



2019

GolfNorth would like to welcome you to the Keltic family. It's hard to imagine that it has been four full seasons since we first came to Ingonish. We are extremely proud to have been given the opportunity to operate such an iconic property, and are pleased that you will be joining us on this adventure.

Over the winter of 2015-16, GolfNorth invested heavily in renovations to the property, and our infrastructure has been vastly improved. Additional renovation work has been undertaken over the past two winters, and with three years' worth of heavy advertising behind us - advanced bookings lead us to believe that this season ought to be one of the busiest in decades. Along with improvements to the property, we want to make the experience for our guests even better. As in any service situation, that is accomplished by the front line staff, and we believe that we are fortunate to have some of the most experienced, and best trained staff in the industry. You will be joining a great team. Everything about Cape Breton Highlands golf course, and The Keltic Lodge is about the EXPERIENCE. From the natural wonder, to the renovated facilities, to YOU.

Attached, is our formal payroll package. Please take your time, and read through the package, and don't hesitate to ask your supervisor, if you have any questions.

There is so much more to talk about, and we look forward to meeting you all individually, but for now, we just wanted to take the opportunity to welcome you to the GolfNorth & Keltic Lodge at the Highlands family.

A handwritten signature in black ink, appearing to read "K. Hurd".

Kevin Hurd
General Manager
Keltic Lodge & Highland Links Golf Resort

Doug Breen

Regional Vice President
GolfNorth Properties Inc.

2019 Employment Information Form



Personal Information (Confidential and will be used only for employment purposes.) Male ____ Female ____

First Name & Initial (s) _____ Last Name _____

Date of Birth _____(dd) _____(mm) _____(yy) S.I.N _____-_____-_____ Province _____

Address _____ City _____ Postal Code _____

Telephone _____ Email _____

(Your pay stub will be sent to this address – print clearly)

General Information

Are you legally entitled to work in Canada? Yes No I am available to work until _____

Are you a returning employee? Yes No

Do you have a valid driver's license? Yes No

Will you be attending school in the fall? Yes No Yes, Date Returning _____

Are you currently certified in Standard First Aid & CPR? Yes No Yes, date of expiry _____

Food & Beverages only: **Responsible Beverage Certificate #** _____ (must have prior to first F&B shift)

Emergency Contact person _____ Relationship to you _____

Phone number _____ Alternate phone # _____

Allergies/Health conditions you would like us to be aware of: _____

Employee Code of Conduct must be completed before first shift. Residence regulations must be signed prior to moving in.

Residence Required ☐ Yes ☐ No

Residence is only available to individuals who reside more than 60km from the resort.

Employee Authorization

I authorize GolfNorth Management Corp. or its designate to obtain credit and personal information regarding me from others as permitted by law, to furnish others with particulars of the employment application and subsequent employment experience if applicable and to retain this application for the company's records. I hereby declare that, to the best of my knowledge, the foregoing is complete and accurate in every respect. I understand that a false statement or failure to comply with company policy will disqualify me from employment or cause my subsequent discharge if I am employed with GolfNorth.

Employee Agreement

I agree to perform my job responsibilities in an honest, fair and courteous manner towards customers and fellow staff. I agree to read and abide by all manuals applicable to my position. If I do not understand clearly what is outlined in these manuals, I will seek clarification of those issues. I understand that due to the nature of the business, I may be required to work on Sundays and Holidays. I acknowledge that there is a three-month probationary period upon commencement of my employment with GolfNorth. I understand that failure to comply with Company Policies may result in my immediate dismissal.

Date: _____ Signature: _____

GOLFNORTH MANAGEMENT CORP.

Company Use Only



Employee Name _____

Department _____

Job Title _____

Reports to _____

Start date _____ (must be exact)

Anticipated End Date _____

Salary _____

Hourly Rate _____

Vacation rate _____

Other: _____

The following forms are attached and complete

- ☐ Information Form
- ☐ Void Cheque
- ☐ TD1 & TD1NS
- ☐ Residence Policy
- ☐ Gratuity Policy
- ☐ Code of Conduct
- ☐ Alcohol, Cannabis and illegal drugs policy
- ☐ Orientation
- ☐ Payroll Deduction Waiver
- ☐ Vacation Pay Acknowledgement
- ☐ WHMIS
- ☐ Golf Cart Operation test (required if person does not have a valid driver's license)
- ☐ Driver's Abstract
- ☐ First Aid Certification
- ☐ Responsible Beverage Certification
- ☐ Other licenses or certificates _____

Date: _____ Supervisor Signature: _____



Payroll Deduction Waiver - Must be signed and forwarded with payroll information directly to the payroll department.

GolfNorth offers meals, accommodations and uniforms for eligible employees at the following rates:

Accommodation Deposit: \$150 (\$50 from each of first three pay periods or until obligation is satisfied)

Accommodation: \$30 per week

Uniform Cost: \$50

TO BE COMPLETED BY THE EMPLOYEE:

I, _____ understand that I am responsible for costs incurred for accommodations and uniforms and that GolfNorth will deduct the amount for which I am responsible off my pay. I am aware that in the event my pay periods are not sufficient to cover the above listed obligations, any ensuing pay periods will be deducted until my committed costs are satisfied.

Employee Signature: _____ Date: _____

Company Representative Signature: _____

Vacation Pay Acknowledgement – Required for all hourly employees/all departments

I specifically acknowledge that my wage is \$_____per hour. I also acknowledge that I am entitled to vacation pay at the rate of ____% in addition to my hourly wage. I acknowledge and direct you to pay my vacation pay with my wages on a bi-weekly basis such that my total hourly package, inclusive of vacation pay, amounts to \$_____per hour.

Employee Name: _____

Employee Signature: _____ Date: _____

Company Representative Signature: _____

New & Returning Employee Orientation



(This form is to be completed by your supervisor)

Department: _____

Employee Name: _____

Position: _____

Supervisor: _____

Start Date: _____

Start Time: _____

Probation period ends: _____

Section A: Completed by SUPERVISOR on or before first day of work

<input type="checkbox"/>	Review of Employee Website Password: TBD	<ul style="list-style-type: none">➤ Company history, payroll, and hiring paperwork➤ Anti-Harassment & Violence Policy➤ Employee Privileges➤ Staff Uniform Policy➤ Conduct & Expectations
<input type="checkbox"/>	Tour of work area	<ul style="list-style-type: none">➤ Location of emergency equipment➤ Location of employee areas (washrooms, lunch room, etc.)
<input type="checkbox"/>	General Safety Hazards	<ul style="list-style-type: none">➤ "wet area", golf ball impact injuries, repetitive strain, lifting
<input type="checkbox"/>	Emergency Plans	<ul style="list-style-type: none">➤ Fire, extreme weather, evacuation
<input type="checkbox"/>	Accident Reporting Procedure	<ul style="list-style-type: none">➤ GolfNorth Accident Form, first aid log book
<input type="checkbox"/>	Personal Protective Equipment	<ul style="list-style-type: none">➤ Ear protection, eye protection etc.
<input type="checkbox"/>	Online Training	<ul style="list-style-type: none">➤ WHMIS, OH&SA, AODA & Anti-harassment and violence
<input type="checkbox"/>	Job Specific Training	<ul style="list-style-type: none">➤ S.O.P. given to employee, tasks demonstrated etc.
<input type="checkbox"/>	Training Other (please specify)	<ul style="list-style-type: none">➤ _____
<input type="checkbox"/>	Cart test/training	<ul style="list-style-type: none">➤ Any employee who operates a golf or turf vehicle must have a valid driver's license or complete cart training
<input type="checkbox"/>	Peer Mentor	<ul style="list-style-type: none">➤ Name: _____➤ GOAL 1: _____➤ GOAL 2: _____➤ GOAL 3: _____➤ Review date: _____

Employee:

I have completed an orientation session with my supervisor, including discussion of the above listed items and am aware that all policies are available on the employee website that I may access at any time.

Signature: _____

Date: _____

Supervisor: _____

Date: _____