

PAPERWORK



ORANGE FOLDER STICKERS

Employee # : _____

Manager : _____

My first paycheck will be : _____

LDW: _____

**Please complete an International Concern Sheet if you
need to change this date**

For all general questions, comments, & concerns,
please e-mail: students@wildernessresort.com

Scan this QR code now
and bookmark our page



BOOKMARK THIS WEBPAGE

For more information, including a **copy of 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>



LEASE AGREEMENT

PAGE 1

- [REDACTED] - DAY OF ARRIVAL
- [REDACTED] - MONTH OF ARRIVAL
- [REDACTED] - Print FULL NAME
- [REDACTED] - ROOM NUMBER
- [REDACTED] - BUILDING NUMBER
- [REDACTED] - DAY AND MONTH OF ARRIVAL
- [REDACTED] - DAY AND MONTH OF ESTIMATED DEPARTURE

ROOM LEASE AGREEMENT

THIS ROOM LEASE (the "Lease"), effective this [REDACTED] day of [REDACTED], 2023 **X** by and between DELLVIEW HOUSING, LLC, a Wisconsin limited liability company (hereinafter referred to as the "Lessor") and [REDACTED] (hereinafter referred to as the "Tenant").

WITNESSETH:

1. Leased Premises. Lessor hereby leases to Tenant, and Tenant hereby leases from Lessor, on the terms, covenants, and conditions herein, Unit [REDACTED] of Building [REDACTED] dorm located at the property commonly known as "Dellview Housing" located at 501 E. Adams Street, Village of Lake Delton, Sauk County, Wisconsin 53965, as further set forth on the attached **EXHIBIT A** (the "Premises").

2. Term of Lease. The Lease term commences [REDACTED], 2023, and terminates on [REDACTED], 2024 (the "Term"). The Term may be extended upon the mutual, written agreement of Tenant and Landlord.

3. Rent. Tenant shall pay Lessor a rent in the amount of Ninety Five and no/100 Dollars (\$95.00) per week, in advance. Rent shall be automatically deducted from Tenant's wages from Tenant's Employer. Tenant shall receive no refund of rent deducted from Tenant's wages if Tenant chooses to vacate housing prior to the end of the Term. If Tenant chooses to vacate housing prior to the end of the Term, Tenant agrees that all rent owed to Landlord through the end of the Term may be deducted from Tenant's final wages. Tenant understands and agrees the payment of rent owed to Landlord may result in a zero-balance due to Tenant of Tenant's final wages. If Tenant's employment is terminated or contract is not completed, this Lease is automatically terminated and Tenant agrees that Tenant shall receive no refund of rent previously deducted from Tenant's wages and further agrees to pay to Landlord One Hundred Ninety Dollars (\$190.00) as liquidated damages from Tenant's final wages. Tenant understands and agrees the payment of liquidated damages owed to Landlord may result in a zero-balance due to Tenant of Tenant's final wages.

4. Security Deposit. Tenant shall pay Lessor a Security Deposit in the amount of One Hundred and no/100 Dollars (\$100.00) upon execution of this Lease. Tenant agrees to complete Job Offer Agreement in order to be eligible to receive the Security Deposit. If tenant is a no call no show or calls in for any scheduled shifts within the last three days of contract end the Tenant will forfeit full amount of Security Deposit. If any amounts are withheld from Tenant's Security Deposit, Landlord shall provide Tenant in writing of the reasons for any such deductions within twenty-one (21) days of termination of this Lease. Notice of Security Deposit withholdings shall be sent to Tenant at such forwarding address that Tenant shall provide Landlord at termination of this Lease. If evicted Tenant forfeits Security Deposit in full.

5. Administration Fee. Tenant shall pay Lessor a non-refundable Administration Fee in the amount of One Hundred Fifty and no/100 Dollars (\$150.00) upon execution of this Lease. Said Administration Fee is not a Security Deposit, is non-refundable, and shall be used by Lessor for the administration of this Lease, including, but not limited to providing services to Tenant, inspection of the Premises, repair and maintenance service and documentation related to the Lease.

6. Payment Deduction Authorization. Tenant hereby authorizes and directs Tenant's employer to deduct from Tenant's wages all rent or other payments due under this Lease and

LEASE AGREEMENT

- Page 2 – NOTHING
- Page 3 – Email
- Page 4 – Print 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
- Page 10 - Print Name, Signature, Date(use orientation date)

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

FIRST NAME: PRINT FIRST NAME LAST NAME: PRINT LAST NAME

Preferred name / nickname: NICKNAME?

JOB TITLE: (circle one) Aquatics / LG HSK Customer Service / RW

D.S. Sponsor Information:

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

Expected last day of work (MM/DD/YY): [REDACTED] (Must work until this date unless approved)
This is the job offer end date or the date you would like to finish work. NOT YOUR DS-2019 END DATE!
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

Street Name: 501 E ADAMS ST Apt / Room #: ROOM # City: WISCONSIN DELLS

**CIRCLE
YES OR NO**

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

If YES, please list Social Security number #: SOCIAL SECURITY NUMBER (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 HERE
Signature

DATE SIGNED (Month/Day/Year)
Date

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

MAIL AND PACKAGE SIGN OFF

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



The form is titled "SHIPPING ADDRESSES" and features a yellow box icon. It is divided into four sections: "Amazon, Uber Eats & Door Dash" with address "Wilderness Resort HR/ YOUR FULL NAME 501 East Adams St Wisconsin Dells WI 53965"; "Collection" with pick-up times "8:30am-10:30am & 2pm-4pm" and a note "Do NOT go to the resort looking for your package"; "ALL OTHER DELIVERIES" with the same address; and "Procedure" which states "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." It also includes a note about a "\$1 cash (no coins) charge per package, \$2 if name is incomplete Housing ID Required" and a Walmart logo with the text "Deliveries are NOT accepted".

Employee First & Last Names: PRINT FULL NAME

Signature: SIGNATURE

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

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: SIGNATURE

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:

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!



WILDERNESS RESORT | WE ARE FAMILY

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

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: SIGNATURE

Date: DATE SIGNED(Month / Day / Year) Employee ID# 6 DIGIT ID #

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: **SIGNATURE**

DATE SIGNED(Month / Day / Year)

Date: **Employee ID # 6 DIGIT ID #**

Total Deduction: \$30

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: **SIGNATURE**

DATE SIGNED(Month / Day / Year)

Date: **Employee ID # 6 DIGIT ID #**

Total Deduction: **\$15**

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

SS Transportation - 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.

I-9 FORM

ONLY 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

Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 NAME		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 E 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. A noncitizen (other than Item Numbers 2. and 3. above) 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 SIGNATURE				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.

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

Circle 'Y' for Yes, and 'N' for No. If '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	Is It 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	Is It 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	
2 Pots and 2 Pans	Y / N	
Sanitizing Spray Bottle	Y / N	
4 Chairs	Y / N	
Broom & Dust Pan	Y / N	

ROOM DAMAGE	Is It 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/ AC Unit cover intact without cracks	Y / N	
Refrigerator - shelves, drawers etc.	Y / N	
Mirror	Y / N	

ROOM FUNCTION	Is It Working?	Comments
Heater / A/C - Turns on heating & cooling	Y / N	
Refrigerator / Freezer	Y / N	
Microwave	Y / N	
Lights	Y / N	

Other Comments:

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

SIGNATURE

X _____

Date

X _____

Updated Oct 2023