



NEW HIRE INFORMATION

Congratulations and Welcome to Hickory Park!

We are excited to get you started and begin your employment with Team Hickory Park! Please report to Hickory Park on _____ for your Orientation/First Day of Employment at _____.
(date) (time)

As part of the new hire process, you must complete electronic onboarding on the Oasis/Paychex portal. If you have questions, please contact Human Resources at: 1-515-225-9029.

To complete your new hire packet, Hickory Park will need to complete section two of your I9 form. You **MUST** bring to your Manager two forms of identification:

1. A valid and unexpired government issued ID with your picture on it. Most common is your driver's license or state ID.
2. The second form of identification can be your birth certificate or your Social Security card.

If you have a valid passport, you may bring that along and it will work for both forms of identification noted above. Please bring the required forms of identification on your **first day** of employment.

Uniform Requirements (check the box for all that apply):

- Your position requires you to wear blue jeans in good condition. No rips or tears.
- Your position requires you to wear Khaki chino pants, professionally loose fit & a belt.
- Your position requires you to wear black chino pants, professional loose fit & a belt.
- Your position requires you to wear either jeans in good condition or professional length shorts.

We encourage you to shop at either the Goodwill or Salvation Army for your pants. They sell gently worn clothing for a fraction of the cost. Your pants will be subject to food and possible spills so please keep this in mind when selecting uniform pants or wearing something from your current closet.

We do require slip resistant soles on your shoes. Athletic shoes are preferred. Hickory Park also assists in a purchase of a non-slip shoe from SHOES FOR CREWS. Your hiring manager can provide additional information for this item.

Your manager will issue you the remainder of your uniform during your orientation. I.e. Shirt, apron and/or hat.

Benefits:

You will become eligible for benefits the first of the month following sixty (60) days of employment, if averaging 30 or more hours per week. **You will complete benefit enrollment online for all plans, except voluntary life & short-term disability coverage, within 30 days of your start date.** The benefit plan year runs from January-December each year. With questions, or to complete your enrollments, call Human Resources at 515-225-9029.

Payroll:

You will be paid bi-weekly on Thursdays. The payroll week begins on a Monday and ends on a Sunday. If you sign up for direct deposit or a pay card, you will NOT get a check stub. You can view your check stubs online at: <https://portal.oasisassistant.com/> Hickory Park will provide a computer for you to view/print your check stubs if needed.

Oasis online new hire onboarding helpful tips:

- Please verify your personal information & complete anything in red that is missing
- I9 form tips:
 - There are **NO blanks allowed on the I9** – if an item does not apply to you, type N/A
 - If you have 2 last names, include both in the “Family Name” section
 - SSN, Email and Phone number are voluntary – type N/A if you don’t want to fill it out
- You will complete both a state & federal W4
 - Select the number of allowances & amount you want
 - Then review the pre-populated form for accuracy
- To setup Direct Deposit for one bank account, you’ll need to click “add account” and enter “remaining balance” as the amount
- You are only done onboarding when everything on the left-hand side has a green check mark!



- For the basic life insurance, please make sure to assign a beneficiary online – it does not have to be an eligible dependent.
- If you would like to enroll in Short Term Disability or Dependent Voluntary Life, please contact Human Resources at 515-225-9029 for an enrollment form.

NEW EMPLOYEE REQUIRED INFORMATION

Scan and email new hire paperwork to: hr@bernaucapital.com

REQUIRED EMPLOYEE INFORMATION:

Employee Full Name: _____

SSN: _____ Date of Birth: _____ Gender: _____

Home Address: _____
(city, state and zip)

Phone Number: _____

Email Address: _____

Paychex Onboarding: We have discussed the importance of onboarding with you as a new HP employee. Management can assist you at HP if you are unable to complete new hire paperwork online from home. We cannot allow you to work past day 3 without successfully completing the new hire paperwork online.

(Emp Init) (Mgr. Init)

Emergency Contact Name: _____ Phone: _____

Relationship: _____

REQUIRED INFORMATION:

Employee Number: _____ Date of Hire: _____

Job Title: _____ Rate of Pay: \$ _____

Circle Status: Full Time / Part Time
(full time 30 or more hours/consistently per week)

Uniform Deductions for payroll:

Game Day	\$7.00		Hats	\$8.50	
Host Shirt	\$7.00		Long Sleeve T Shirt	\$8.50	
T-Shirt	\$7.00		Apron	\$5.00	

I authorize a payroll deduction from Paychex in the amount of above uniform(s) ordered which will be deducted in full on my next paycheck. If terminate before deduction is paid in full, it will be payable on the last day of employment. **Employee Signature:** _____

To complete page two of your I-9 form, documentation must be received on or before your third day of employment. If not received, you will be unable to work until documentation is provided to Hickory Park. **Employee Signature:** _____

If driving a company vehicle – please copy driver's license and fax with the attached paperwork.

Authorized by (print name): _____ Date: _____



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

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 <i>(Family Name)</i>	First Name <i>(Given Name)</i>	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 <i>(if any) (mm/dd/yyyy)</i>		Expiration Date <i>(if any) (mm/dd/yyyy)</i>		Expiration Date <i>(if any) (mm/dd/yyyy)</i>
Document Title		<div style="border: 1px solid black; padding: 5px;"> Additional Information </div>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> QR Code - Sections 2 & 3 Do Not Write In This Space </div>
Issuing Authority				
Document Number				
Expiration Date <i>(if any) (mm/dd/yyyy)</i>				
Document Title				
Issuing Authority				
Document Number				
Expiration Date <i>(if any) (mm/dd/yyyy)</i>				

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 <i>(mm/dd/yyyy)</i>	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 <i>(Street Number and Name)</i>		City or Town	State	ZIP Code

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

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

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 <i>(if any) (mm/dd/yyyy)</i>
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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 <i>(mm/dd/yyyy)</i>	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 the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.