



Name: Ana bertha De la Cueva

Taborca ID: 10536

Date of Hire:   /  /  

Date of Re-Act: 6 / 7 / 2019

#### New employee set up

- E-verify
- Hire Right EE
- Hire Right Internal (upload any list A docs)
- Direct Deposit (Scan to Payroll) and/or Global Cash Card – complete the form & have EE sign
- Notice to Employee Completed
- Added to Orientation Time Sheet
- Attended New Hire Orientation
- Background Check
- New Hire List (All fields)
- Check Taborca Profile (All fields)
- Upload Resume and Skills Tests (one doc)
- Upload Food Handler's Card

#### Re Act employee set up (See Re Act Process for more detail)

- File and I9 pulled (new one created/done in Hire Right if old ones are gone)
- Re Act onboarding if initially hired before 1/1/16
- Check W4
- Check all demographic info and availability
- Check for skills tests, app, FHC, and resume (get new app, new resume if hired more than 1 year ago)
- Complete Notice to Employee with updated pay if necessary
  - Verify pay option (notify payroll) and take steps to Re Act any old pay options still current
- Run new BGC if more than 1 year since last shift worked
- New orientation/place on time sheet if it's been over a year since last shift
  - New Hire List (all fields)
- Delete employee from the INA/TER spreadsheet if they are on it

# Interview Note Sheet

Applicant Information	
Name: <b>Ana Bertha De la Cueva</b>	Interviewer: <b>McKenna</b>
Date: <b>JUNE 7, 2019</b>	Rate of Pay:
Position (s) Applied for:	
<b>Re - act</b>	

Test Scores		Seeking			
Server	/35	%	Bartender	/35	%
Prep Cook	/20	%	Barista	/15	%
Grill Cook	/40	%	Cashier	/15	%
Dishwasher	/10	%	Housekeeping	/14	%
				Full-Time	
				Part-Time	

Relevant Experience & Summary of Strengths	
<b>Total of _____ in Food Service/Hospitality</b>	
<p><b>Re - act on June 7th</b></p> <p><b>*Looking for weekend work only</b></p>	

P.O.S. Experience: Y / N    details: _____						
Transportation						
<input checked="" type="radio"/> Car	Public Transit	Carpool ( Rider / Driver )				
Regions Available to Work						
<input checked="" type="radio"/> SEA	<input checked="" type="radio"/> EC					
Certifications (if any)						
<input checked="" type="radio"/> TiPS	<input checked="" type="radio"/> Serv-Safe	<input checked="" type="radio"/> LEAD	<input checked="" type="radio"/> Other _____	<input checked="" type="radio"/> Will Submit _____		
Availability						
<input checked="" type="radio"/> Open	<input checked="" type="radio"/> AM only	<input checked="" type="radio"/> PM only	<input checked="" type="radio"/> Weekdays only	<input checked="" type="radio"/> Weekends only _____		
Details:						
Uniform Requirements						
<input checked="" type="radio"/> Bistro	<input checked="" type="radio"/> Black Bistro	<input checked="" type="radio"/> Tuxedo	<input checked="" type="radio"/> 1/2 Tuxedo	<input checked="" type="radio"/> Black Vest	<input checked="" type="radio"/> Long Black Tie	
<input checked="" type="radio"/> Chef Coat	<input checked="" type="radio"/> Chef Pants	<input checked="" type="radio"/> Knives	<input checked="" type="radio"/> Black Pants	<input checked="" type="radio"/> Non-Slip Shoes	<input checked="" type="radio"/> Bow Tie	<input checked="" type="radio"/> Other: _____
Would you recommend this applicant for Acrobat Academy?		Convention Candidate?		Other Languages Spoken:		

**NOTICE TO EMPLOYEE***Labor Code section 2810.5***EMPLOYEE**Employee Name: Ana Bertha De la CuevaStart Date: June 7, 2019**EMPLOYER**Legal Name of Hiring Employer: S.E Scher

Is hiring employer a staffing agency/business (e.g., Temporary Services Agency; Employee Leasing Company; or Professional Employer Organization [PEO])?  Yes  No

Other Names Hiring Employer is "doing business as" (if applicable):

Acrobat Outsourcing

Physical Address of Hiring Employer's Main Office:

665 Third St. Suite 415, San Francisco, CA. 94107

Hiring Employer's Mailing Address (if different than above):

Hiring Employer's Telephone Number: 415-431-8826

If the hiring employer is a staffing agency/business (above box checked "Yes"), the following is the other entity for whom this employee will perform work:

Name: Acrobat OutsourcingPhysical Address of Main Office: 1811 The Alameda, San Jose 95126Mailing Address: " "Telephone Number: 408-844-0772**WAGE INFORMATION**Rate(s) of Pay: \$17.00Overtime Rate(s) of Pay: \$25.50Rate by (check box):  Hour  Shift  Day  Week  Salary  Piece rate  Commission Other (provide specifics): \_\_\_\_\_Does a written agreement exist providing the rate(s) of pay? (check box)  Yes  NoIf yes, are all rate(s) of pay and bases thereof contained in that written agreement?  Yes  No

Allowances, if any, claimed as part of minimum wage (including meal or lodging allowances):

(If the employee has signed the acknowledgment of receipt below, it does not constitute a "voluntary written agreement" as required under the law between the employer and employee in order to credit any meals or lodging against the minimum wage. Any such voluntary written agreement must be evidenced by a separate document.)

Regular Payday: FRIDAY

## WORKERS' COMPENSATION

Insurance Carrier's Name: Integro USA Inc. dba Integro Insurance Brokers

Address: 1 State Street Plaza, 9th floor, New York, NY. 10004

Telephone Number: 212-295-5440

Policy No.: LDC4042609 AOS

Self-Insured (Labor Code 3700) and Certificate Number for Consent to Self-Insure: \_\_\_\_\_

## PAID SICK LEAVE

Unless exempt, the employee identified on this notice is entitled to minimum requirements for paid sick leave under state law which provides that an employee:

- a. May accrue paid sick leave and may request and use up to 3 days or 24 hours of accrued paid sick leave per year;
- b. May not be terminated or retaliated against for using or requesting the use of accrued paid sick leave; and
- c. Has the right to file a complaint against an employer who retaliates or discriminates against an employee for
  1. requesting or using accrued sick days;
  2. attempting to exercise the right to use accrued paid sick days;
  3. filing a complaint or alleging a violation of Article 1.5 section 245 et seq. of the California Labor Code;
  4. cooperating in an investigation or prosecution of an alleged violation of this Article or opposing any policy or practice or act that is prohibited by Article 1.5 section 245 et seq. of the California Labor Code.

The following applies to the employee identified on this notice: (Check one box)

- 1. Accrues paid sick leave only pursuant to the minimum requirements stated in Labor Code §245 et seq. with no other employer policy providing additional or different terms for accrual and use of paid sick leave.
- 2. Accrues paid sick leave pursuant to the employer's policy which satisfies or exceeds the accrual, carryover, and use requirements of Labor Code §246.
- 3. Employer provides no less than 24 hours (or 3 days) of paid sick leave at the beginning of each 12-month period.
- 4. The employee is exempt from paid sick leave protection by Labor Code §245.5. (State exemption and specific subsection for exemption): \_\_\_\_\_

## ACKNOWLEDGEMENT OF RECEIPT

(Optional)

Mckenna Brewer

(PRINT NAME of Employer representative)



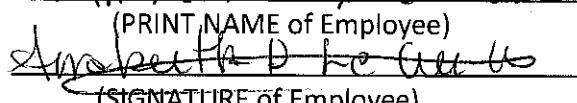
(SIGNATURE of Employer Representative)

JUNE 7, 2019

(Date)

Ana Bertha De La Cueva

(PRINT NAME of Employee)



(SIGNATURE of Employee)

JUNE 7, 2019

(Date)

The employee's signature on this notice merely constitutes acknowledgement of receipt.

Labor Code section 2810.5(b) requires that the employer notify you in writing of any changes to the information set forth in this Notice within seven calendar days after the time of the changes, unless one of the following applies: (a) All changes are reflected on a timely wage statement furnished in accordance with Labor Code section 226; (b) Notice of all changes is provided in another writing required by law within seven days of the changes.

# Anabertha De La Cueva

(408) 401-7874 (Cell)

[Anabertha67@yahoo.com](mailto:Anabertha67@yahoo.com)

## SKILLS:

- Excellent Customer Service
- Process Cash, Credit and Debit
- Excellent time management skills
- Greet and Assist Customers
- Inventory Control
- Bilingual English/Spanish
- Security/Observation
- Highly Reliable
- Hard Worker and Team Player
- CPR and First Aid Certified.

## WORK EXPERIENCE:

8/2018 -present OFA (Options for All)

San Jose, CA

### *Coordinator/Supervisor*

- Work with developmentally disabled young people to help integrate them into workforce,
- Drive clients to site. Train and Guide.

8/2015 - 6/2018 Alum Rock School District

San Jose, CA

### *Kitchen Assistant*

- Preparing food, washing dishes, cleaning. QC checks
- Food Safety Certificate

4/2013 - Present Acrobat Outsourcing

San Jose, CA

### *Customer Service*

- Currently a contractor with Acrobat Outsourcing .
- Prepare food for customers and provided excellent customer service.
- Performed other duties such as housekeeping and cashiering.

10/2012 - Present Boston Market

San Jose, CA

### *Driver (on call)*

- Responsible for delivering food catered to local hospitals, offices and residential.

9/20/93 - 4/16/06 Chevron

San Jose, CA

### *Cashier*

- Responsible for opening and closing the store.
- Maintained inventory of store merchandise.
- In charge of ordering certain store merchandise as needed.
- Set up advertising of products as needed.
- Processed cash, credit and debit card transactions.
- Conducted paperwork for auto mechanic work approvals from customers.
- Assisted customers with any questions or comments they had.
- Maintained a neat and orderly work space at all times.

## EDUCATION:

**Independence High School**, San Jose, CA *High School Diploma*

**Institute for Business and Technology**, *Current Student Lab Assistant*



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San Jose, CA

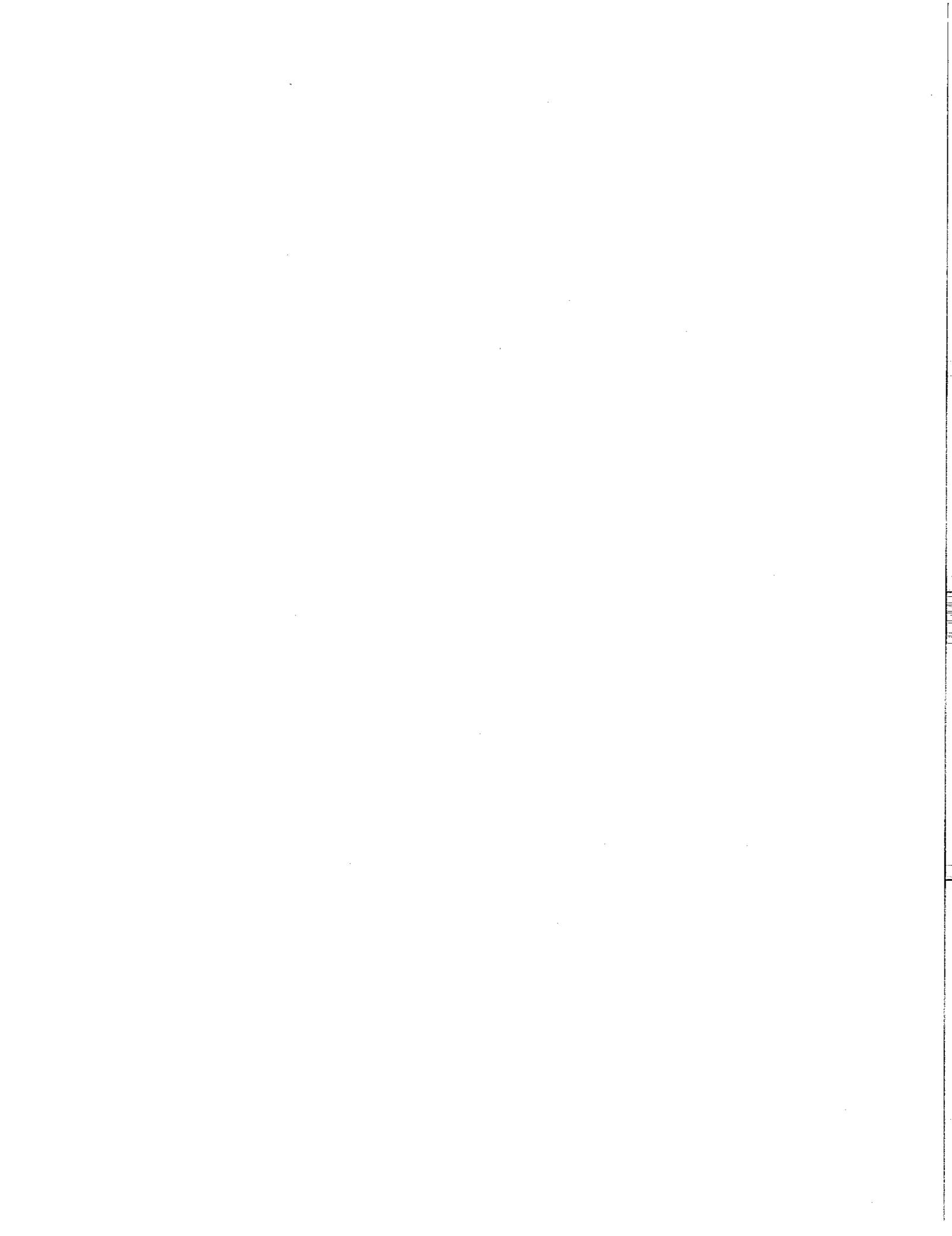
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## EDUCATION:

Independence High School, San Jose, CA *High School Diploma*

Institute for Business and Technology, *Current Student Lab Assistant*



OCT 2022

Name: De La Cueva, Anabertha

Taborca ID#: 10536

Date of Hire: 9/21/15

REACT

**Employee Setup**

- E-Verify Documentation
- Background Check (Asurint)
- Direct Deposit Global Cash Card  
form sent to Payroll
- W-4 : Single / Married
- Exemptions 5

- Attended New Hire Orientation Date:  
  /  /
- New Hire List
- Taborca
- Upload Photo
- Upload Resume
- Food Handlers Card



11/23/18

Name: Anabertha De La Cvera Phone #: (408)401-7874  
 Email: anabertha67@yahoo.com Avionte ID#: \_\_\_\_\_ Taborca ID#: 10536  
 Address: 1191 Spiri Dr. San Jose, CA 95114  
 Date of Birth: 09/20/07 Date of Hire: 04/02/13 Last 4 of SSN: 4165

**Section One**

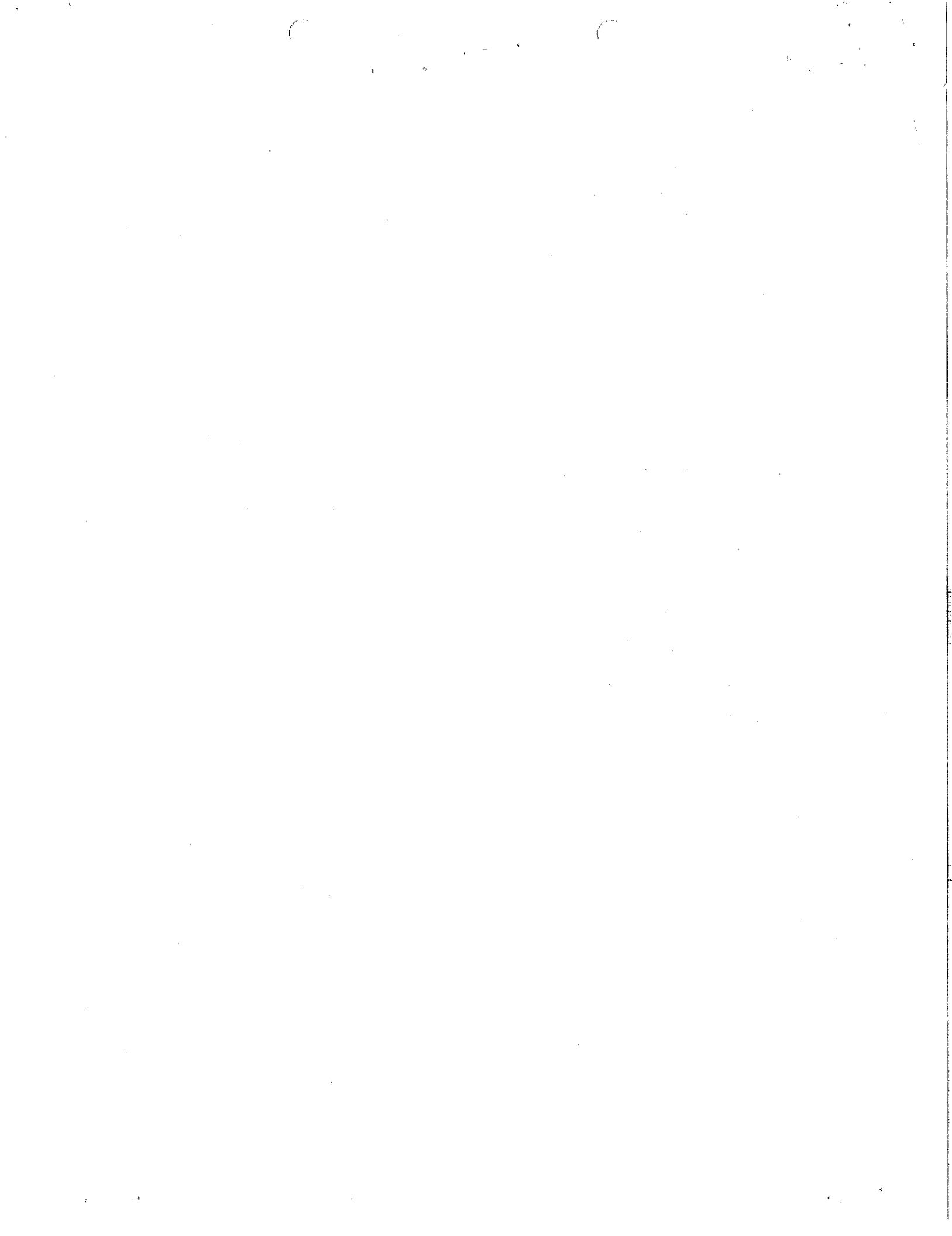
**Employee File Checklist (note "n/a" if not applicable)**

<input type="checkbox"/> Application for Employment	<input checked="" type="checkbox"/> Confidentiality & Non-Disclosure
<input checked="" type="checkbox"/> Resume	<input type="checkbox"/> Agreement
<input checked="" type="checkbox"/> Skills Test / Interview notes	<input type="checkbox"/> California Labor Code Form 2810.5
<input checked="" type="checkbox"/> Offer Letter	<input type="checkbox"/> (California Employees Only)
<input checked="" type="checkbox"/> Food Handlers Card/Certification	<input type="checkbox"/> Designation of Personal
<input type="checkbox"/> Alcohol/Liquor Serving Certification	<input type="checkbox"/> Physician/Emergency Contact
<input checked="" type="checkbox"/> Background Check (Asurint) File Ref #: <u>6037233</u>	<input type="checkbox"/> Information
<input checked="" type="checkbox"/> E-Verify Documentation CVN#: <u>2013092161002 FK</u>	<input checked="" type="checkbox"/> Absenteeism & Tardiness Policy
<input checked="" type="checkbox"/> I-9 Form and copies of required form(s) of ID (filed in secured I-9 binder)	<input type="checkbox"/> Essential Staff Care Election Form (filed in secure ESC binder)
<input checked="" type="checkbox"/> Authorization and Release to Obtain Information	<input checked="" type="checkbox"/> W-4
<input checked="" type="checkbox"/> Sexual Harassment/Harassment Policy Acknowledgement	<input checked="" type="checkbox"/> Direct Deposit / Global Cash Card Forms (Circle which one)
	<input type="checkbox"/> New Hire Acknowledgement Form

**Section Two**

**Employee Setup**

<input type="checkbox"/> Avionte Login Setup and given to Emp	<input type="checkbox"/> ESC Enrollment form sent to HR
Username: _____	<input type="checkbox"/> Attended New Hire Orientation
Password: _____	Date: _____
<input type="checkbox"/> W-4 sent to Payroll	<input type="checkbox"/> New Hire Packet Given to Employee
<input type="checkbox"/> Direct Deposit / Global Cash Card form sent to Payroll	



# Anabertha De La Cueva

(408) 401-7874 (Cell)  
Anabertha67@yahoo.com

**OBJECTIVE:** To obtain a position as a Cashier/Sales Assistant where I can utilize my work experience.

## SKILLS:

- Excellent Customer Service
- Process Cash, Credit and Debit
- Answer Telephones
- Greet and Assist Customers
- Inventory Control
- Bilingual English/Spanish
- Security/Observation
- Highly Reliable
- Hard Worker and Team Player
- Open/Close Experience

## WORK EXPERIENCE:

Responsible for opening and closing the store.  
Maintained inventory of store merchandise.  
In charge of ordering certain store merchandise as needed.  
Set up advertising of products as needed.  
Processed cash, credit and debit card transactions.  
Conducted paperwork for auto mechanic work approvals from customers.  
Assisted customers with any questions or comments they had.  
Maintained a neat and orderly work space at all times.

2002-2003 Las Isabeles Housekeeping San Jose, CA  
*Housekeeper-Self Employed*

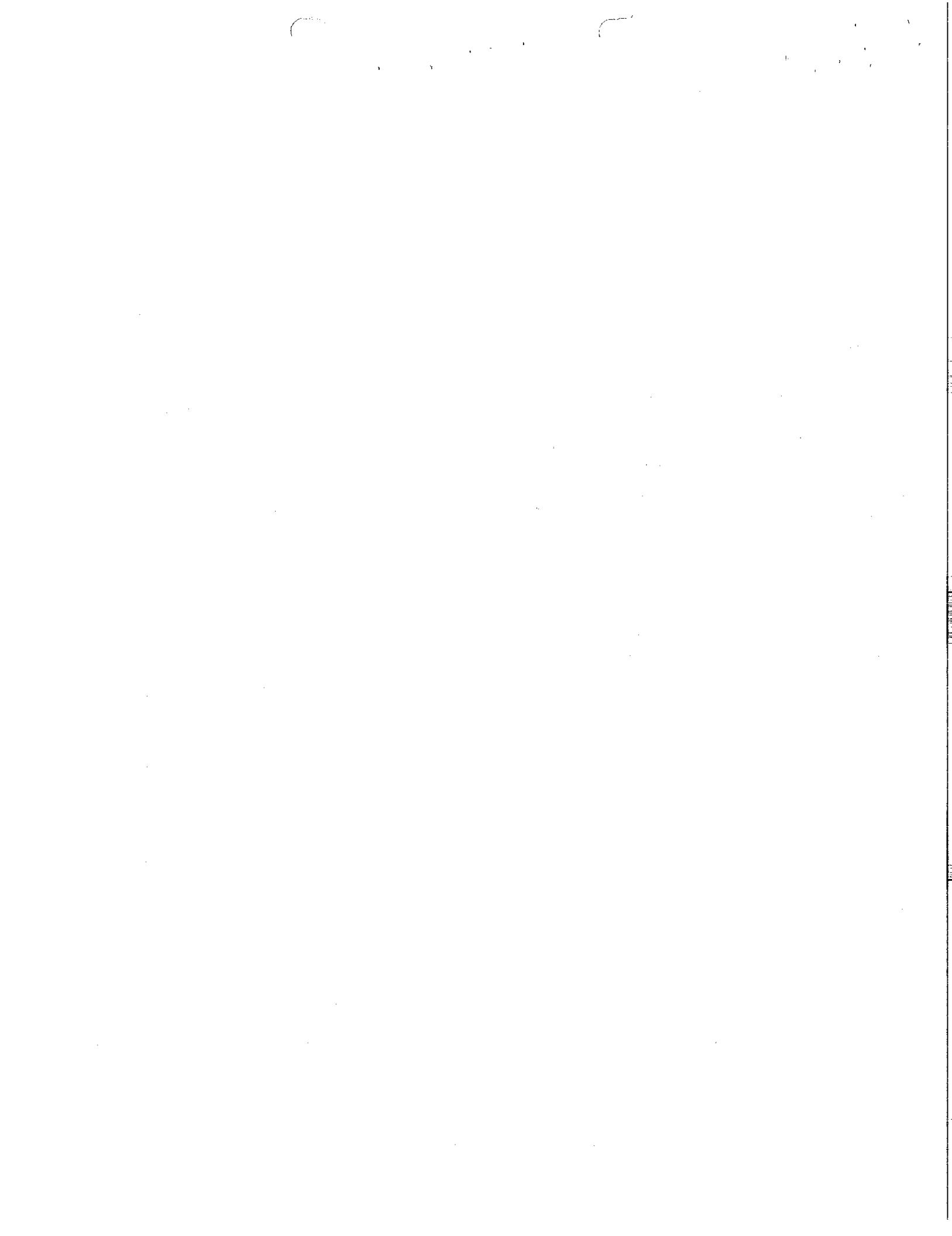
Responsible for residential and office cleaning.  
Created contracts regarding all work expectations.  
Maintained neat and orderly homes and offices.  
Swept, mopped and vacuumed all floors.  
Laundry processing as needed.  
Dusted, wiped down and cleaned different surfaces.  
Knowledge of working with different cleaning fluids.  
Experienced at cleaning bathrooms and windows.

1992-1993 Petries Clothing Store, San Jose, CA  
***Cashier and Sales***

Assisted customers with all purchases.  
Greeted and guided customers to merchandise.  
Conducted inventory of all merchandise and inspected garments.  
Created displays and placed items on proper shelving.  
Processed cash, credit and debit card transactions.  
Processed returns and exchanges as needed.  
Maintained a neat and orderly store at all times.  
Answered telephone calls-took and conveyed messages.

## EDUCATION:

**Independence High School, San Jose, CA**  
*High School Diploma*



## Employment Application

Acrobat Outsourcing is an equal opportunity employer dedicated to non-discrimination in all employment practices. Acrobat Outsourcing selects the best qualified individual for the job based on job-related qualifications regardless of race, age (40+), color, religion, gender, national origin, ancestry, marital status, sexual orientation, disability or any other status protected by applicable law.

Full Name Anabertha De La Cewa Date: Jan 22/13  
 Home Telephone (408) 401-7874 Other Telephone (408) 401-7874  
 Present Address 1191 Spiro Drive  
 Permanent Address, if different from present address: \_\_\_\_\_  
 Email Address anabertha67@yahoo.com

Position applying for: Sandwich Maker & Cashier Salary desired: open

Are you currently registered with any staffing and/or employment agencies? If so, please list

No

Are you applying for: Full-time work? Yes        No        Part-time work? Yes  No       

Temporary work, e.g., summer or holiday work? Yes        No        From: \_\_\_\_\_ To: \_\_\_\_\_

How did you find out about our open position? (Please check fill in proper name of source):

Referral  Name of Referral Santa Clara County Newspaper  Job Fair  Agency  Company Website

Other Web Posting  Other Source

Could you work overtime, if necessary? Yes  No        If hired, on what date could you start working? Jan 24/13

*Please keep in mind that schedules and shifts may vary depending on position and season. Additionally, the hours may vary from week to week, depending on the company needs. Please list only the times/days you're available to work below.*

SPECIFY HOURS AVAILABLE <u>DAILY</u>	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM	<u>anytime</u>	<u>9Am</u>	<u>9Am</u>	<u>9Am</u>	<u>9Am</u>	<u>9Am</u>	<u>anytime</u>
PM	<u>anytime</u>	<u>3pm</u>	<u>3pm</u>	<u>2pm</u>	<u>1pm</u>	<u>3pm</u>	<u>anytime</u>

Do you have any vacations or extended leaves planned in the next 12 months? If so, please list dates: \_\_\_\_\_

Have you ever applied to or worked for Acrobat Outsourcing before? Yes        No  If yes, when? \_\_\_\_\_

Do you have friends or relatives working for Acrobat Outsourcing? Yes        No  If yes, please state name and relationship \_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? Yes  No       

If hired, can you present evidence of your legal right to live and work in this country? Yes  No       

State age if you are under 18 \_\_\_\_\_. If you are under 18, hire is subject to verification that you are of minimum legal age to work.

Are you able to perform the essential functions of the job for which you are applying? Yes  No

If no, describe the functions that cannot be performed. (Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

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Have you ever been convicted of a felony within the past ten years other than a conviction for marijuana possession or that resulted in a referral to, and participation in, any pretrial or post trial diversion program? (Please note that conviction of a crime is not an automatic bar to employment—all circumstances, including the nature, date and relevance of the offense to the position applied for will be considered.)

Yes  No

Have any of these convictions as described above involved fraud, embezzlement, passing checks, forgery, and theft, including identity theft? If yes, please state the nature of the crime(s), when and where convicted and the disposition of the case. If yes, state nature of the crime(s), when and where convicted, and disposition of the case(s).

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NAME OF SCHOOL	CITY & STATE	GRADE OR DEGREE COMPLETED	DID YOU GRADUATE?
Independence	San Jose	Diploma	Yes
De Anza College	Cupertino	Not Yet	No
Do you have any special licenses, certificates or special training? If so please list under "Special".		Medical Assistant/Security Guard YES	NO
Are you computer literate? If so, list software knowledge under "Special."		YES	NO
Are you proficient with Point of Sales Systems? If so please list which ones under "Special."		YES	NO
Do you have any other experience, training, qualifications or special skills, which you feel make you especially suited for work at Acrobat Outsourcing? If so, please list under "Special."		YES	NO
Special: Bilingual/English/Spanish			

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for unemployment periods of three months or more.

Are you currently employed? Yes  No  If so, may we contact your current employer? Yes  No

Name and Address of Employer Boston Market

Type of Business Restaurant Telephone No. (510) 797-2685 Supervisor's Name Mike Hapiuk

Your Position and Duties Driver

I deliver for to hospitals, offices and Schools.

Dates of Employment: From 10/2012 To 1/2013 Weekly Pay: Starting 9.00 Ending 9.00

Reason for Leaving: present it's on-call job.

Name and Address of Employer Chevron

Type of Business Gas Station Telephone No. (408) 251-1040 Supervisor's Name Kristina

Your Position and Duties

Cashier

I processed cash, credit and debit card transactions.

Dates of Employment: From 9/1993 To 4/2006 Weekly Pay: Starting 9.00 Ending 9.00

Reason for Leaving: New owner

Name and Address of Employer \_\_\_\_\_

Type of Business \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name and Address of Employer \_\_\_\_\_

Type of Business \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Have you ever been fired from any previous place of employment? If so, please explain: \_\_\_\_\_

Have you obtained any special skills or abilities as the result of service in the military? Yes        No X  
If so, describe: \_\_\_\_\_

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name: Jose Montez Telephone No. (408) 210-7330

Address: San Jose

Occupation: Teacher Relationship: teacher Number of Years Acquainted: 1

Name: Manijeh Hatamy Telephone No. (408) 869-9225

Address: San Jose

Occupation: Job Developer Relationship: \_\_\_\_\_ Number of Years Acquainted: 1

Name: \_\_\_\_\_ Telephone No. (\_\_\_\_)

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_

**Please Read Carefully, Initial Each Paragraph and Sign Below**

*(Initial)* I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material facts on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

*(Initial)* I hereby authorize Acrobat Outsourcing to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

*(Initial)* I hereby authorize Acrobat Outsourcing and its authorized representatives to solicit information regarding my background, which may include but not be limited to, information about my employment, education, and/or criminal history, which may be in the files of any federal, state, or local criminal justice and law enforcement agency or a general public records history.

*(Initial)* I understand that if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 form in this regard within three days of my hire date.

*(Initial)* Acrobat Outsourcing is an at-will employer. I understand that nothing contained in the application, or conveyed during any interview, which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, with or without cause, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designee or representative.

I hereby acknowledge that I have read and understand the above statements.

Applicant's Signature

*Ambertho DeLata*

Date

*Jan/22/13*



Date 4/2/13

Name

Anabertha De La Cueva

Address

1191 Spiro Dr  
San Jose, CA 95116

#### Offer Letter & Acknowledgment

Acrobat Outsourcing is pleased to offer you a position as: HOUSEKEEPING & CASHIER

- Position at the rate(s) of \$ 10.00 / 10.50 per hour starting on 04/02/13

This offer is contingent upon satisfactory completion of the background check process. By accepting this offer, you also agree to comply with the policies set forth by the company and acknowledge the guidelines that are shared with you at the time of hire.

#### ACCEPT Job Offer

By signing and dating this letter below, I, Anabertha De La Cueva, accept this job offer of \_\_\_\_\_ by Acrobat Outsourcing.

Signature Anabertha De La Cueva Date 4/2/13

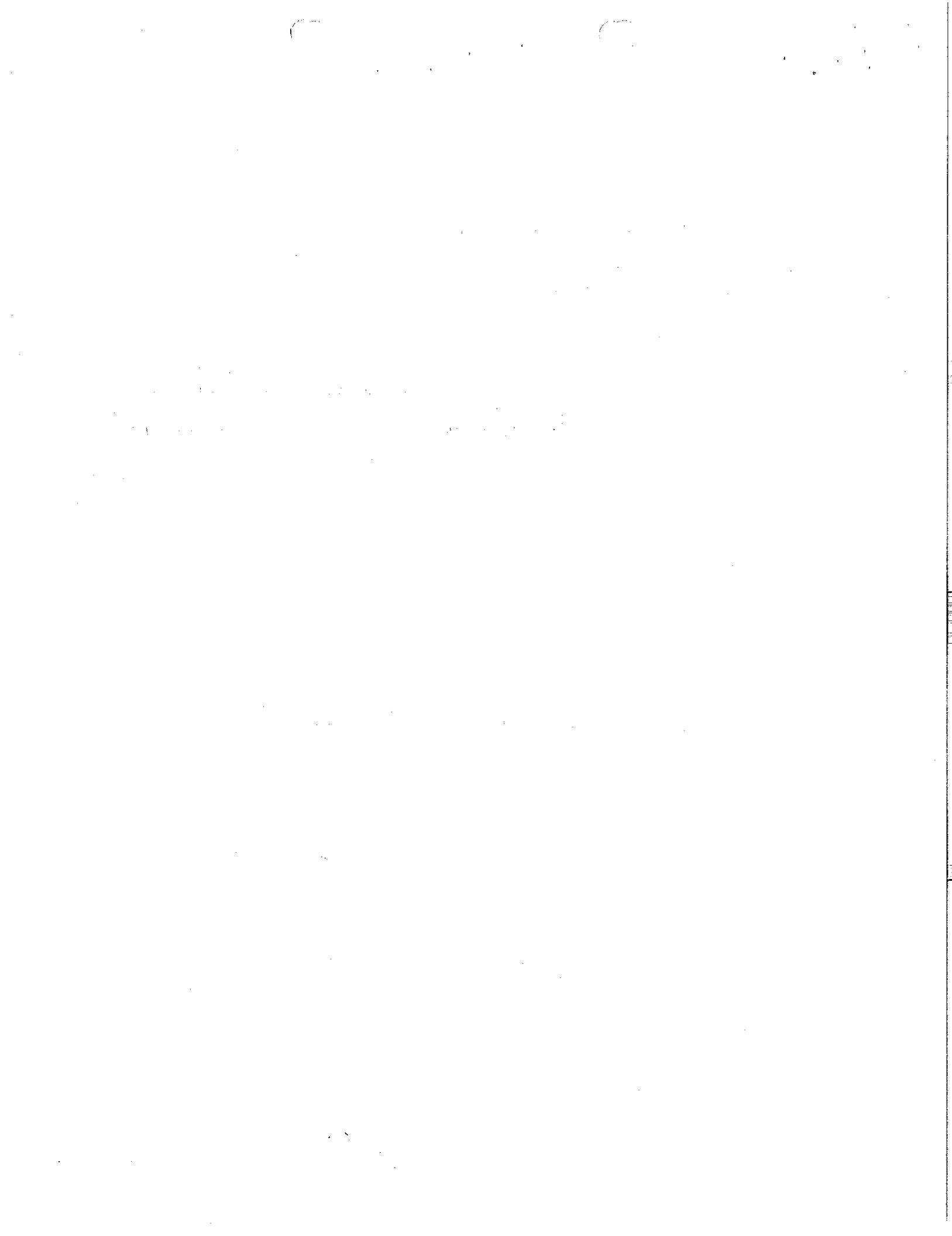
OR

#### DECLINE Job Offer

By signing and dating this letter below, I, \_\_\_\_\_, accept this job offer of \_\_\_\_\_ by Acrobat Outsourcing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

By accepting a job with Acrobat Outsourcing, you agree that you have done so voluntarily and acknowledge that there is no specified length of employment. Your employment is at will and either Acrobat Outsourcing or you may terminate the relationship with or without cause and with or without notice at any time. Prompt reporting of all work-related injuries and/or illnesses is a requirement of employment and you agree to report such injuries and/or illnesses as required. Acrobat Outsourcing reserves the right to change the hours, wages, and working conditions at any time based on business necessity. Policies are subject to change and revised information may supersede, modify, or eliminate existing policies. Any questions, please feel free to consult with the Human Resources Manager contact Acrobat Outsourcing.



### **Unlawful Harassment and Sexual Harassment Policy**

Acrobat Outsourcing is committed to providing a work environment free of unlawful harassment. Company policy prohibits sexual harassment and harassment based on pregnancy, childbirth or related medical conditions, race, religious creed, color, gender, national origin or ancestry, physical or mental disability, medical condition, marital status, registered domestic partner, age, sexual orientation, gender identity or any other basis protected by federal, state, or local law or ordinance or regulation. All such harassment is unlawful.

Acrobat Outsourcing anti-harassment policy applies to all persons involved in the orientation of Acrobat Outsourcing, and its subsidiaries, and prohibits unlawful harassment by any employee, including supervisors, coworkers and any other persons. It also prohibits unlawful harassment based on the perception that anyone has any of those characteristics, or is associated with a person who has or is perceived as having any of those characteristics.

Prohibited unlawful harassment includes, but is not limited to, the following behavior:

- Verbal conduct such as epithets, derogatory jokes or comments, swearing or cursing, slurs or unwanted sexual advances, invitations, or comments about an individual's body; sexually degrading words used to describe an individual; or suggestive or obscene letters, notes, e-mails or invitations;
- Visual displays such as derogatory and/or sexually oriented posters, photography, cartoons, drawings, or gestures;
- Prolonged staring or leering which might be construed as sexual or threatening in nature;
- Physical conduct including assault, unwanted touching, intentionally blocking normal movement or interfering with work because of sex, race, or any other protected basis;
- Threats and demands to submit to sexual requests as a condition of continued employment, or to avoid some other loss, and offers of employment benefits in return of sexual favors;
- Intimidation, and objectionable conduct directed at another person;
- Stalking, electronic communications harassment, impeding a person's movement, sexual battery or other improper activities as provided for under state criminal law;
- On-line harassment such as e-mail or attachments, materials posted about a person, chat room discussions, and viewing/downloading of on-line pornography, sexual offensive material, or discriminating materials;
- Suggestive or obscene clothing, to include designs and printed matter;
- Suggestive or obscene tattoos and body art, suggestive or obscene piercing; and
- Retaliation for reporting or threatening to report harassment.

If you believe that you have been unlawfully harassed, submit a written complaint or speak to any Company supervisor or the Human Resources Department as soon as possible after the incident. Your

# Acrobat

outsourcing  
Your Hospitality Staffing Professionals

complaint should include details of the incident or incidents, names of the individuals involved, and names of any witnesses. Supervisors will refer all harassment complaints to the Human Resources Department.

Acrobat Outsourcing will immediately undertake an effective, thorough, and objective investigation of the harassment allegations.

If Acrobat Outsourcing determines the unlawful harassment has occurred, effective remedial action will be taken in accordance with the circumstances involved. Any employee determined by Acrobat Outsourcing to be responsible for unlawful harassment will be subject to appropriate disciplinary action, up to, and including termination. A company representative will advise all parties concerned of the results of the investigation. Acrobat Outsourcing will not be retaliation by you or any witness for filing a complaint and will not tolerate or permit retaliation by management, employees or coworkers.

Acrobat Outsourcing encourages all employees to report any incidents of harassment forbidden by this policy *immediately* so that complaints can be quickly and fairly resolved. You also should be aware that the Federal Equal Employment Opportunity Commission and the California Department of fair Employment and Housing investigates and prosecute complaints of prohibited harassment employment. If you think you have been harassed or that you have been retaliated against for resisting or complaining, you may file a complaint with the appropriate State or federal agency.

It is imperative, once the investigation is stated that all involved employees including witnesses and the allege perpetrator completely and honestly assist the investigation. This would include, but not limited to, providing honest and accurate statements, being available for interviews, and assisting in the successful completion of the investigation. Failure to do so on any involved employee's party may be cause for disciplinary action, up to and including termination.

I have read the above policy and understand that Acrobat Outsourcing is committed to providing a work environment free of unlawful harassment. Company policy prohibits sexual harassment and harassment based on pregnancy, childbirth or related medical conditions, race, religious creed, color, national origin or ancestry, physical or mental disability, medical condition, marital status, age, sexual orientation, or any other basis protected by federal, state, or local law or ordinance or regulation. *All such harassment is unlawful.* Presidio Financial Partners anti-harassment policy applies to all persons involved in the operations of Acrobat Outsourcing, and its subsidiaries, and prohibits unlawful harassment by any other employee, including supervisors and coworkers.

I have read the above policy and understand that Acrobat Outsourcing is committed to providing a work environment that is free of unlawful harassment. Presidio financial Partners anti-harassment policy applies to all persons involved in the operation of Acrobat Outsourcing and prohibits unlawful harassment by any employees.

Employee Signature

Print Name

Date

Anbertha De la Hera Anbertha De la Hera 4-27-13

## AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

As part of our hiring background and investigation, we may obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights under the Fair Credit Reporting Act.

California, Oklahoma, and Minnesota residents only: If you are a current resident of CA, OK, and MN, you have the right to receive a copy of any consumer report pertaining to you that is obtained by us from a consumer reporting agency. If you would like a free copy of any report that is obtained or prepared, please check the box.

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit **Acrobat Outsourcing** to obtain a consumer report and/or an investigative consumer report which may include the following:

1. My employment records;
2. Records concerning any driving, criminal history, credit history, civil record, workers' compensation (post-offer only) and drug testing;
3. (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past 2 years;
4. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as an original.

I further direct and authorize such third parties who may be the custodians of or who may be in possession of requested records or information to disclose such information or records to **Acrobat Outsourcing** or their representatives and agents, in connection with this authorization and release.

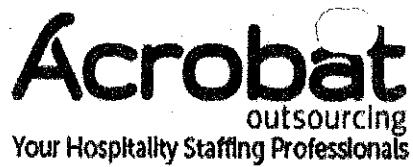
I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as Acrobat Outsourcing from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize Acrobat Outsourcing to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application. I voluntarily provide my date of birth in order to obtain, and verify records obtained in, the background check. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment.

Full Name Ana Bertha De La Cueva Date 4-2-13  
(Please print name clearly.)

Full Name Ana Bertha De La Cueva  
Signature



\*\*\*\*THE INFORMATION SUPPLIED BELOW WILL ONLY BE USED TO REQUEST AND VERIFY RECORDS\*\*\*\*

Current Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Maiden Names/Prior Names: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

DL: \_\_\_\_\_ DL State: \_\_\_\_\_ Exp Date: \_\_\_\_\_



## Designation Of Personal Physician

I, Ana Bertha De La Cueva, hereby inform my employer, Acrobat Outsourcing, and its Workers' Compensation carrier, U.S. HeathWorks, of my intent to seek treatment from my designated person physician for all Workers' Compensation-related injuries or illnesses.

My designated personal physician for treatment of Workers' Compensation-related claims is:

Name: \_\_\_\_\_

Practice Group, if any: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

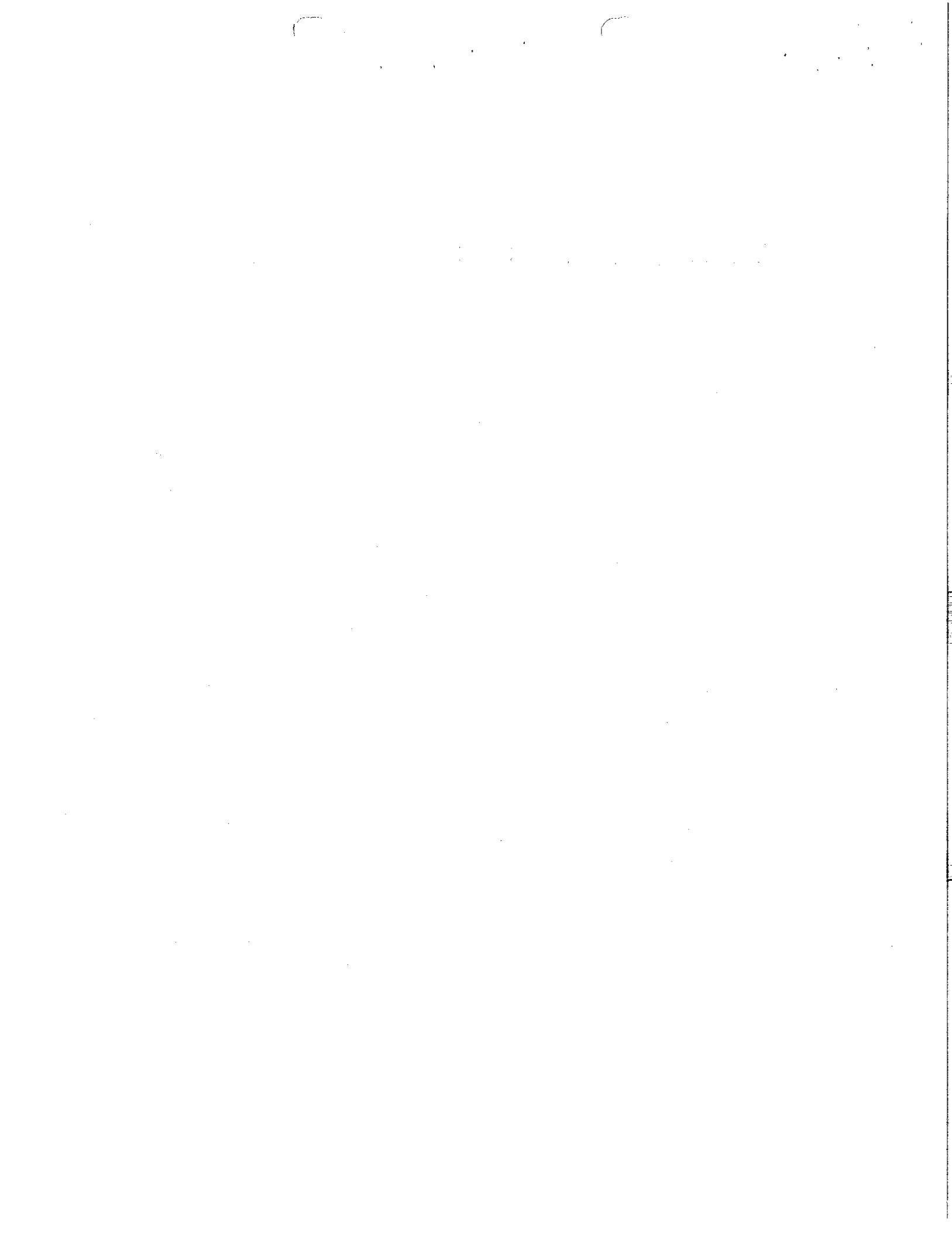
This designation remains in effect until I execute and deliver a new designation or revocation in accordance with the policies of my employer and its Workers' Compensation carrier.

---

Name

---

Date





## NOTICE TO EMPLOYEE

### ***Labor Code section 2810.5***

Effective January 1, 2012, California Labor Code section 2810.5(a) requires that the following information be provided to each employee at the time of hire in the language the employer normally uses to communicate employment-related information. Exceptions to this requirement are indicated on the next page. This notice is available in other languages at [www.dir.ca.gov/DLSE](http://www.dir.ca.gov/DLSE).

#### **EMPLOYEE**

Employee Name: Anabertha De la Cueva Hire Date: 4-2-13

#### **EMPLOYER**

Name of Employer: **ACROBAT OUTSOURCING**

(Check all that apply):  Sole Proprietor  Corporation  Limited Liability Company  General Partnership

Other type of entity: \_\_\_\_\_

Staffing agency (e.g., temp agency or PEO)

Other Name Employer is doing business as (if applicable): \_\_\_\_\_

Physical Address of Main Office: 665 THIRD STREET, SUITE 415 SAN FRANCISCO, CA 94107

Employer's Mailing Address: 665 THIRD STREET, SUITE 415 SAN FRANCISCO, CA 94107

Employer's Telephone Number: (415) 431-8826

If the worksite employer uses any other business or entity to hire employees or administer wages or benefits, complete the information above for the worksite employer, complete the information below for the other business, and complete the remaining sections. If there is no other business or co-employer, or if the only other business is a recruiting service or a payroll processing service, skip the rest of this section, and complete the remaining sections.

Name of Other Business: \_\_\_\_\_

This other business is a:

Professional Employer Organization (PEO) or Employee Leasing Company or a Temporary Services Agency

Other: \_\_\_\_\_

Physical Address of Main Office: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## WAGE INFORMATION

Rate(s) of Pay: \_\_\_\_\_ Overtime Rate(s) of Pay: \_\_\_\_\_

Rate by (check box):  Hour  Shift  Day  Week  Salary  Piece rate  Commission

Other (provide specifics): \_\_\_\_\_

Employment agreement is (check box):  Oral  Written

Allowances, if any, claimed as part of minimum wage (including meal or lodging allowances): \_\_\_\_\_

Regular Pay Day: \_\_\_\_\_ WEEKLY/EVERY FRIDAY

## WORKERS' COMPENSATION

Insurance Carrier's Name: **US HEALTHWORKS**

Address: **25124 Springfield Court Suite 200 Valencia, CA 91355**

Telephone Number: **800.720.2432**

Policy No.: \_\_\_\_\_

Self-Insured (Labor Code 3700) and Certificate Number for Consent to Self-Insure: \_\_\_\_\_

## ACKNOWLEDGMENT OF RECEIPT

(PRINT NAME of Employer representative)

(PRINT NAME of Employee)

(SIGNATURE of Employer representative)

(SIGNATURE of Employee)

(Date provided to employee & signed by representative)

(Date received by employee & signed by employee)

Labor Code section 2810.5(b) requires that the employer notify you in writing of any changes to the information set forth in this Notice within seven calendar days after the time of the changes, unless one of the following applies: (a) All changes are reflected on a timely wage statement furnished in accordance with Labor Code section 226; (b) Notice of all changes is provided in another writing required by law within seven days of the changes.

This Notice is NOT required if (a) you are directly employed by the state or any political subdivision thereof, (b) you are an employee who is exempt from the payment of overtime wages by statute or wage order, or (c) you are covered by a collective bargaining agreement that expressly provides for wages, hours of work and working conditions, and provides for premium wage rates for all overtime worked.

The full text of Labor Code section 2810.5 may be found at [www.leginfo.ca.gov/calaw.html](http://www.leginfo.ca.gov/calaw.html). Check "Labor Code" and search for "2810.5" in quotes.

The employee's signature on this notice merely constitutes acknowledgement of receipt. In accordance with an employer's general recordkeeping requirements under the law, it is the employer's obligation to ensure that the employment and wage-related information provided on this notice is accurate and complete. Furthermore, the employee's signature acknowledging receipt of this notice does not constitute a voluntary written agreement as required under the law between the employer and employee in order to credit any meals or lodging against the minimum wage. Any such voluntary written agreement must be evidenced by a separate document.



## ABSENTEEISM AND TARDINESS POLICY

All Acrobat Outsourcing employees are expected to be at their client site prepared to work at the scheduled time. Regardless of the reason, absenteeism and tardiness are subject to disciplinary action.

**Absenteeism:** is defined as failure to report for work without prior approval of the Acrobat Outsourcing Staffing Supervisor

**Tardiness:** is defined as arriving late for work or returning late from breaks/meals, or early departure from work.

### **POLICY**

#### **Calling off/Absent**

If you are not able to make it to your scheduled shift, ***you are required to give us 24-hour notice for a cancellation.***

#### **Illness**

If you are sick, ***you are required to contact your Staffing Manager at Acrobat Outsourcing no less than 3 hours before your scheduled shift.***

#### **NO CALL/NO SHOW**

Grounds for automatic termination

### **DISCIPLINARY ACTION**

#### **▪ First Occurrence:**

- Employee receives verbal counseling from Staffing Manager.

#### **▪ Second Occurrence**

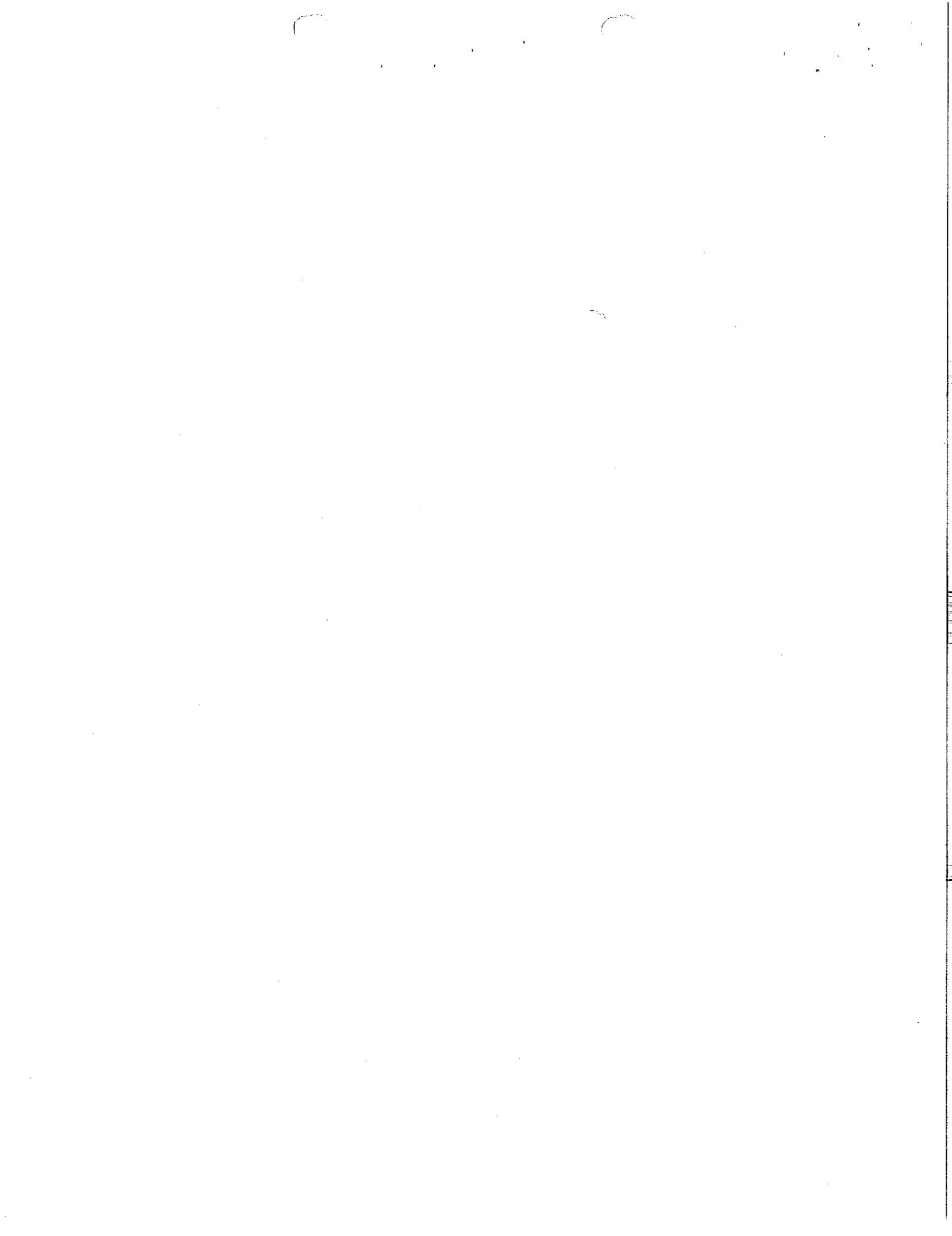
- Employee will receive a written counseling form and placed on suspension. Any additional occurrences may result in further disciplinary action.

Anabelthe De La Mina

Employee Signature

4/2/13

Date



### **Confidentiality and Non-Disclosure Agreement**

I, the undersigned employee, understand that in the course of my employment with Acrobat Outsourcing, I may have access to and become acquainted with information of a confidential, proprietary or secret nature which is or may be either applicable or related to the present or future business of Acrobat Outsourcing, its research and development, or the business of its customers. Such trade secret information includes, but is not limited to, software, inventions, processes, compilations of information, records, specifications and information concerning customers and/or vendors.

I agree that I will not disclose any of the above mentioned trade secrets, directly or indirectly, or use them in any way, either during the term of my employment or at any time thereafter, except as required in the course of my employment with Acrobat Outsourcing.

I also understand that client lists of Acrobat Outsourcing, for which I have, or may have, access to during my employment, are trade secrets and shall be solely the property of Acrobat Outsourcing. I agree that I shall neither directly nor indirectly solicit business as to products or services competitive with those of [Acrobat Outsourcing] based on information from the client lists.

Finally, I understand that I am an at-will employee of Acrobat Outsourcing and that this agreement is not to be construed as constituting a promise of continued employment.

Amberthe De La Cueva

Name of Employee (Please Print)

Amberthe De La Cueva 4/2/13

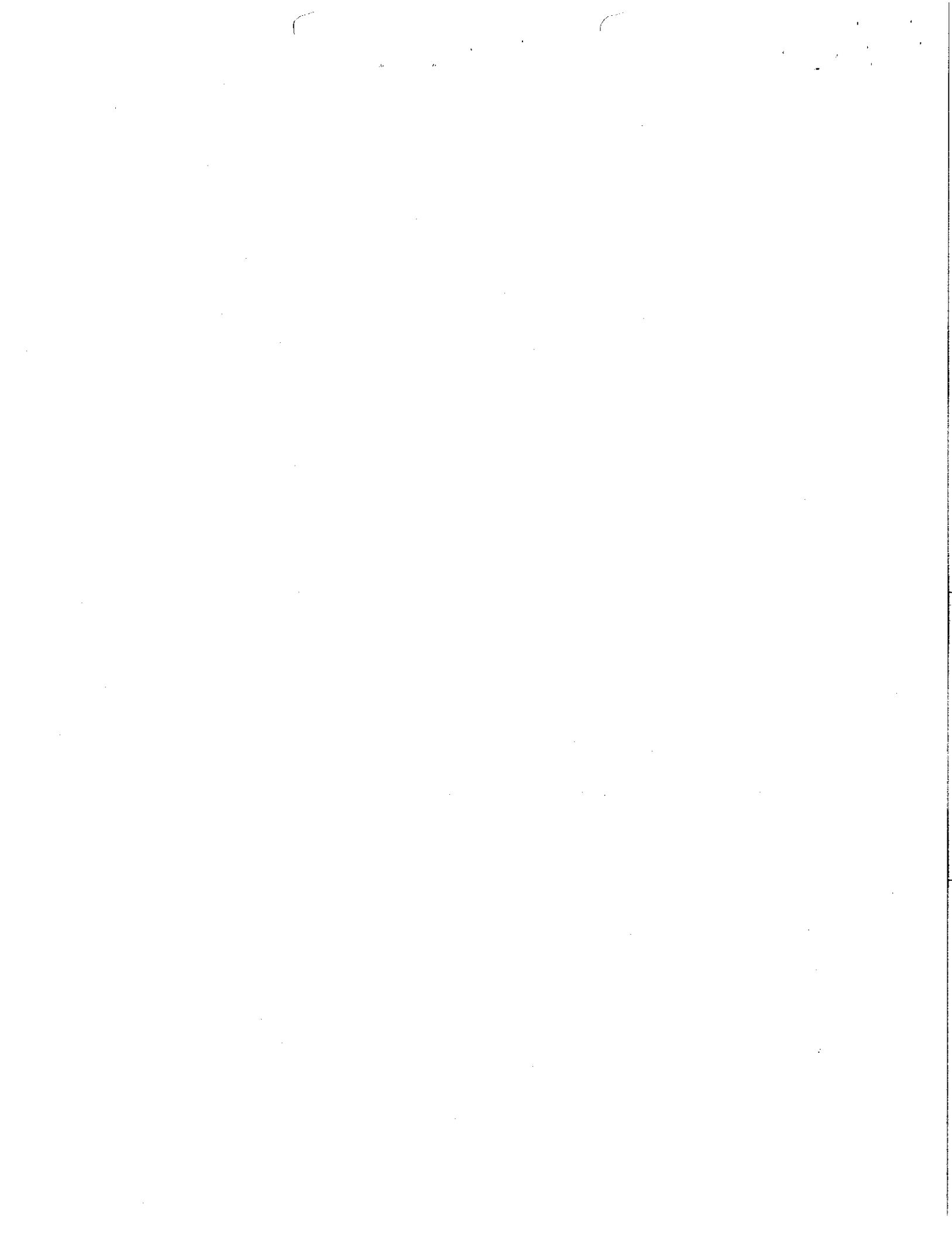
Signature of Employee

Date

Name of Witness (Please Print)

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date



### ADDITIONAL INFORMATION - SAN FRANCISCO

Name: Ana Bertha De La Cueva

What is your means of transportation?

Car       Public Transit       Occasional Car

Are you interested in carpool?

Rider       Driver       Not Interested

What is your work interest?

Full Time       Part Time       Same Day

Please select the uniforms you own:

<input type="checkbox"/> Black Vest	<input type="checkbox"/> Business Casual	<input type="checkbox"/> Black Chef Pants
<input type="checkbox"/> Bowtie	<input type="checkbox"/> Business Professional	<input type="checkbox"/> Checkered Chef Pants
<input type="checkbox"/> Black Bistro	<input type="checkbox"/> Chef Knives	<input type="checkbox"/> Khakis & Polo
<input type="checkbox"/> White Bistro	<input type="checkbox"/> Chef Whites	<input type="checkbox"/> 1/2 Tuxedo (No Jacket)
		<input type="checkbox"/> Tuxedo w/ Jacket

Please select the areas in which you have at least 6 mos. professional experience:

<input type="checkbox"/> Corporate Kitchen	<input type="checkbox"/> Catering/Banquet	<input type="checkbox"/> Restaurant/Café	<input type="checkbox"/> Warehouse/Utility
<input type="checkbox"/> DW/Porter/Utility	<input type="checkbox"/> Fine Dining	<input type="checkbox"/> Conventions/Event	<input type="checkbox"/> Stadium/Arena
<input type="checkbox"/> Captain/Manager	<input type="checkbox"/> Office Help		
	<input type="checkbox"/> Food Demonstrator	<input checked="" type="checkbox"/> Housekeeping	

Please select the areas where you are willing to work:

<input type="checkbox"/> SF - City	<input checked="" type="checkbox"/> SJ - Central
<input type="checkbox"/> SF - East Bay	<input type="checkbox"/> SJ - East (South of 580)
<input type="checkbox"/> SF - North	<input type="checkbox"/> SJ - Outer Area
<input type="checkbox"/> SF - Outer East Bay	<input type="checkbox"/> SJ - Peninsula (South of I-92)
<input type="checkbox"/> SF - Peninsula (North of I-92)	<input checked="" type="checkbox"/> SJ - South

Are you fluent in any other languages? (please list)

Spanish

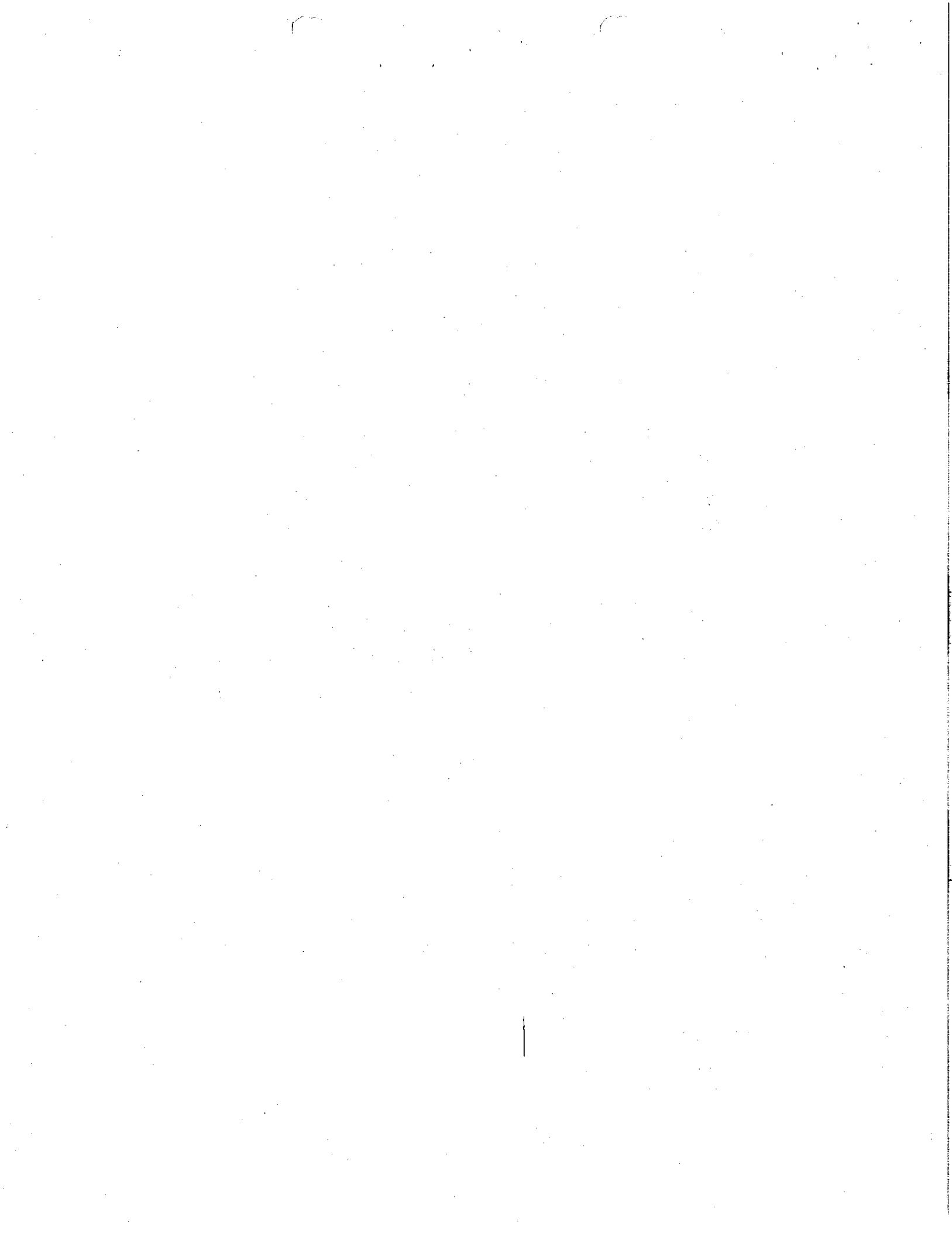
Are you familiar with any POS systems? (please list: i.e., ALOHA, MICROS, SQUIRREL)

How did you hear about Acrobat Outsourcing?

Job Fair

Emergency Contact: (must complete)

Name: Maria      Phone: (408)286-4783      Relationship: SISTER





## New Hire Orientation Checklist

### For Employer

- Additional Information Sheet
- Notice to Employees-Wage Order Form
- I-9
- W-4
- Offer Letter
- Confidentiality and Non-Disclosure Agreement
- Absenteeism and Tardy Policy
- Background Authorization Release
- Sexual Harassment Prevention Policy
- Global Gold Card / Direct Deposit Form
- Designation of Personal Physician

### For Employee

- New Hire Orientation Manual
- Workers' Compensation Pamphlet
- Sexual Harassment Pamphlet
- California Disability Insurance Pamphlet
- California Paid Family Leave Pamphlet
- Unemployment (For Your Benefit) Pamphlet
- California Food Handler Card Law
- Safety and Sanitation Guidelines

### Inform

- State & Federal Poster
- SF Sick Law Poster
- Minimum Wage Poster
- Wage Order Poster

All of these items have been explained to me:

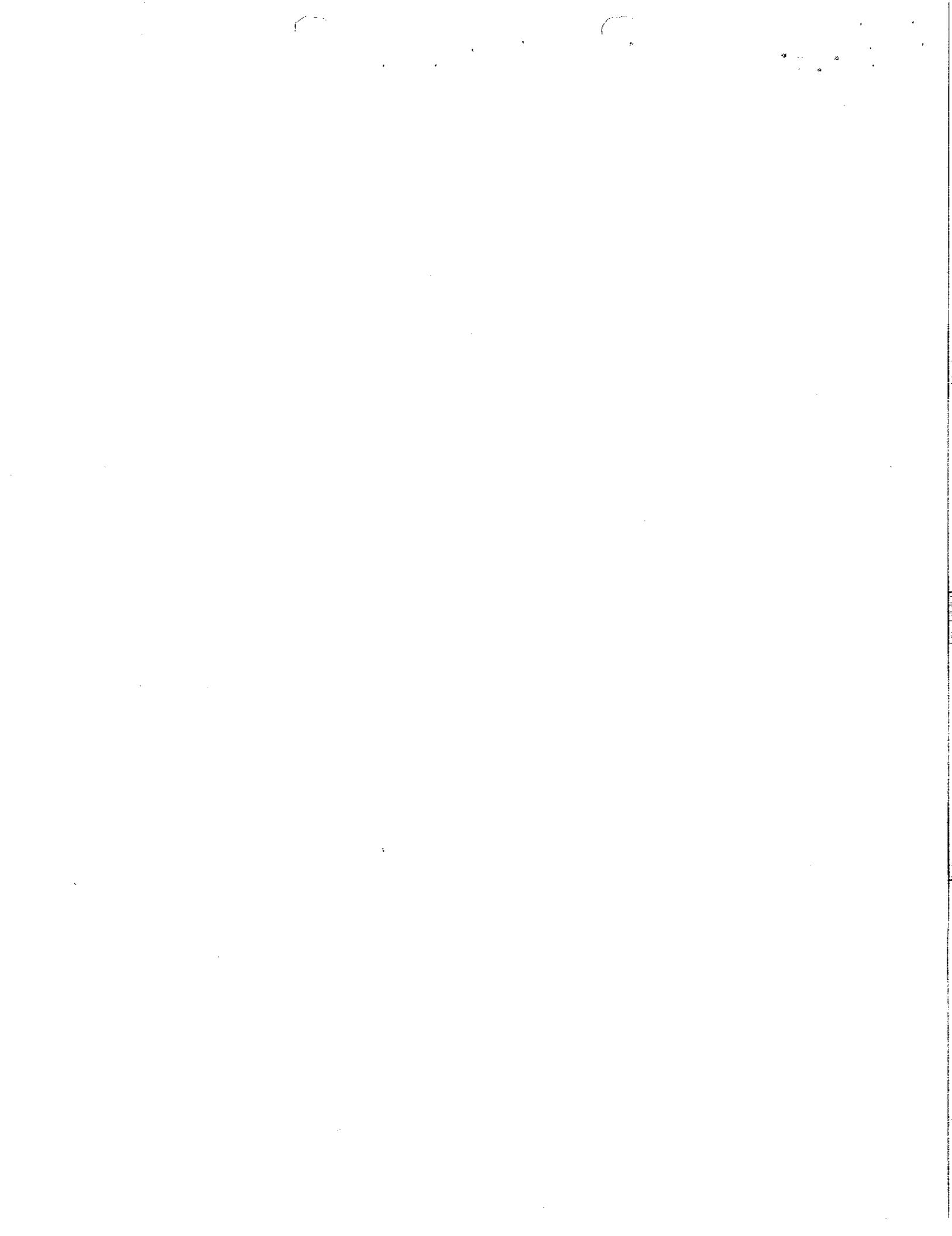
Anabertha De La Cueva

Print Name

Signature

Date

4/2/13



**Cashier Test**

b 1) A roll of quarters is worth?

- a) \$5.00
- b) \$10.00
- c) \$15.00
- d) \$20.00

A 2) A roll of dimes is worth?

- a) \$5.00
- b) \$4.00
- c) \$3.00
- d) \$2.00

d 3) A roll of nickels is worth?

- a) \$8.00
- b) \$6.00
- c) \$4.00
- d) \$2.00

A 4) A roll of pennies is worth?

- a) \$1.00
- b) \$0.75
- c) \$0.50
- d) \$0.25

b 5) What does POS stand for?

- a) Patience over standards
- b) Percentage of sales
- c) Point of sales
- d) People over service

b 6) What is the current sales tax rate in your city 8.625?

C 7) A customer buys a bowl of soup for \$1.25, an apple \$0.90 and a soda is \$0.79. If you are given \$10.00 how much change should you give back?

<ul style="list-style-type: none"> <li>a) \$4.06</li> <li>b) \$2.06</li> <li><u>c) \$7.06</u></li> <li>d) \$5.06</li> </ul>	$\begin{array}{r} 1.25 \\ + 0.90 \\ + 0.79 \\ \hline 2.94 \end{array}$	$\begin{array}{r} 10.00 \\ - 2.94 \\ \hline 7.06 \end{array}$
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b 8) A customer buys two shirts for 10.50 each and two ball caps for \$7.25 each. If you are given \$50.00 how much change should you give back?

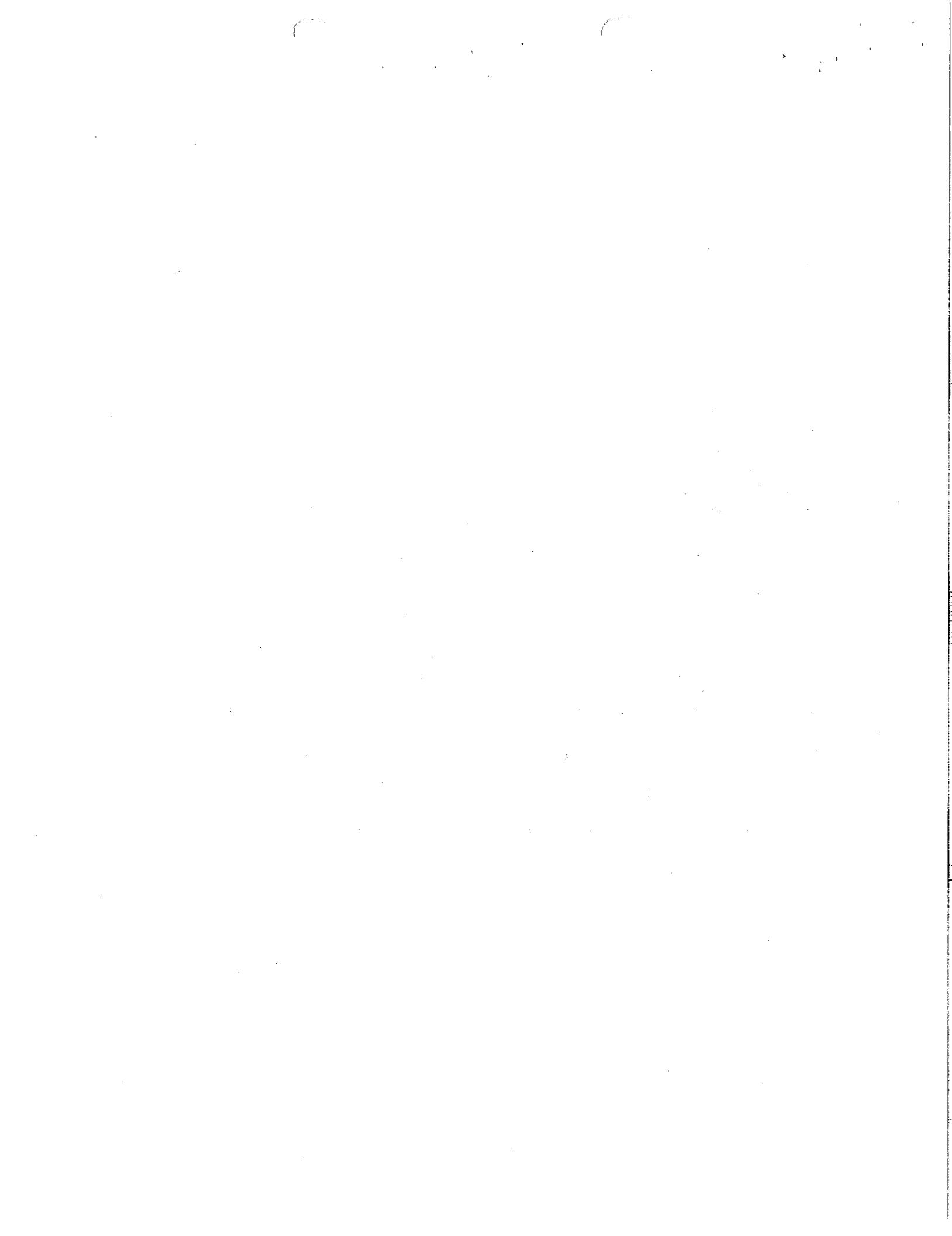
<ul style="list-style-type: none"> <li>a) \$19.50</li> <li><u>b) \$14.50</u></li> <li>c) \$9.50</li> <li>d) \$4.50</li> </ul>	$\begin{array}{r} 10.50 \\ + 10.50 \\ \hline 21.00 \end{array}$	$\begin{array}{r} 7.25 \\ + 7.25 \\ \hline 14.50 \end{array}$	$\begin{array}{r} 21.00 \\ - 14.50 \\ \hline 6.50 \end{array}$	$\begin{array}{r} 50.00 \\ - 6.50 \\ \hline 43.50 \end{array}$
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d 9) A customer buys soda for \$3.75 and a hot dog for \$4.25. If you are given \$20.00 how much change should you give back?

<ul style="list-style-type: none"> <li>a) \$6.00</li> <li>b) \$8.00</li> <li>c) \$10.00</li> <li><u>d) \$12.00</u></li> </ul>	$\begin{array}{r} 3.75 \\ + 4.25 \\ \hline 8.00 \end{array}$	$\begin{array}{r} 20.00 \\ - 8.00 \\ \hline 12.00 \end{array}$
---	--	--

a 10) A customer buys two hamburgers at \$3.75 each, two bags of chips at \$1.25 each, two cookies at \$2.50 each and two sodas at \$3.25 each. If you are given \$100.00 how much change should you give back?

<ul style="list-style-type: none"> <li><u>a) \$78.50</u></li> <li>b) \$58.50</li> <li>c) \$38.50</li> <li>d) \$28.50</li> </ul>	$\begin{array}{r} 3.75 \\ + 3.75 \\ \hline 7.50 \end{array}$	$\begin{array}{r} 1.25 \\ + 1.25 \\ \hline 2.50 \end{array}$	$\begin{array}{r} 2.50 \\ + 2.50 \\ \hline 5.00 \end{array}$	$\begin{array}{r} 3.25 \\ + 3.25 \\ \hline 6.50 \end{array}$	$\begin{array}{r} 7.50 \\ + 2.50 \\ + 5.00 \\ + 6.50 \\ \hline 21.50 \end{array}$	$\begin{array}{r} 100.00 \\ - 21.50 \\ \hline 78.50 \end{array}$
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**Prep Cooks Test**

**Score 8 / 15**

**Multiple Choice Test (1 point each)**

1) **Food handlers must always wash their hands**

- a) Before starting work
- b) Switching between handling raw and ready-to-eat food
- c) After going to the restrooms
- d) All of the above

2) **The recommended temperature for your refrigerator is...**

- a) 45°F
- b) 50°F
- c) 40°F
- d) 20°F

3) **Which of these conditions requires immediate corrective action?**

- a) Packaged food items are stored at least 6 inches above the floor
- b) Ice is being used to cool beef stew in a shallow pan
- c) Raw meats are stored on a shelf above ready-to-eat egg salad in the walk-in cooler
- d) Raw fish is stored above raw chicken in the walk-in freezer

4) **Bacteria grow best in the temperature "danger zone" which includes temperatures between?**

- a) 0°F and 100°F
- b) 32°F and 220°F
- c) 41°F and 135°F
- d) 39°F and 178°F

5) **After cutting raw chicken, what should be done before the cutting board is used for slicing onions for salad?**

- a) Clean the cutting board with a wet wiping cloth
- b) Turn the board over and use the other side
- c) Rinse the board with running water
- d) Wash, rinse, and sanitize the board prior to slicing the onions

6) **Which of the following is NOT an approved method to thaw potentially hazardous foods?**

- a) In a microwave oven
- b) During the cooking process
- c) Under cool running water
- d) On a clean counter, at room temperature

7) **Wiping cloths stored submerged in a bucket of sanitizing solution are for:**

- a) Wiping spills only
- b) Washing hands if the hand sinks are too far away
- c) Sanitizing the blade of utensils such as knives
- d) Maintaining moisture on the wiping cloth

8) **Food-handling gloves must be changed frequently and also:**

- a) After handling garbage
- b) After every break
- c) After picking things up off the floor
- d) Between handling raw and cooked foods
- e) All of the above

9) **A gallon is equal to \_\_\_\_\_ ounces**

- a) 56
- b) 145
- c) 32
- d) 128

# Prep Cooks Test

C 10) How many cups are in a quart?

- a) 2
- b) 4
- c) 6
- d) 8

b 11) Potentially hazardous hot foods must be maintained at an internal temperature of \_\_\_\_\_ or higher to be safe

- a) 145° F
- b) 135° F
- c) 160° F
- d) 180° F

C 12) Which of the following explains the process of poaching?

- a) Poke poultry on the thickest part in order to make sure it's tender
- b) To cook food in an oven that has reached 350° F
- c) Cook gently in water that is hot but not boiling (160°-180°)
- d) Submerge protein in boiling liquid to speed cooking time

b 13) If a recipe calls for 16oz of mirepoix, how many ounces of onion, celery, and carrots do you need?

- a) 8 oz of celery, 4 oz of onion, 4 oz of carrot
- b) 4 oz of celery, 8 oz of carrot, 4 oz of onion
- c) 4 oz of celery, 8 oz of onion, 4 oz of carrot
- d) 2 oz of celery, 10 oz of carrot, 2 oz of onion

b 14) Which of the following best describes braising?

- a) To cook quickly in a pan on top of the stove until food is browned
- b) Process through which natural sugars in food become browned and flavorful while cooking
- c) Cooking method by which food is browned in fat, then cooked, tightly covered, in liquid at low heat
- d) To plunge food into boiling water briefly, then into cold water to stop the cooking process

b 15) Which of the following best describes the process of Caramelization?

- a) To cook quickly in a pan on top of the stove until food is browned
- b) Process through which natural sugars in food become browned and flavorful while cooking
- c) Cooking method by which food is browned in fat, then cooked, tightly covered, in liquid at low heat
- d) To plunge food into boiling water briefly, then into cold water to stop the cooking process

**Servers Test**

**Multiple Choice**

(-12)

b 1) Food is served on what side with what hand?

- a) On the left side with the left hand
- b) On the left side with the right hand
- c) On the right side with the left hand
- d) On the right side with the right hand

C 2) Drinks are served on what side with what hand?

- a) On the left side with the left hand
- b) On the left side with the right hand
- c) On the right side with the left hand
- d) On the right side with the right hand

b 3) Food and drinks are removed on what side with what hand?

- a) On the left side with the left hand
- b) On the left side with the right hand
- c) On the right side with the left hand
- d) On the right side with the right hand

b 4) What part of a glass should you handle at all times?

- a) The stem
- b) The widest part of the glass
- c) The top

d 5) When you are setting a dining room how should you set up your tablecloths?

- a) Neatly and evenly across the tables
- b) The creases should all be going in the same directions
- c) The chairs should be centered and gently touching the table cloth
- d) All of the above

d 6) If you bring the wrong entrée to a guest what should you do?

- a) Go back into the kitchen and patiently wait in line behind the rest of the servers until it's your turn
- b) Inform the guests that you will bring the correct entrée once everyone else in the dinning room is served
- c) Try to convince the guests to eat what you brought them
- d) Go back into the kitchen to the front of the line and inform the expeditor that you need a different entrée

**Match the Correct Vocabulary**

Scullery

Metal buffet device used to keep food warm by heating it over warmed water

Queen Mary

Style of service where food is prepared or served individually at the dinner table to fit the customer's specific taste (i.e. providing dressing and pepper for salad or handing out bread to each patron)

Chaffing Dish

Used to hold a large tray on the dining floor

French Passing

Area for dirty dishware and glasses

Russian Service

Large metal shelving unit for prepared food to be held or for dirty trays to be stored

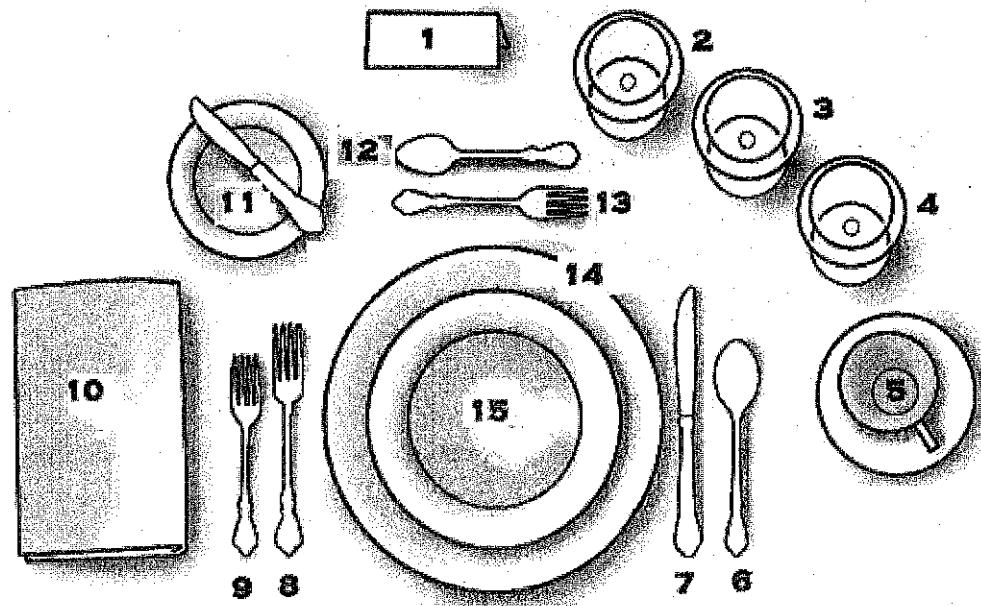
Corkscrew

Used to open bottles of wine

Tray Jack

Style of dining in which the courses come out one at a time

**Servers Test**



**Match the Number to the Correct Vocabulary**

<u>10</u>	Napkin	<u>8</u>	Dinner Fork
<u>11</u>	Bread Plate and Knife	<u>5</u>	Tea or Coffee Cup and Saucer
<u>1</u>	Name Place Card	<u>7</u>	Dinner Knife
<u>12</u>	Teaspoon	<u>2</u>	Wine Glass (Red)
<u>13</u>	Dessert Fork	<u>9</u>	Salad Fork
<u>6</u>	Soup Spoon	<u>14</u>	Service Plate
<u>15</u>	Salad Plate	<u>3</u>	Wine Glass (White)
<u>4</u>	Water Glass		

**Fill in the Blank**

1. The utensils are placed 1 inch(es) from the edge of the table.
2. Coffee and Tea service should be accompanied by what extras? plate
3. Synchronized service is when: \_\_\_\_\_
4. What is generally indicated on the name placard other than the name? gues name
5. The Protein on a plate is typically served at what hour on the clock? any - time
6. If a guest asks for a specialty dinner (i.e. Gluten-Free or Vegetarian) you should do what immediately?  
To see if you do it.

## Dishwasher Test

Score 8/10

b 1) After washing your hands, which item should be used to dry them?

- a) Clean apron
- b) Sanitized wiping cloth
- c) Single use paper towel
- d) Common used cloth

(-2)

C 2) While washing dishes by hand, which item should you wear?

- a) Cutting glove
- b) Oven Mitt
- c) Rubber glove
- d) Nothing

d 3) When should you wash your hands?

- a) Before you start work
- b) After handling non-food items (garbage, money, cleaning chemicals)
- c) After using the restroom
- d) All of the above

A 4) If you need to move a heavy load, you should PULL and not PUSH the object.

- a) True
- b) False

C 5) Which of the following could you be at risk for getting burned from?

- a) Steam from boiling pots
- b) Hot liquids (coffee, soup, tea)
- c) Hot equipment (ovens, pots, chafing dishes)
- d) Harsh chemicals
- e) All of the above

A 6) All work-related injuries, accidents or illnesses should be reported immediately to the supervisor on duty.

- a) True
- b) False

C 7) What should you do if you spill liquids or see a liquid spill?

- a) Leave it for someone else to clean-up
- b) Wait until the end of your shift to clean it
- c) Flag the spill and clean it immediately
- d) Not sure

C 8) When handling hot items you should?

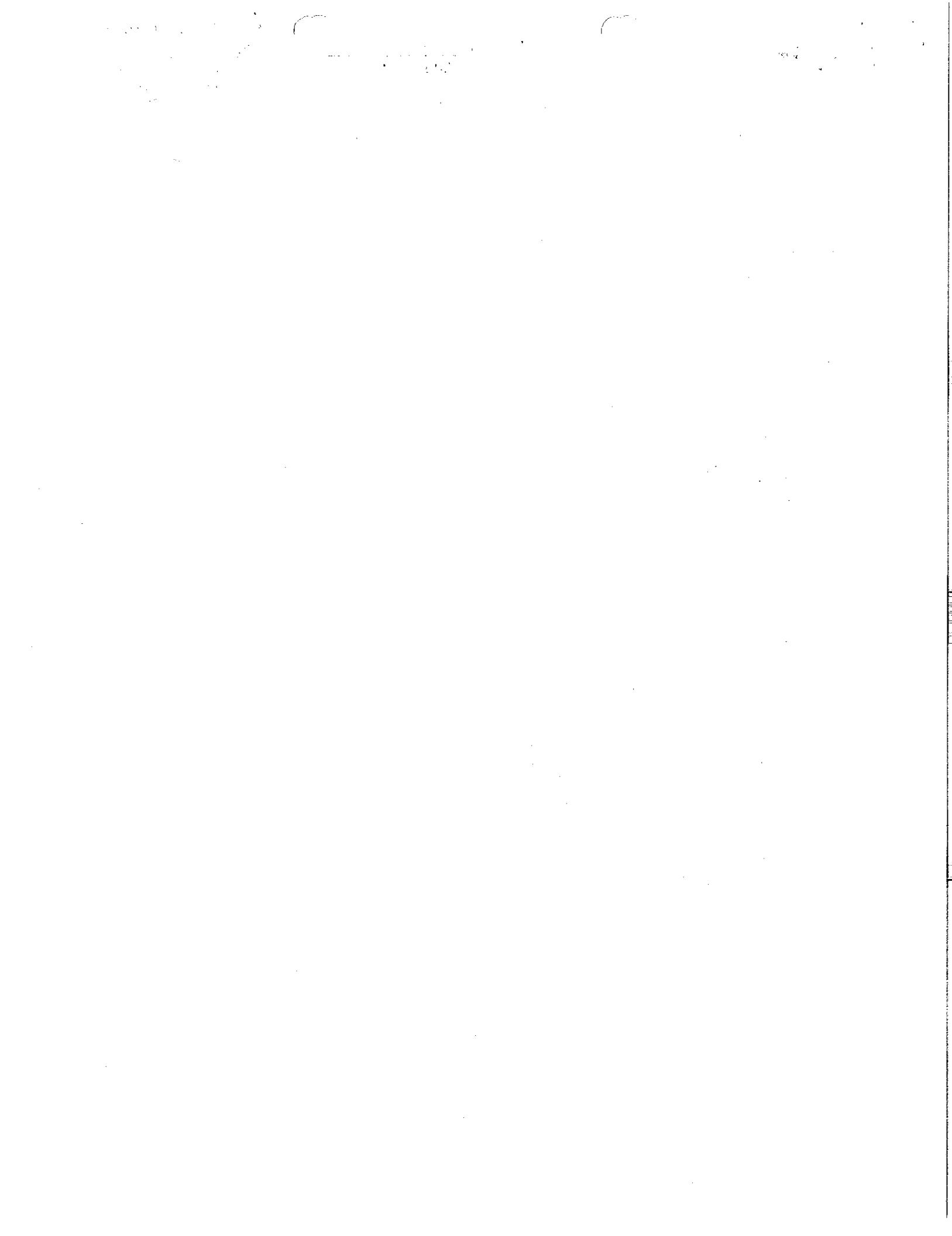
- a) Wear rubber gloves
- b) No need to wear anything
- c) Use an oven mitt or cloth towel
- d) Nothing

A 9) If you are using a three-compartment sink for cleaning and sanitizing, the second sink is used for?

- a) Rinsing
- b) Scraping
- c) Washing
- d) Sanitizing

C 10) What is the proper method for cleaning and sanitizing stationary equipment?

- a) Spray with a strong cleaning solution and wipe with a sanitized cloth
- b) Spray with a sanitizing solution, then rinse with clean water and dry
- c) Wash and rinse, then wipe or spray with a chemical-sanitizing solution
- d) Brush off loose soil with a clean cloth, then wipe with a sanitizing solution



## Housekeeping Test

e 1) During which of the following situation(s) should you wear gloves?

- When handling disinfectant solutions
- When cleaning patient care areas
- When handling soiled linens
- When handling or disposing of waste
- All of the above

e 2) Which of the following should be cleaned daily?

- Chairs, lamps, and tables
- Tabletops, beds, and handrails
- Grab bars, lights, tops of doors and counters
- Floors, sinks, toilets, and latrines
- All of the above

b 3) TRUE or FALSE: You do not need to use a separate cloth for cleaning bathrooms.

- True
- False

A 4) TRUE or FALSE: Dusting is most commonly used for cleaning walls, ceilings, doors, windows and furniture.

- True
- False

5) Should the following be cleaned daily or weekly? Circle one.

a) Floors	<input checked="" type="radio"/> Daily	/	Weekly
b) Toilets and latrines	<input checked="" type="radio"/> Daily	/	Weekly
c) Carpets in patient rooms	<input checked="" type="radio"/> Daily	/	Weekly
d) Carpets in offices	<input checked="" type="radio"/> Daily	/	Weekly
e) Soiled linens	<input checked="" type="radio"/> Daily	/	Weekly

d 6) The best way to clean the floor is:

- Scrubbing
- Dry sweeping and dusting
- Sweeping, mopping and dusting
- Wet mopping

C 7) What should you do if you spill liquids or see a liquid spill?

- Leave it for someone else to clean-up
- Wait until the end of your shift to clean it up
- Flag the spill and clean it immediately
- Not sure

A 8) The proper procedure for cleaning spills of blood and other body fluids is:

- Wearing gloves, clean with cloth soaked in chlorine solution and follow up with disinfectant solution
- Find the janitor on-duty and ask him to clean it up
- Grab whatever is closest and wipe up immediately, then mark "BIOHAZARD"
- Nothing

g 9) The appropriate cleaning schedule for a hospital is:

- Weekly
- No schedule needed
- Developed according to need
- Whatever you feel like

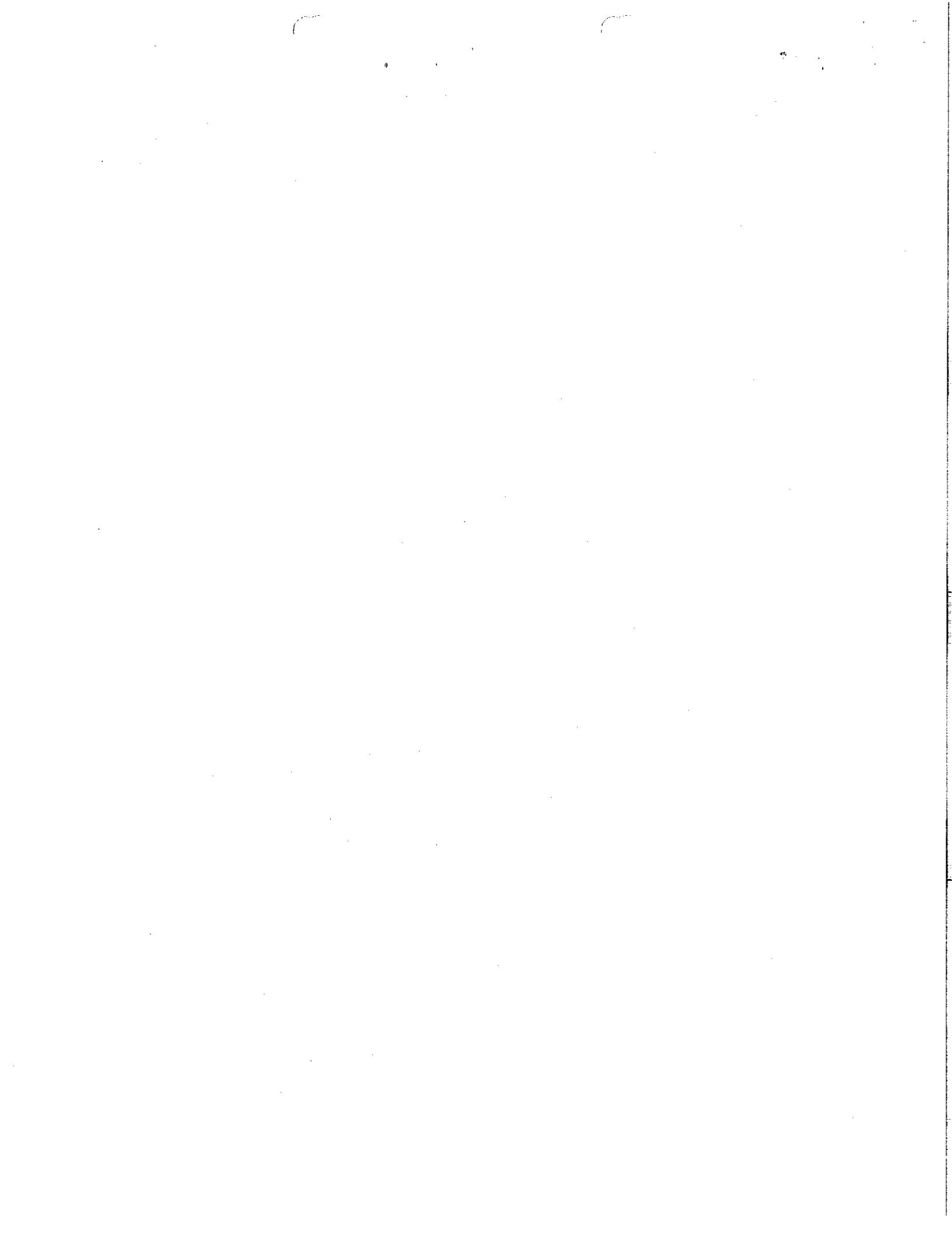
10) How do you use a three-compartment bucket?

11) Describe the difference between a disinfectant and a cleaning solution:

disinfectant - is for Biohazard items.

Cleaning Solution - ~~Windex~~, Clorox.

4



**SENSITIVE BUT UNCLASSIFIED**

**Department of Homeland Security**  
**E-Verify**

**Report Prepared: 09/21/2015**  
**Page: 1 of 1**

**Case Verification Number: 2015264132137SW**

**Case Information:**

**Employee Information:**

Last Name: De La Cueva First Name: Anabertha  
Middle Initial: Middle Name: Other Names Used:  
Social Security Number: \*\*\* \*\* 4165 Date of Birth: 09/20/1967  
Citizenship Status: A citizen of the United States Email Address:

**Document Information:**

List B Document: Driver's license or ID card issued by a U.S. List C Document: Social Security Card  
state or outlying possession Document Name: Driver's license Document State: California  
Driver's License or ID Card Document Expiration Date: 09/20/2017  
Number: Alien Number: I-94 Number:

**Additional Information:**

Hire Date: 09/21/2015 Employer Case ID:  
Three-Day Rule Reason: Submitted By: EKOM4099 Three-Day Rule - Other:  
Submitted On: 09/21/2015

**Initial Case Result:**

Case Result: Employment Authorized

**Employee Referred to SSA:**

Referred By: Referred On:

**Case Result from SSA (after SSA Tentative Nonconfirmation):**

Case Result: Response Date:

**Resubmitted to SSA (after Review and Update Employee Data):**

Last Name: First Name:  
Middle Initial: Other Names Used:  
Social Security Number: Date of Birth:  
Resubmitted By: Resubmitted On:

**Case Result from SSA (after Resubmission):**

Case Result:

**Request Name Review:**

Comments: Submitted On:  
Submitted By:

**Case Result from DHS (after DHS Verification in Process):**

Case Result: Response Date:

**Employee Referred to DHS:**

Referred By: Referred On:

**Case Result from DHS (after DHS Tentative Nonconfirmation):**

Case Result: Response Date:

**Photo Matching Results:**

Determination:

**Employee Referred to DHS (Additional):**

Referred By:

Referred On:

**Case Result from DHS (after Additional DHS Tentative Nonconfirmation):**

Case Result:

Response Date:

**Case Closure:**

Closure Statement:

The employee continues to work for the employer after receiving an Employment Authorized result.

Closed By:

EKOM4099

Closed On:

09/21/2015

**SENSITIVE BUT UNCLASSIFIED**

NOTICE TO EMPLOYEE  
Labor Code section 2810.5

EMPLOYEE

Employee Name: \_\_\_\_\_

Start Date: \_\_\_\_\_

EMPLOYER

Legal Name of Hiring Employer: S.E Scher

Is hiring employer a staffing agency/business (e.g., Temporary Services Agency; Employee Leasing Company; or Professional Employer Organization [PEO])?  Yes  No

Other Names Hiring Employer is "doing business as" (if applicable):

Acrobat Outsourcing

Physical Address of Hiring Employer's Main Office:

665 Third St. Suite 415, San Francisco, CA. 94107

Hiring Employer's Mailing Address (if different than above):

Hiring Employer's Telephone Number: 415-431-8826

If the hiring employer is a staffing agency/business (above box checked "Yes"), the following is the other entity for whom this employee will perform work:

Name: \_\_\_\_\_

Physical Address of Main Office: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

WAGE INFORMATION

Rate(s) of Pay: \$16.50 Overtime Rate(s) of Pay: \$24.75

Rate by (check box):  Hour  Shift  Day  Week  Salary  Piece rate  Commission

Other (provide specifics): \_\_\_\_\_

Does a written agreement exist providing the rate(s) of pay? (check box)  Yes  No

If yes, are all rate(s) of pay and bases thereof contained in that written agreement?  Yes  No

Allowances, if any, claimed as part of minimum wage (including meal or lodging allowances):

(If the employee has signed the acknowledgment of receipt below, it does not constitute a "voluntary written agreement" as required under the law between the employer and employee in order to credit any meals or lodging against the minimum wage. Any such voluntary written agreement must be evidenced by a separate document.)

Regular Payday: FRIDAY

## WORKERS' COMPENSATION

Insurance Carrier's Name: Integro USA Inc. dba Integro Insurance Brokers

Address: 1 State Street Plaza, 9<sup>th</sup> floor, New York, NY, 10004

Telephone Number: 212-295-5440

Policy No.: LDC4042609 AOS

Self-Insured (Labor Code 3700) and Certificate Number for Consent to Self-Insure: \_\_\_\_\_

## PAID SICK LEAVE

Unless exempt, the employee identified on this notice is entitled to minimum requirements for paid sick leave under state law which provides that an employee:

- a. May accrue paid sick leave and may request and use up to 3 days or 24 hours of accrued paid sick leave per year;
- b. May not be terminated or retaliated against for using or requesting the use of accrued paid sick leave; and
- c. Has the right to file a complaint against an employer who retaliates or discriminates against an employee for
  1. requesting or using accrued sick days;
  2. attempting to exercise the right to use accrued paid sick days;
  3. filing a complaint or alleging a violation of Article 1.5 section 245 et seq. of the California Labor Code;
  4. cooperating in an investigation or prosecution of an alleged violation of this Article or opposing any policy or practice or act that is prohibited by Article 1.5 section 245 et seq. of the California Labor Code.

The following applies to the employee identified on this notice: (Check one box)

1. Accrues paid sick leave only pursuant to the minimum requirements stated in Labor Code §245 et seq. with no other employer policy providing additional or different terms for accrual and use of paid sick leave.

2. Accrues paid sick leave pursuant to the employer's policy which satisfies or exceeds the accrual, carryover, and use requirements of Labor Code §246.

3. Employer provides no less than 24 hours (or 3 days) of paid sick leave at the beginning of each 12-month period.

4. The employee is exempt from paid sick leave protection by Labor Code §245.5. (State exemption and specific subsection for exemption): \_\_\_\_\_

## ACKNOWLEDGEMENT OF RECEIPT

(Optional)

Deana Gomez

(PRINT NAME of Employer representative)

Dej

(SIGNATURE of Employer Representative)

8-29-2018

(Date)

(PRINT NAME of Employee)

Anabeltha De La Cueva

(SIGNATURE of Employee)

Anabeltha De La Cueva

(Date) 8/29/2018

The employee's signature on this notice merely constitutes acknowledgement of receipt.

Labor Code section 2810.5(b) requires that the employer notify you in writing of any changes to the information set forth in this Notice within seven calendar days after the time of the changes, unless one of the following applies: (a) All changes are reflected on a timely wage statement furnished in accordance with Labor Code section 226; (b) Notice of all changes is provided in another writing required by law within seven days of the changes.