

# Acrobat

outsourcing  
Your Hospitality Staffing Professionals

Name: Lucia Alvarez

Taborca ID: 10914

Date of Hire: 04 / 15 / 2019

Date of Re-Act: 04 / 15 / 19

## 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:	Interviewer:
Date:	Rate of Pay:
Position (s) Applied for:	Referred by:

Test Scores					
Server	/35	%	Bartender	/35	%
Prep Cook	/15	%	Barista	/15	%
Grill Cook	/40	%	Cashier	/15	%
Dishwasher	/10	%	Housekeeping	/16	%

Seeking:
Full-Time
Part-Time

## Relevant Experience & Summary of Strengths

Total of \_\_\_\_\_ in Food Service/Hospitality

P.O.S. Experience: Y / N details: \_\_\_\_\_

## Transportation

Car Public Transit Carpool ( Rider / Driver )

## Regions Available to work:

SF City SF North SF Peninsula East Bay Outer East Bay  
San Jose South San Jose SJ Peninsula

## Certifications (if any)

TIPS Serv-Safe LEAD Other \_\_\_\_\_ Will Submit

## Availability

Open AM only PM only Weekdays only Weekends only

Details:

## Uniforms Owned:

Bistro Black Bistro Tuxedo 1/2 Tuxedo Black Vest Long Black Tie  
Chef Coat Chef Pants Knives Black Pants Non-Slip Shoes Bow Tie Other: \_\_\_\_\_

Would you recommend this applicant for Acrobat Academy?	Convention Candidate?	Other Languages Spoken:
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**NOTICE TO EMPLOYEE***Labor Code section 2810.5***EMPLOYEE**Employee Name: LUCIA AlvarezStart Date: 04.15.19**EMPLOYER**Legal Name of Hiring Employer: S.E ScherIs 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: 1585 THE ALAMEDA, BACK COTTAGEMailing Address: SAN JOSETelephone Number: 408.285.9545**WAGE INFORMATION**Rate(s) of Pay: \$17.00 Overtime 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, 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

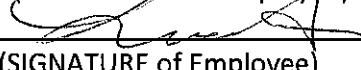
*(Optional)*

CHRISTYANN MAULUPE  
(PRINT NAME of Employer representative)

  
(SIGNATURE of Employer Representative)

04-15-19  
(Date)

LUCIA ALVAREZ  
(PRINT NAME of Employee)

  
(SIGNATURE of Employee)

04/15/19  
(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.