PAPPY HOEL CAMPGROUND LLC

19942 South Dakota Highway 79 N Vale, SD 57788 – 605-499-8170 WORK APPLICATION

IF YOU DO NOT COMPLETE ENTIRE APPLICATION, YOU WILL NOT BE CONSIDERED!

| *We do not discriminate against any applicant because of race, color, religion, sex, age, national origin, or disability. |
|---------------------------------------------------------------------------------------------------------------------------|
| Please Print Today's Date: |
| |
| Position you are applying for and/or position you are willing to work: |
| Full Name: |
| Current Mailing address (street or PO) |
| (City) (State) (Zip) Telephone Number |
| Email Social Security Number |
| Have you worked for this establishment in the past? Yes No |
| REQUIRED – If yes, please give the year(s) you worked Position Held |
| AVAILABILITY: |
| Date you can start work: |
| Times available for work: |
| |
| SAT SUN MON TUE WED THURS FRI |
| From: // // // // // // // // To: // // // // // // |
| Are there any days or hours you are unable or unwilling to work? |
| Please specify: |
| Are you a citizen of the United States? Yes No |
| If not a citizen, can you furnish proof of eligibility to work in the U.S.? Yes No |
| EDUCATION |
| Circle Highest Grade Completed: Elm 6 7 8 High 9 10 11 12 College 13 14 15 16 17 18 19 |
| High School State |
| College: (list all whether or not a degree was obtained) |
| Name Location Major Field of Study Degrees |
| Academic honors or special recognition |

EMPLOYMENT EXPERIENCE

| Fill out carefully> Begin with present of | or last job held and work back rega | rdless of the time worked. Use additional sheet if |
|-------------------------------------------|--------------------------------------|------------------------------------------------------|
| necessary. If you were sick, attending | school, out of work, so state giving | dates> DO NOT SKIP ANY DATES. ACCOUNT FOR AL |
| TIMES.THIS INFORMATION WILL BE CL | OSELY CHECKED. All information n | nust be included, even if you are attaching a resume |
| 1. Employer | Address | |
| Telephones number(s) | Job Title | Supervisor |
| Reason for Leaving | | |
| Dates Employed: From | To | |
| Work Performed | | |
| Hourly Rate/Salary: Starting | Final | |
| 2. Employer | Address | |
| Telephones number(s) | Job Title | Supervisor |
| Reason for Leaving | | |
| Dates Employed: From | To | |
| Work Performed | | |
| Hourly Rate/Salary: Starting | | |
| 3. Employer | Address | |
| Telephones number(s) | Job Title | Supervisor |
| Reason for Leaving | | |
| Dates Employed: From | To | |
| Work Performed | | |
| Hourly Rate/Salary: Starting | Final | |
| 4. Employer | Address | |
| Telephones number(s) | Job Title | Supervisor |
| Reason for Leaving | | |
| Dates Employed: From | To | |
| Work Performed | | |
| Hourly Rate/Salary: Starting | Final | |
| SPECIAL SKILLS AND QUALIFICATIONS | 1 | |
| Summarize special job related skills a | nd qualifications acquired from er | mployment or other experience. |

REFERENCES

| Give name, address and telephone number of three references who are not related to you: (ALL INFROMATION MUST BE |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PROVIDED) |
| 1. |
| |
| 2 |
| |
| 3 |
| SECURITY |
| In the past five (5) years have you been convicted of a felony? Yes No |
| If yes, give details including date, location (city), nature of offense and disposition |
| NOTE: |
| Read carefully before signing. |
| I certify that the statements and information furnished by me in this application are true and correct and I understand that falsification of such statements and information is grounds for dismissal at any time that <i>Pappy Hoel Campground</i> , <i>LLC</i> becomes aware of the falsified information. In consideration of my working at the <i>Pappy Hoel Campground</i> , <i>LLC</i> , I agree to conform to the rules and regulations of the <i>Pappy Hoel Campground</i> , <i>LLC</i> and acknowledge that my work and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of the <i>Pappy Hoel Campground</i> , <i>LLC</i> . |
| As allowed by law, I also agree to submit to random drug tests and other investigative interviews, methods of tests conducted by the <i>Pappy Hoel Campground</i> , <i>LLC</i> and I understand that the results of such tests may be used as evidence in legal or administrative proceedings and may also be used in considering my status for continued employment and as a basis for rejecting my application or terminating my employment. |
| I agree and hereby authorize the <i>Pappy Hoel Campground</i> , <i>LLC</i> to conduct a background inquiry to verify the information on this application and any forms by the <i>Pappy Hoel Campground</i> , <i>LLC</i> completed by me. I authorize all previous employers or other persons who have knowledge of me or my records to release such information to the <i>Pappy Hoel Campground</i> , <i>LLC</i> or it agents. I hereby release those companies and persons and the <i>Pappy Hoel Campground</i> , <i>LLC</i> from all claims or liabilities whatever that may arise by such disclosures or such investigation. |
| I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IT TRUE AND COMPLETE AND IS SUBJECT TO CONFIRMATION BY THE <i>PAPPY HOEL CAMPGROUND, LLC.</i> |
| DATE OF APPLICATION: |
| SIGNATURE OF APPLICANT: |
| YOU MUST BE 21 YEARS OF AGE TO WORK AT THE <i>PAPPY HOEL CAMPGROUND, LLC.</i> TWO I.D.'S ARE REQUIRED. |

ATTACH A COPY OF DRIVERS LICENSE (PICTURE I.D. REQUIRED) AND ONE OTHER I.D. THAT CARRY THE SAME NAME AS THE DRIVERS LICENSE. SOCIAL SECURITY CARDS, BIRTH CERTIFICATES AND PASSPORTS ARE ACCEPTED, HOWEVER, SCHOOL WORK AND BANK INDENTIFICATION CARDS ARE NOT.

NAME AND LIKENESS AGREEMENT

| In consideration of my employment by the Pappy | y Hoel Campground, LLC ("Pappy' | ') and my continued employment | during such |
|--------------------------------------------------|---------------------------------|--------------------------------|-------------|
| time as Pappy and I agree, Pappy and I agree tha | t: | | |

| time as | S Pappy and I agree, Pappy and I agree that: | | | | | |
|---------|--------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| 1. | Pappy shall have the exclusive, perpetual right to use my name (including the name "" (PRINT | | | | | |
| | NAME), my voice and likeness for any purpose whatsoever in connection with any film, television program, web cast, | | | | | |
| | or other entertainment or informational program in any and all media, now or hereafter developed, relating to me | | | | | |
| | Pappy, Michael Ballard or any other employee or person associated with Pappy or Michael Ballard, including without | | | | | |
| | limitation all advertising. Promotion and merchandising with respect thereto. | | | | | |
| 2. | I hereby agree to execute and deliver any documents deemed necessary by Pappy to effectuate the rights granted to | | | | | |
| | Pappy hereunder (including without limitation the appearance release attached as Exhibit 1 hereto), and if I fail to | | | | | |
| | execute and deliver any such documents within 3 days, Company shall have the right to execute such documents on | | | | | |
| | my behalf of as my attorney-in-fact. | | | | | |
| 3. | 3. This agreement (a) is not a contract of employment, (b) shall be governed by the laws in effect in the state of South | | | | | |
| | Dakota, and (c) shall be binding on and inure to the benefit of Pappy and the undersigned employee and their | | | | | |
| | respective successors. | | | | | |
| Employ | vee's Signature | | | | | |
| Employ | yee's Name PRINTED | | | | | |
| | | | | | | |
| Accept | ed and Agreed of the above date: | | | | | |
| Pappy | Hoel Campground, LLC | | | | | |
| | | | | | | |

By: ______ (Office Personnel Signature)

______ PRINTED Office Personal Name