PRIVACY AUTHORIZATIONS



EMERGENCY CONTACT

I hereby authorize Copper Mountain to contact my emergency contact in the case of a situation it in good faith deems to be an emergency that warrants making such contact.

INSURANCE UNDERSTANDING

I understand that I have 30 days from my hire date to complete any paperwork needed to begin any insurance benefits that may be associated with my position. I understand that if I do not complete insurance paperwork during this 30 day period I will need to wait until Open Enrollment (July/August dependent upon the plan) to do so, unless I have a change in family status that might permit enrollment prior to the Open Enrollment date.

REFERENCE CHECKS

I hereby authorize Copper Mountain to contact the persons I have listed as references to obtain information it may deem appropriate, including but not limited to job title and dates of employment or service, in considering my application for employment or volunteer opportunities. I also authorize Copper Mountain to respond to persons checking references when I have given Copper Mountain one of its constituent entities or employees as a reference.

EMAIL CONSENT

By my signature below, I consent to providing my email address to Copper Mountain to contact me regarding benefits, perks, general employment and resort information. I understand that I have the right to not provide this information.