



KemperSports®

Employment Application

Application Date _____

_____	_____	_____	_____
Last Name	First Name	Middle	
_____	_____	() _____	() _____
Street Address	City, State, Zip	Home Phone	Other Phone

Have you previously applied for a position or worked for our Company? yes no (If yes, please list dates and location of previous employment):

<p>If given a conditional offer can you:</p> <p>-Furnish proof that you are at least 18 years of age or, if under 18, eligible for employment? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>-Furnish proof that you are eligible for employment in the United States? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p><small>Please note: You are not necessarily precluded from employment because of a criminal conviction. Consideration will be given to the amount of time since the criminal incident or discharge, your employment history since the incident, the relationship between the type of employment you are being considered for and the incident involved, and any other circumstances or information that would pertain to your employment and the safe, efficient operation of the business.</small></p>	<p>Have you been convicted of any felonies, or any misdemeanors involving dishonesty (such as shoplifting, theft, or fraud) in the last seven (7) years? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If yes, explain: _____</p> <p><i>*Please read the "Notice to All Applicants Regarding Criminal Histories" section on the second page of this application prior to answering this question.</i></p>
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Are there any special circumstances necessary for you to perform the job for which you are applying? yes no (If yes, please explain):

EMPLOYMENT DESIRED

_____	_____	\$ _____	_____
Position Desired	# hrs/wk and days of the week you are available	Salary Expected	Start Date
_____	_____	\$ _____	_____
Secondary Position	# hrs/wk and days of the week you are available	Salary Expected	Start Date

EDUCATION

Circle highest grade or # of years completed	Grade School 4 5 6 7 8	High School 9 10 11 12	Jr College 1 2 3	College 1 2 3 4 5 6 7
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High School	City, State, Zip	Graduate?	Diploma
College	City, State, Zip	Graduate?	Diploma or Degree
Other School	City, State, Zip	Graduate?	Diploma or Degree

Summarize any experience, knowledge, skills, abilities, or specialized training you would like us to know about:

EMPLOYMENT HISTORY (List most recent employer first. This section must be completed even if a resume is attached)

From: _____ To: _____	Company Name: _____	Reason For Leaving: _____
Position Held: _____	City, State, Zip: _____	_____
Starting Wage: \$ _____	Phone Number: _____	_____
Ending Wage: \$ _____	Supervisor Name: _____	May we contact this employer? <input type="checkbox"/> Y <input type="checkbox"/> N

EMPLOYMENT HISTORY (Continued)

From: _____	To: _____	Company Name: _____	Reason For Leaving: _____
Position Held: _____	City, State, Zip: _____	_____	_____
Starting Wage: \$ _____	Phone Number: _____	_____	_____
Ending Wage: \$ _____	Supervisor Name: _____	_____	May we contact this employer? <input type="checkbox"/> Y <input type="checkbox"/> N

From: _____	To: _____	Company Name: _____	Reason For Leaving: _____
Position Held: _____	City, State, Zip: _____	_____	_____
Starting Wage: \$ _____	Phone Number: _____	_____	_____
Ending Wage: \$ _____	Supervisor Name: _____	_____	May we contact this employer? <input type="checkbox"/> Y <input type="checkbox"/> N

Please account for any periods of unemployment in the space provided below:

From: _____	Explanation: _____
To: _____	_____
From: _____	Explanation: _____
To: _____	_____

In order to select the best possible candidate for employment, it is the policy of KemperSports Management to verify all of the statements you make on your application, including those regarding your employment history and your academic background (where this is a job requirement).

PLEASE READ AND INITIAL EACH SECTION LISTED BELOW

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that falsification of information requested in this document or omission of information may disqualify me from further consideration for employment, or, if discovered after I am hired, may result in my immediate discharge from employment. _____ (Applicant's Initials)

I authorize investigation of all statements contained herein and references listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result from furnishing same to you. _____ (Applicant's Initials)

I understand and agree that this Employment Application does not constitute a contract of employment, and that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time for any or no reason, with or without prior notice. I also understand and agree that, if hired, the terms and conditions of my employment may be changed, with or without notice, at any time by Kemper Sports Management absent an enforceable, executed, written agreement to the contrary. _____ (Applicant's Initials)

I understand that if selected for employment with the Company, I may be required to participate in a pre-employment drug testing program at a company authorized, licensed medical facility which includes screening for the presence of controlled substances. I understand that the results will be kept strictly confidential. I hereby release Kemper Sports Management, any employees or agents thereof from any and all claims or causes of action resulting therefrom. _____ (Applicant's Initials)

Applicant Signature: _____ Date: _____

***NOTICE TO ALL APPLICANTS REGARDING CRIMINAL HISTORIES -- Applicants in Massachusetts and Hawaii are NOT required to respond to this question on the application. No applicant is obligated to disclose judicially sealed or expunged records of conviction or arrest, misdemeanor convictions, or information regarding arrest or detentions that did not result in conviction (including referral to, and participation in, pre-trial or post-trial diversion programs).**

KemperSports is an Equal Opportunity Employer dedicated to a policy of non-discrimination in employment on any basis including age, sex, race, color, creed, ancestry, religion, disability, national origin, citizenship status, veteran status, marital status, military status, sexual orientation, pregnancy, medical condition or any non-job or non-business related factors or any other basis upon which discrimination is prohibited by the municipal, state, or other federal law. No question on this application is intended to secure information to be used for such discrimination.

Notice to Employee

1. For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse, and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year, or which the taxpayer would have been permitted to claim had the taxpayer filed such a return.
2. You may file a new certificate at anytime if the number of your exemptions *increases*.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you *decreases* because:

- (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claim her (or his) own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
- (c) You find that a dependent for whom you claimed exemption must be dropped for Federal purposes.

The death of a spouse or a dependent does not affect your withholding until the next year but requires the filing of a new certificate.

If possible, file a new certificate by December 1st of the year in which the death occurs.

For further information, consult the Ohio Department of Taxation, Income tax Division, or your employer.

3. If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions; or under an agreement with your employer, you may have an additional amount withheld each pay period.
4. A married couple with both spouses working and filing a joint return will, in many cases, be required to file a Declaration of Estimated Individual Income Tax even though Ohio income tax is being withheld from their wages. This is because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file a Declaration of Estimated Individual Income Tax may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the Declaration of Estimated Individual Income Tax, the individual may provide for additional withholding with his employer by using line 5.

✂ please detach here



Employee's Withholding Exemption Certificate

IT-4
Rev. 12/00

Print Full Name _____ Social Security Number _____

Home Address and Zip Code _____

Public School District of Residence _____ School District No. _____

1. Personal exemption for yourself, enter "1" if claimed _____
2. If married, personal exemption for your spouse if not separately claimed (enter "1" if claimed) _____
3. Exemptions for dependents _____
4. Add the exemptions which you have claimed above and enter total _____
5. Additional withholding per pay period under agreement with employer _____ \$

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature _____

Date _____

Form W-4 (2014)

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 2014 expires February 17, 2015. 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 \$1,000 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 2014. 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: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	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 (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	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 \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 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.

- 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.
- 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.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

----- 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	<h2>Employee's Withholding Allowance Certificate</h2> <p>▶ 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.</p>	OMB No. 1545-0074 <h1 style="font-size: 2em;">2014</h1>
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 2014, 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.) ▶ _____		Date ▶ _____
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 2014 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, 1950) of your income, and miscellaneous deductions. For 2014, you may have to reduce your itemized deductions if your income is over \$305,050 and you are married filing jointly or a qualifying widow(er); \$279,650 if you are head of household; \$254,200 if you are single and not head of household or a qualifying widow(er); or \$152,525 if you are married filing separately. See Pub. 505 for details. 1 \$ _____
- 2 Enter:

{	\$12,400 if married filing jointly or qualifying widow(er)
	\$9,100 if head of household
	\$6,200 if single or married filing separately

2 \$ _____
- 3 Subtract line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2014 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 *Converting Credits to Withholding Allowances for 2014 Form W-4* worksheet in Pub. 505.) 5 \$ _____
- 6 Enter an estimate of your 2014 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 \$3,950 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 2014. 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 2014. 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

Table 2

Married Filing Jointly		All Others		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	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 - \$6,000	0	\$0 - \$6,000	0	\$0 - \$74,000	\$590	\$0 - \$37,000	\$580
6,001 - 13,000	1	6,001 - 16,000	1	74,001 - 130,000	990	37,001 - 80,000	990
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,110	80,001 - 176,000	1,110
24,001 - 26,000	3	25,001 - 34,000	3	200,001 - 355,000	1,300	176,001 - 385,000	1,300
26,001 - 33,000	4	34,001 - 43,000	4	355,001 - 400,000	1,380	385,001 and over	1,560
33,001 - 43,000	5	43,001 - 70,000	5	400,001 and over	1,660		
43,001 - 49,000	6	70,001 - 85,000	6				
49,001 - 60,000	7	85,001 - 110,000	7				
60,001 - 76,000	8	110,001 - 125,000	8				
76,001 - 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						

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.



Payroll File # (Assigned by facility) _____ Hire Date _____

Staffer Name (Print) _____ Soc Sec #: _____

Kemper Facility _____ 3 digit Facility ID# _____

New Hire	Rehire	Budgeted/Pre-approved	Unbudgeted (explain below)
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Check one:

- ____ Full-Time Year-Round (30+ hrs/wk, 10+ mos/yr)
- ____ Full-Time Seasonal (30+ hrs/wk, less than 10 mos/yr)
- ____ Part-Time Year-Round (1-29 hrs/wk, 10+ mos/yr)
- ____ Part-Time Seasonal (1-29 hrs/wk, less than 10 mos/yr)
- ____ Temporary/Intern/On-Call

Check One:

- ____ Salary / Exempt
- ____ Salary / Non-Exempt
- ____ Hourly / Non-Exempt
- ____ Flextime / Non-Exempt

1st pay rate \$ _____ per _____ Job Title _____ Div/Dept _____

2nd pay rate \$ _____ per _____ Job Title _____ Div/Dept _____

If position is Safety Sensitive (Maintenance and Grounds), has Drug Screening been completed? _____ Yes
(Results of test are to be attached)

If position is Cash Handling (GM, Head Golf Pro, F&B Manager, Controller/Bookkeeper),
has Background Check been completed? (Confirmation of check to be attached) _____ Yes

Does Staffer require an @kempersports email address? _____ Yes _____ No .

Who should receive the email address, log-in and password? _____ .

Residence Address _____	Mailing Address (if different) _____
City, State, Zip Code & COUNTY _____	City, State, Zip Code _____
Home Phone # _____	Alternate Phone # _____

Comments:

Approvals:

Supervisor _____ Date _____

Regional Ops Exec. _____ Date _____

General Manager _____ Date _____

Other _____ Date _____

NOTE: This form MUST be signed by the staffer's Supervisor and GM BEFORE submitting to Payroll for processing.



KemperSports®

**VOLUNTARY SELF-IDENTIFICATION
(CONFIDENTIAL-FOR STATISTICAL USE ONLY)**

We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal, state, or local law. The information below will be used only in the compilation of data for Affirmative Action reporting.

Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment, if hired. Identification can be declared at any time prior to, or if applicable, after hire. Please return this page with your application.

PLEASE COMPLETE IN FULL:

Date: _____ Position Applied For: _____

Name: _____

Social Security # _____ Sex: (Circle appropriate response): Male / Female

Date of Birth: _____ Applicant's State and Zip Code: _____

Preferred language for internal company communication: _____ English _____ Spanish

ETHNIC GROUP:

(Please check one of the descriptions below corresponding to the ethnic group with which you most identify.)

___ American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

___ Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

___ Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.

___ Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

___ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

___ Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.

___ White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

VETERAN STATUS*:

Check if any of the following are applicable:

___ Vietnam Era Veteran ___ Disabled Veteran ___ Disabled Individual

* Veteran status may be requested only after post-offer is made.

REFERRAL SOURCE:

Please check one that applies:

___ Newspaper Ad ___ Friend/Relative ___ Employee Referral
___ Walk-In ___ Employment Agency ___ Other _____

Personal and Confidential

This page contains sensitive information, store in secure "Affirmative Action Forms" files, separately from personnel records.



RECEIPT OF STAFF MEMBER HANDBOOK

I acknowledge receipt of my Staff Handbook. I understand that this handbook has been developed for the general guidance of KemperSports Staff Members and that it is my responsibility to read and acquire an understanding of the information contained in the Handbook. I have been advised that my supervisor, General Manager, and the Corporate Office Human Resources department are available to answer any questions I may have concerning the Handbook.

Furthermore, I understand that neither the Handbook nor any of its contents represents binding contractual commitments on the part of the Company, and that the policies, benefits, and rules described in the Handbook can be unilaterally changed or discontinued by the Company at any time without prior notice. I recognize that I am responsible for keeping abreast of such changes as they occur.

I recognize that I am a Staff Member at-will and may resign at any time or be discharged at any time for any lawful reason with or without cause. I also understand the Staff Handbook, even though it is assigned to me, is considered property of the Company and I will be expected to return it upon separation from the Company.

Name (Please Print)

Location

Signature

Date



KemperSports®

DIRECT DEPOSIT APPLICATION

All staff members of Kemper Sports Management are eligible to have all or part of their regular bi-weekly paycheck directly deposited to any checking account and/or savings account of their choice.

To have your paycheck directly deposited, please complete the enclosed form and return it to the payroll/benefits administrator at your facility. Please attach a voided check from your checking account and/or a savings deposit slip from your savings account for each account in which you want monies deposited.

Please note that it will take approximately 2 pay periods after the home office Payroll department receives your application for direct deposit to take effect. Until that happens you will continue to receive an actual check. Once your direct deposit account is established, you will begin receiving a pay voucher that indicates the amount of money that was deposited to your account(s).

If you want to change accounts for your direct deposit, a new application must be completed and submitted to the home office Payroll department. You may also stop direct deposit at any time by notifying the home office Payroll department *in writing*.

If you would like your entire paycheck to be deposited to one account, please place "Full" in the Amount column. Or, if you want a specific dollar amount to be deposited in one account and the remainder of your paycheck to be placed in another account, specify the desired dollar amount for the first account in the Amount column and write "Net" in the Amount column for the second account.

<u>Account Type</u>	<u>Bank Name / Account Number</u>	<u>\$ Amount / Paycheck</u>
Checking #1	_____	_____
Checking #2	_____	_____
Checking #3	_____	_____
Savings #1	_____	_____
Savings #2	_____	_____

I authorize my employer, Kemper Sports Management, to initiate, as soon as practicable, automatic direct deposits for each pay period to the account(s) listed above. I understand that this authorization will remain in effect until revoked by me in writing.

Employee Name: _____ SS# _____

Employee Signature: _____ Date: _____

Facility Name: _____

Very Important: *A voided check and/or savings deposit slip for each applicable account must accompany this application. Return form to the payroll/benefits administrator at your facility.*



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 (Employee 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 Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number		E-mail Address		Telephone Number

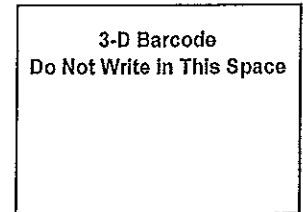
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

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)

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



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 Identify 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:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode
Do Not Write In This Space**

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

EMERGENCY CONTACT INFORMATION

EMPLOYEE INFORMATION:

NAME: _____

POSITION: _____

ADDRESS: _____

HOME PHONE: _____ MOBILE: _____

EMERGENCY CONTACT INFORMATION:

1) PRIMARY CONTACT: _____ Relationship: _____

PRIMARY ADDRESS: _____

PHONE NUMBERS:

Home: _____ Work: _____ Cellular: _____

2) SECONDARY CONTACT: _____ Relationship: _____

PRIMARY ADDRESS: _____

PHONE NUMBERS:

Home: _____ Work: _____ Cellular: _____

If you have any specific health information (i.e. allergies, drug sensitivities, medical Conditions, etc.) that you wish us to have on file in case of emergency please note here.

PHYSICIAN'S INFORMATION (optional)

Name _____ Phone _____

Signed: _____ Date: _____