VISTA MARINA INN HOTEL, LLC



| APPLIC | ATION FOR EMPL | OYMENT- NON EX | EMPT POSITION | |
|--|-----------------------------------|--|--|--|
| DATE: | | | | |
| COMPANY POLICY REQUUIRES RANDOM DRUG TESTING | DO VOIL ACKNOWLEDGE THE | DOLLOVA FILVES FI | NO | |
| COMPANY POLICY REQUUIRES RANDOM DRUG TESTING. DO YOU ACKNOWLEDGE THIS POLICY? APPLICANT NAME: | | | | |
| | | | | |
| PRESENT ADDRESS: | | | | |
| | | | | |
| | | | | |
| TELEPHONE: | | SOCIAL SECURITY NO.: | | |
| PERMANENT ADDRESS (IF DIFFERENT FROM PRESENT ADD | DRESS): | | | |
| | | | | |
| APE VOLL 18 VEARS OF DOR OF DEPA | | | | |
| ARE YOU 18 YEARS OLD OR OLDER? | | ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK | | |
| ☐ YES ☐ NO | | IN THE U.S.? | | |
| HAVE YOU EVER WORKED OR ATTENDED SCHOOL UNDER | ANOTHER NAME? IF SO, UND | ER WHAT NAME? | | |
| | | | | |
| HAVE YOU EVER BEEN CONVICTED OF A CRIME? * | □ YES □ NO | | | |
| | LICS LINO | | | |
| IF YES, GIVE DETAILS, INCLUDING DATE(S): | | | | |
| | | | | |
| | | | | |
| | | | | |
| A "YES" ANSWER WILL NOT AUTOMATICALLY DISQUALIFY YOU FROM EMPLO' JOB RELATED PURPOSES ONLY, AND ONLYL TO THE EXTENT PERMITTED BY AP | YMENT, WE WILL CONSIDER THE NATUR | E AND DATE OF THE OFFENSE AND THE | IOB FOR WHICH YOU ARE APPLYING FOR | |
| | | DESIRED | | |
| POSITION: | DATE YOU CAN START: | DESIRED | HOURLY RATE/ SALARY DESIRED: | |
| | | • | THE STATE OF | |
| DO YOU PREFER: FULL-TIME PART-TIME | | | | |
| DO YOU PREFER: FULL-TIME PART-TIME | | HOURS YOU ARE AVAILABLE | TO WORK: | |
| IF PART-TIME, HOURS PER WEEK DESIRED: | | DAYS OF WEEK YOU ARE AV | AILABLE TO WORK: | |
| ARE YOU AVAILABLE TO WORK: | | | | |
| 11/20/2016 20 | DYES DNO | NIGHTS* □YES □NO | OVERTINACT CONTRACT | |
| * IF REQUIRED FOR THE POSITION FOR WHICH YOU'RE APPLYING | ares eno | MIGUIZ, FLEZ FINO | OVERTIME* 🗆 YES 🗆 NO | |
| HAVE YOU PREVIOUSLY WORKED FOR THIS COMPANY? | □YES □NO IF SO, F | PLEASE LIST DATES: | ***** | |
| REASON FOR LEAVING: | | | | |
| READON FOR LEAVING. | | FORMER SUPERVISOR(S) AT T | HIS COMPANY: | |
| HOW DID YOU LEARN ABOUT THIS OPENNING? | | | | |
| | | | | |
| EDUCATION | | | | |
| HIGH SCHOOL: | GRADUATED: | | COURSE OF STUDY: | |
| | □YES □NO | | | |
| TECHNICAL SCHOOL: | GRADUATED: | | COURSE OF STUDY: | |
| | □YES □NO | | | |
| COLLEGE / UNIVERSITY: | GRADUATED: | | COURSE OF STUDY: | |
| | □YES □NO | | | |
| OTHER EDUCATION OR TRAINING: | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | |
| OTHER SPECIAL SKILLS: | | | | |
| OTTEN SI ECIME SICILIS. | | | | |
| MILITARY EXPERIENCE | | | | |
| BRANCH OF SERVICE: | DATES SERVED: | | RANK AT DISCHARGE: | |
| FOUGATION AND TO MANY | | | | |
| EDUCATION AND TRAINING: | | | | |
| | | | | |

| WORK EXPERIENCE PLEASE LIST ALL PREVIOUS EMPLOYMENT, BEGINNING WITH THE MOST RECENT. IF YOU NEED MORE ROOM YOU MAY ATTACH ANOTHER SHEEET OF PAPER | | | | |
|---|----------------------|---------------------------------------|---|---|
| EMPLOYER: | o con convicter, acc | MANAGO WITH THE MICST REC | ADDRESS: | M YOU MAY ATTACH ANOTHER SHEEET OF PAPER |
| 540101015 | | | | |
| EMPLOYED FROM: | TO: | POSITION HELD | | REASON FOR LEAVING: |
| SUPERVISOR'S NAME & TITLE: | | | PHONE NUMBER: | |
| | | | | 7.175 |
| DESCRIPTION OF DUTIES: | | | MAY WE CONTACT? | □ YES □ NO |
| | | | | |
| STARTING HOURLY PAY: | | | FINAL HOURLY PAY: | |
| | | | | |
| EMPLOYER: | | | ADDRESS: | |
| | | | | |
| EMPLOYED FROM: | TO: | POSITION HELD | | REASON FOR LEAVING: |
| SUPERVISOR'S NAME & TITLE: | | | | |
| SOFERVISOR S NAIVIE & TITLE: | | | PHONE NUMBER: | |
| DESCRIPTION OF DUTIES: | | , , , , , , , , , , , , , , , , , , , | MAY WE CONTACT? | □ YES □ NO |
| | | | | |
| STARTING HOURLY PAY: | 11 | | FINAL HOURLY PAY: | |
| | | | | |
| EMPLOYER: | | | ADDRESS: | |
| | | | | |
| EMPLOYED FROM: | TO: | POSITION HELD | • | REASON FOR LEAVING: |
| SUPERVISOR'S NAME & TITLE: | | | PHONE NUMBER: | |
| | | MAY WE CONTACT? | □ YES □ NO | |
| DESCRIPTION OF DUTIES: | | | MAT WE CONTACT? | LI TES LI NO |
| | | | | |
| STARTING HOURLY PAY: | | FINAL HOURLY PAY: | | |
| EMPLOYER: | | ADDRESS: | | |
| | | | ADDICESS. | |
| EMPLOYED FROM: | TO: | POSITION HELD | | REASON FOR LEAVING: |
| | | | | |
| SUPERVISOR'S NAME & TITLE: | | PHONE NUMBER: | | |
| DESCRIPTION OF DUTYE | | MAY WE CONTACT? | □ YES □ NO | |
| DESCRIPTION OF DUTIES: | | | | • |
| STARTING HOURLY PAY: | | | FINAL HOURLY PAY: | |
| | | | | |
| I certify that the facts contained statements on this application n | in this application | are true and complete to t | ACKNOWLEDGEM. the best of my knowledge. | IENTS I understand that if I am employed, any false |
| l authorize investigation of all statements contained in this application. I also grant permission to contact all references listed above, and authorize them to release all information concerning my previous employment and any other pertinent information these references might have, personal or otherwise. I release all parties from all liability for any damage that may result from furnishing this information to you. | | | | |
| I understand and agree that, if hired, my employment is for no definite period and may be terminated at any time without prior notice | | | | |
| APPLICANT SIGNATURE: DATE: | | | | |

FCRA NOTICE - BACKGROUND INVESTIGATION

In connection with your employment application with Nista Mariaa Ino Hotel. (the "Company"), this notice is intended to inform you that an investigative consumer report will be obtained on you from a consumer reporting agency for employment purposes. These purposes may include for hiring, retention, promotion or reassignment. The report may contain information about your character, general reputation, personal characteristics and mode of living, which may be based on personal interviews with sources such as your neighbors, friends or associates. The report may also contain information about you relating to your criminal information or history, credit history, driving and/or motor vehicle records, verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to the Company and our background screening provider, National Crime Search, LLC, 3452 E. Joyce Blvd., Fayetteville, AR 72703 (888-527-3282). For information about National Crime Search, LLC's privacy practices, see www.nationalcrimesearch.com.

[End of Document]

p. 1 of 1

AUTHORIZATION FOR BACKGROUND INVESTIGATION

By signing below you authorize the obtaining of investigative consumer reports by the Company at any time after receipt of this authorization. To this end, you authorize any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested about you by National Crime Search, LLC and/or the Company.

You understand that the scope of your authorization is not limited to the present and, if you are hired, will continue throughout the course of your employment and allow the Company to conduct future screenings for retention, promotion or reassignment, as permitted by law and unless revoked by you in writing*.

| Print Full Legal Name: Other or Former Names (please print): Date of Birth**: Social Security Number: Address: City: County: State: Zip Code: Driver's License number: State License issued: Name on License (if different than legal name: Email Address: |
|--|
| Names (please print): Date of Birth**: Social Security Number: Address: City: County: State: Zip Code: Driver's License number: State License issued: Name on License (if different than legal name: |
| Date of Birth**: Social Security Number: Address: City: County: State: Zip Code: Driver's License number: State License issued: Name on License (if different than legal name: |
| Social Security Number: Address: City: County: State: Zip Code: Driver's License number: State License issued: Name on License (if different than legal name: |
| Number: Address: City: County: State: Zip Code: Driver's License number: State License issued: Name on License (if different than legal name: |
| Address: City: County: State: Zip Code: Driver's License number: State License issued: Name on License (if different than legal name: |
| City: County: State: Zip Code: Driver's License number: State License issued: Name on License (if different than legal name: |
| County: State: Zip Code: Driver's License number: State License issued: Name on License (if different than legal name: |
| State: Zip Code: Driver's License number: State License issued: Name on License (if different than legal name: |
| Zip Code: Driver's License number: State License issued: Name on License (if different than legal name: |
| Driver's License number: State License issued: Name on License (if different than legal name: |
| number: State License issued: Name on License (if different than legal name: |
| State License issued: Name on License (if different than legal name: |
| Name on License (if different than legal name: |
| different than legal name: |
| name: |
| |
| Email Address |
| Eman Address: |
| Phone Number: |
| Signature: |
| Parent/Guardian |
| signature ***: |
| Date: |

^{*}To perform a GA Statewide search, the GCIC requires the applicant to have signed the authorization form. The signed form is valid until the end of employment.

^{**}This information will be used for background screening purposes only and no other purpose.

^{***}If the applicant is under 18 years old, both the applicant and a parent/guardian must sign the form.

STATE LAW NOTICES AND DISCLOSURES - BACKGROUND INVESTIGATION

The following disclosures are being provided pursuant to state law.

MINNESOTA and OKLAHOMA: If you are a resident of Minnesota or Oklahoma, or applying for employment in one of these states, please check the box if you would like to receive a copy of your consumer report, free of charge, if one is obtained by the Company.

Check box to receive report □

MINNESOTA: If you are a Minnesota resident or applying for employment at a location within Minnesota, you have the right to submit a written request to National Crime Search, LLC | 3452 E Joyce Blvd, Fayetteville, AR 72703 | (888-527-3282) for a complete and accurate disclosure of the nature and scope of any consumer report the Company ordered about you. The consumer reporting agency must provide you with this disclosure within five days after its receipt of your request or the report was requested by the Company, whichever date is later.

NEW JERSEY: If you are a New Jersey resident or applying for employment at a location within New Jersey, you acknowledge receipt of the New Jersey Fair Credit Reporting Act provisions.

NEW YORK: If you are a New York resident or applying for employment at a location within New York, you have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting National Crime Search, LLC | 3452 E Joyce Blvd, Fayetteville, AR 72703 Phone: (888-527-3282).

NEW YORK: If you are a New York resident or applying for employment at a location within New York, you acknowledge receipt of a copy of <u>Article 23-A</u> of the New York Correction Law.

RHODE ISLAND: If you are a resident of Rhode Island or applying for employment at a location within Rhode Island, the Company may request a credit report from a consumer reporting agency in connection with your application for employment.

VERMONT: If you are a Vermont resident or applying for employment at a location within Vermont, you acknowledge receipt of the NOTICE – BACKGROUND INVESTIGATION AND USE OF CREDIT INFORMATION.¹

WASHINGTON STATE: If you are a Washington resident or applying for employment at a location within Washington State, you have the right to request from National Crime Search, LLC | 3452 E Joyce Blvd, Fayetteville, AR 72703 | (888-527-3282) a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

¹ Pursuant to Vermont law, employers requesting a credit report must provide job applicants/employees with a notice identifying the specific basis under 21 V.S.A. § 495i for use of the report.

Para información en español, visite <u>www.consumerfinance.gov/learnmore</u> o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment or to take another adverse action against you must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - o you are the victim of identity theft and place a fraud alert in your file;
 - o your file contains inaccurate information as a result of fraud;
 - o you are on public assistance;
 - o you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- You have the right to ask for a credit score. Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer

reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address form the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- The following FCRA right applies with respect to nationwide consumer reporting agencies:

CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE

You have a right to place a "security freeze" on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is

placed on a consumer's credit file. Upon seeing a fraud alert display on a consumer's credit file, a business is required to take steps to verify the consumer's identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- Identity theft victims and active duty military personnel have additional rights. For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

| TYPE OF BUSINESS: | CONTACT: |
|---|---|
| l.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB: | a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552 b. Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, N.W. Washington, DC 20580 (877) 382-4357 |
| To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks | a. Office of the Comptroller of the Currency Customer Assistance Group P.O. Box 53570 Houston, TX 77052 b. Federal Reserve Consumer Help Center P.O. Box 1200 |
| (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act. | Minneapolis, MN 55480 c. Division of Depositor and Consumer Protection National Center for Consumer and Depositor Assistance Federal Deposit Insurance Corporation 1100 Walnut Street, Box #11 |
| c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions | Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Financial Protection 1775 Duke Street |
| 3. Air carriers | Alexandria, VA 22314 Assistant General Counsel for Office of Aviation Protection Department of Transportation 1200 New Jersey Avenue, SE Washington, DC 20590 |
| 4. Creditors Subject to the Surface Transportation Board | Office of Public Assistance, Governmental Affairs, and Compliance Surface Transportation Board 395 E Street, SW Washington, DC 20423 |
| 5. Creditors Subject to the Packers and Stockyards Act, 1921 | Nearest Packers and Stockyards Administration area supervisor |
| 6. Small Business Investment Companies | Associate Administrator, Office of Capital Access United States Small Business Administration 409 Third Street, SW, Suite 8200 Washington, DC 20416 |
| 7. Brokers and Dealers | Securities and Exchange Commission 100 F Street, NE Washington, DC 20549 |
| 8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations | Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090 |
| 9. Retailers, Finance Companies, and All Other Creditors Not Listed Above | Federal Trade Commission Consumer Response Center 600 Pennsylvania Avenue, NW Washington, DC 20580 (877) 382-4357 |



MOTOR VEHICLE RECORD AUTHORIZATION

I hereby authorize Vista Group of Companies and HUB International Florida, to order a Motor Vehicle Driving Record Report. I further authorize Vista Group of Companies and HUB International Florida to distribute a copy of this information to the insurance carrier for the purpose of securing Motor Vehicle insurance, obtaining an insurance quote, or to determine my eligibility to operate a vehicle within my employment scope or potential employment scope.

| Hotel: | |
|------------------------------|-------|
| Driver Name: | DOB: |
| State: License #: | |
| Requestor: | Date: |
| Individual Driver Signature: | |