NO

**If YES, please list Social Security number #: XXX - XX - XXXX (SS IF YOU HAVE ONE)

I attest that all information provided above is correct and that it is my responsibility to notify Wilderness Resort of any address changes in a timely manner. It is also understood that I must work until the contracted end date listed above. In addition, I authorize Wilderness Territory to correspond via email.


SIGN YOUR NAME
Signature

DATE SIGNED (Month/Day/Year)
Date

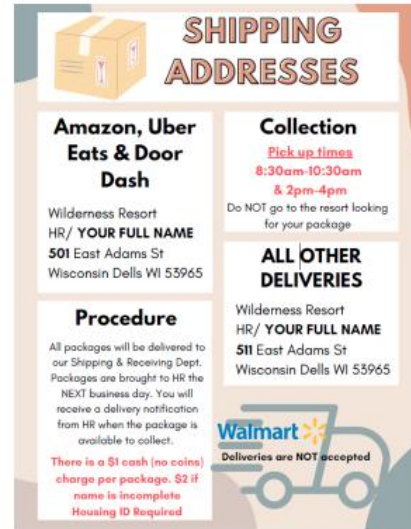
**CIRCLE
YES OR NO**

MAIL & PACKAGE SIGN OFF

- Print FULL name
- Signature
- Date signed (Month/Day/ Year)
- 6 digit Employee # provided in the orientation email

WILDERNESS RESORT | WE ARE **FAMILY**

I understand that Wilderness Resort is NOT responsible for lost and /or stolen packages delivered by USPS, DHL, Amazon, or any other courier services.




SHIPPING ADDRESSES

Amazon, Uber Eats & Door Dash
Wilderness Resort
HR/ **YOUR FULL NAME**
501 East Adams St
Wisconsin Dells WI 53965

Collection
Pick up times
8:30am-10:30am
& 2pm-4pm
Do NOT go to the resort looking for your package

ALL OTHER DELIVERIES
Wilderness Resort
HR/ **YOUR FULL NAME**
511 East Adams St
Wisconsin Dells WI 53965

Procedure
All packages will be delivered to our Shipping & Receiving Dept. Packages are brought to HR the NEXT business day. You will receive a delivery notification from HR when the package is available to collect.
There is a \$1 cash (no coins) charge per package. \$2 if name is incomplete. Housing ID Required


Deliveries are NOT accepted

Employee First & Last Names: **PRINT FULL NAME** _____

Signature: **SIGN YOUR NAME** _____

Date: **DATE SIGNED (MONTH / DAY/ YEAR)** _____ Employee ID# **6 DIGIT ID #** _____

FAILURE TO SET UP DIRECT DEPOSIT

- Print your name
- Signature
- Date Signed
- *you will only be charged \$30 if you need a paycheck to be RE-ISSUED*

SOCIAL SECURITY AUTHORIZATION

- Print your name
- Signature
- Date signed
- If you already have a social security card, put an 'X' through this section



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Failure to set up Direct Deposit

I, PRINT FULL NAME, understand that I am responsible for following the correct procedures to open a bank account and set up direct deposit within 45 days of my orientation date. I understand that if I fail to do so, I will be issued a Rapid! Pay Card. If my check is unable to be direct deposited for any reason, I am responsible to pay **\$30 for each check** to have it re-issued.

I understand that this amount is non-negotiable.

Employee First & Last Names: PRINT FULL NAME

Signature: SIGN YOUR NAME

Date: DATE SIGNED (MONTH / DAY / YEAR) Employee ID# 6 DIGIT ID #

Social Security Authorization

I, PRINT FULL NAME, authorize Wilderness Resort to open my mail from the Social Security Office in order to collect my social security number for tax purposes.


Employee First & Last Names: PRINT FULL NAME

Signature: SIGN YOUR NAME

Date: DATE SIGNED (MONTH / DAY / YEAR) Employee ID# 6 DIGIT ID #

FOOD EMPLOYEE REPORTING AGREEMENT

- **EVEN IF YOU ARE NOT IN FOOD AND BEVERAGE, YOU MUST FILL OUT THIS PAGE**
- In case of picking up extra hours in Food and Beverage, Convention Center, Field's, Sarento's, etc., this form must be filled out
- To make it easier for everyone, all J1 students complete this form during their orientation!

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EMPLOYEE REPORTING AGREEMENT

PREVENTING THE TRANSMISSION OF DISEASES THROUGH FOOD BY INFECTED EMPLOYEES

It is recommended that this document be used as an agreement between employees and management to help ensure that food employees notify the Person in Charge when they experience any of the symptoms listed below. The Person in Charge will then take appropriate steps to prevent the transmission of foodborne illness. The use of this document should help demonstrate to the regulatory authority that there is an Employee Health Program in place.

I AGREE TO IMMEDIATELY REPORT TO THE PERSON IN CHARGE:

Any onset of the following symptoms, while either at work or outside of work, including the date of onset of:

- Vomiting
- Diarrhea
- Jaundice (yellowing of eyes and skin)
- Sore throat with fever
- Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cuts, wounds, or lesions are not properly covered, however small

Any professional medical diagnosis of myself or any household members or possible exposure:

• Norovirus	• Shigellosis (<i>shigella</i> spp.)
• Shiga toxin-producing <i>E. coli</i>	• Hepatitis A virus
• <i>Salmonella</i> (nontyphoidal)	• Typhoid fever (caused by <i>Salmonella</i> Typhi)
• Any other pathogen that can be transmitted through food such as: <i>Entamoeba histolytica</i> ; <i>Campylobacter</i> spp.; <i>Cryptosporidium</i> spp.; <i>Giardia</i> spp.; <i>Yersinia enterocolitica</i> ; <i>Staphylococcus aureus</i> ; <i>Listeria monocytogenes</i> .	

I have read (or have had explained to me) and understand the requirements concerning my responsibilities under the Wisconsin Food Code, ATCP 75 Appendix 2-201.11 and agree to comply with the following:

1. Report any symptoms, diagnoses and the high-risk conditions involving those specified above.
2. Work restrictions or exclusions that are imposed upon returning 24 hours after symptoms (including vomiting and diarrhea) subside or with doctors approval and
3. Maintaining good personal hygienic practices.

I understand that I have a responsibility to follow each step listed above and that these safety procedures are in place to protect me, other employees, and our guests as well as our food facility.

Employee First & Last Name: **PRINT FULL NAME** _____


Signature: **SIGN YOUR NAME** _____

Date: **DATE SIGNED (MONTH / DAY / YEAR)** _____ Employee ID: **6 DIGIT ID #** _____

Linen Deduction

- Print FULL name
- Signature
- Date signed (Month/Day/Year)
- 6 Digit ID # (In orientation email)

*** If you brought your own linen and do not plan on using what was provided in your closet you can return it in orientation. EVERYTHING must be unused and in the linen bag.**



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Dell View Housing Linen Deduction Form

I authorize \$30.00 to be deducted from my wages to cover the cost of my Dell View Housing linen set. This amount will be deducted during one pay period.

Employee First & Last Names: **PRINT FULL NAME** _____

Employee Signature: **SIGN YOUR NAME** _____


Date: **DATE SIGNED (MONTH / DAY / YEAR)** **Employee ID #** **6 DIGIT ID #** _____

Total Deduction: _____ \$30

Social Security Deduction

- Print FULL name
- Signature
- Date signed (Month/Day/Year)
- 6 Digit ID # (In orientation email)

*** If you already have a SS Card, put a large X through the deduction page to avoid being charged for the transportation to the SSA office.**



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SS Transportation Authorization of Deduction

I voluntarily authorize the Wilderness Hotel & Golf Resort to deduct **\$15.00** from my paycheck to cover the cost of the bus to Social Security.

I understand that there is no refund if I miss the bus or if my employment with the Wilderness Resort ends.

Employee First & Last Name: **PRINT FULL NAME** _____

Employee Signature: **SIGN YOUR NAME** _____

Date: **DATE SIGNED (MONTH / DAY / YEAR)** **Employee ID #** **6 DIGIT ID #** _____

Total Deduction: _____ \$15

I-9 FORM

ONLY FILL IN THE TOP SECTION

DO NOT FILL IN ANYTHING BELOW YOUR SIGNATURE!

- COPY TEXT IN 'QUOTATIONS' AS TYPED

- FILL IN ALL RED TEXT AREAS

- CANNOT LEAVE BOXES BLANK

'N/A' = NOT APPLICABLE (DO NOT HAVE

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) LAST NAMES		First Name (Given Name) FIRST NAME		Middle Initial (if any) MIDDLE INITIAL	Other Last Names Used (if any) 'N/A'	
Address (Street Number and Name) '501 EAST ADAMS STREET'		Apt. Number (if any) 'N/A'	City or Town 'WISCONSIN DELLS'	State 'WI'	ZIP Code '53965'	
Date of Birth (mm/dd/yyyy) BIRTHDAY – Month/ Day / Year	U.S. Social Security Number SS# IF YOU HAVE	Employee's Email Address E-MAIL ADDRESS		Employee's Telephone Number 'N/A'		
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		<input checked="" type="checkbox"/> 4. An alien authorized to work until (exp. date, if any) DS END DATE -Month/ Day / Year				
		If you check Item Number 4., enter one of these:				
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
					PASSPORT #	COUNTRY
Signature of Employee SIGN YOUR NAME			Today's Date (mm/dd/yyyy) ORIENTATION DATE (Month / Day / Year)			



HOUSING

DON'T FORGET:

HAVE YOU DONE YOUR ARRIVAL CHECKLIST?

- Important to note anything dirty, broken, damaged, or missing to ensure you don't get charged!
- Must turn in by 4 PM!

IT IS EXTREMELY IMPORTANT THAT YOU WATCH THE HOUSING VIDEO SENT TO YOU IN YOUR ORIENTATION E-MAIL. THIS VIDEO GOES INTO GREAT DETAIL ABOUT HOUSING RULES, PROTOCOLS, AND OTHER EXPECTATIONS. IT IS YOUR RESPONSIBILITY TO WATCH AND UNDERSTAND THIS VIDEO. IF ANYTHING IS UNCLEAR, PLEASE ASK AN HR REPRESENTATIVE.

Building 1 Arrival Checklist

Please complete and return to HR office within **3 days** of being on property.

Full Name: _____ Employee ID#: _____

Room Number: _____ Bed Number: _____ Closet Number: _____

Circle "Y" for Yes, and "N" for No. Please comment on what is wrong!

Are you the first person to move in to this room? Y / N

If yes, Please fill out "Room Cleaning" section. If not, skip to "Room Inventory"

ROOM CLEANING	Completed?	Comments
Floor swept and mopped	Y / N	
Washed walls, windows, mirror, and trash can	Y / N	
Cleaned microwave and refrigerator	Y / N	
Garbage removed	Y / N	
Room empty - all food, clothes, trash, and items gone	Y / N	

ROOM INVENTORY	Missing?	What is missing?
2 Trash Cans with Bag	Y / N	
1 Comforter (heavy blanket)	Y / N	
Linen set - 1 fitted sheet, 1 flat sheet, 1 pillowcase, 1 pillow, 1 wash cloth, 1 bath towel	Y / N	
1 Cup, 1 Bowl, 1 Plate, 1 Fork, 1 Spoon, 1 Knife (in closet)	Y / N	
10 - 12 Hangers	Y / N	
1 Large Pot with lid, 2 Small Pots with lids, 1 Small Pan	Y / N	
Spatula, Cooking Spoon & Silicon Pot Holder	Y / N	
Broom & Dust Pan	Y / N	
Sanitizing Spray Bottle	Y / N	
4 Chairs	Y / N	

ROOM DAMAGE	Damaged?	Comment (What/Where is the damage?)
Door / Frame	Y / N	
Closet - Door, Frame, Lock, Shelving	Y / N	
Windows/Screen - screen torn, frame broken, or missing	Y / N	
Furniture - beds, shelves, chairs, etc.	Y / N	
Ceiling and Walls - cracks, water damage, paint chips	Y / N	
Floor - stains, chips, etc.	Y / N	
Mattress - check top and bottom for stains, rips, or tears	Y / N	
Smoke Detector	Y / N	
Heater/ A/C Unit cover intact without cracks	Y / N	
Refrigerator - shelves, drawers etc.	Y / N	
Mirror	Y / N	

ROOM FUNCTION	Working?	Comments
Heater / A/C	Y / N	
Refrigerator / Freezer	Y / N	
Microwave	Y / N	
Lights	Y / N	

Comments: _____

I understand that the information stated above is accurate based on my arrival to DellView Housing.

Signature: _____

Date: _____

Updated Jan 2025