

Paychex Onboarding Account Creation Form

Welcome to Maple Ski Ridge.

Please fill out all items below so that we can create you an account in Paychex. You will receive an email with directions on how to complete your onboarding.

| | | | | | |
|--------------------------------|-----------------------------|-------------------------|--------------------------------|--------------------|----------|
| Last Name | First Name | Middle Initial (if any) | Other Last Names Used (if any) | | |
| Address (Street Number & Name) | | Apt Number (if any) | City or Town | State | Zip Code |
| Date of Birth (mm/dd/yyyy) | U.S. Social Security Number | Email Address | | Cell Phone Number: | |

Please provide at least one Emergency Contact Person:

| Emergency Contact Name | Relationship to you | Phone Number |
|------------------------|---------------------|--------------|
| | | |
| | | |

Identification for I9 Form:

Please see the chart below and bring the proper Identification to your interview.

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 |
|---|----|---|-----|---|
| 1. U.S. Passport or U.S. Passport Card | | 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 | | 1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION |
| 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) | | 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 | | 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) |
| 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa | | 3. School ID card with a photograph | | 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. Employment Authorization Document that contains a photograph (Form I-766) | | 4. Voter's registration card | | 4. Native American tribal document |
| 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (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. | | 5. U.S. Military card or draft record | | 5. U.S. Citizen ID Card (Form I-197) |
| | | 6. Military dependent's ID card | | 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) |
| | | 7. U.S. Coast Guard Merchant Mariner Card | | 7. Employment authorization document issued by the Department of Homeland Security |
| | | 8. Native American tribal document | | |
| 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 | | For persons under age 18 who are unable to present a document listed above: | | |
| | | 9. Driver's license issued by a Canadian government authority | | 10. School record or report card |
| | | 10. School record or report card | | 11. Clinic, doctor, or hospital record |
| | | 11. Clinic, doctor, or hospital record | | 12. Day-care or nursery school record |

Types of Identification Provided to Maple Ski Ridge:

From List A (One):

OR

From List B (ONE):

AND

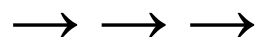
From List B (ONE):

Working Papers:

If you are between the ages of 14 and 17 you will need to provide us with the ORIGINAL working paper that you receive from your HS Guidance Counselor. Please place an "X" in the box for what you will be providing.

| | |
|---------------------|---|
| Ages 14 & 15: Blue | 18 or Over: No working Papers Required |
| Ages 16 & 17: Green | |

If you are 14 to 17 years old, please flip this paper over and get your parent or guardian to help you fill out the next section.





Under 18 Parental Signature Form

- 1) I, the undersigned, understand that I **alone** have authorization to communicate with Maple Ski Ridge regarding any and all payroll information, including picking up my paychecks.

Employee Initial: _____

Parent/Guardian Initial: _____

- 2) I understand that I **alone** am responsible for communications with Maple Ski Ridge regarding my schedule, any requested days off and any sick call outs.

Employee Initial: _____

Parent/Guardian Initial: _____

- 3) I acknowledge that if I have any questions regarding my paycheck and pay rates that I am to email both my supervisor and the payroll department.

Employee Initial: _____

Parent/Guardian Initial: _____

- 4) I, the undersigned, give permission to Maple Ski Ridge, and/or parties designed by MSR to record, videotape and photograph the person named below in image and/or voice of all forms of media, including by not limited to company website, FaceBook, Instagram, newsletter, pamphlet, and for any and all promotional purposes including advertising, display, audiovisual, exhibition or editorial use. I further consent to the use of the name of the person named below in connection with the photographs if needed by MSR. I also understand that there will be no financial compensation for my time or expenses for this consent to photograph or use of the person's name and release MSR from any claims.

Employee Initial: _____

Parent/Guardian Initial: _____

- 5) Our insurance company is requiring that we provide training on The Safe Sports Act to all employees, and that our employees who are less than 18 years of age must have parental or guardian permission to attend this training. The training is provided online as part of their Onboarding process. By initialing and signing this form, the parent/guardian is giving permission to the minor to take the training.

Employee Initial: _____

Parent/Guardian Initial: _____

Employee Printed Name: _____

Date: _____

Employee Signature: _____

Parent/Guardian Printed Name: _____

Relationship to Minor: _____

Parent/Guardian Signature: _____

Date: _____



518.381.4700 | info@mapleskiridge.com
2725 Mariaville Road, Schenectady, NY 12306
www.mapleskiridge.com

