

NOTICE TO EMPLOYEE*Labor Code section 2810.5***EMPLOYEE**Employee Name: Lauretta SpearsStart Date: 6/9/17**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: _____

Physical Address of Main Office: _____

Mailing Address: _____

Telephone Number: _____

WAGE INFORMATIONRate(s) of Pay: Bussing 14.00 Server 14.50 Cashier 14.00 Overtime Rate(s) of Pay: x1.5Rate 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)

Krista Petersen
(PRINT NAME of Employer representative)

Krista Petersen
(SIGNATURE of Employer Representative)

6/9/17
(Date)

LAURETTA SPEARS
(PRINT NAME of Employee)

Lauretta Spears
(SIGNATURE of Employee)

6/9/2017
(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.

Applicant Information	
Name: <u>Laure Ha Spears</u>	Interviewer: <u>RP</u>
Date: <u>6/9/17</u>	Rate of Pay: <u>14.50</u>
Position (s) Applied for: <u>Server</u>	Referred by: <u>Re-Act</u>

Test Scores					
Server	/35	%	Bartender	/30	%
Prep Cook	/15	%	Barista	/10	%
Grill Cook	/40	%	Cashier	/10	%
Dishwasher	/10	%	Housekeeping	/16	%

Seeking:
<input checked="" type="radio"/> Full-Time
<input type="radio"/> Part-Time

Relevant Experience & Summary of Strengths

Re-Acting

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 not everyday ☒ 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: _____

1. The first part of the paper discusses the importance of the study.

2. The second part of the paper discusses the methodology used in the study.

3. The third part of the paper discusses the results of the study.

4. The fourth part of the paper discusses the conclusions of the study.

5. The fifth part of the paper discusses the implications of the study.

Yes

Are you proficient with Point of Sale systems? (If so, label which under "Special")

No

Do you have any experience, training, qualifications or special skills? (If so, label under "Special")

Yes

Special:

Background clearance & Licenses for Security Officer

Microsoft Word,

Kitchen Worker

Food server, Cook Assistant, Catering Set up, stock & inventor Clerk, Filling Clerk, Fire Camp Supply Clerk/USDA

Are you currently employed?

Yes

Can we contact your current employer?

Yes

Name and Address of Employer

Your Way Is My Way Catering

Type of Business

Food Catering

Phone Number

(925) 565-4811

Your Position & Duties

Cook Assistant, Server, Hostess, Bartender Non-Alcoholic

Date of Employment (from/to):

2011 to Present

Weekly Pay (Starting/Ending):

Work on call, \$15.00 per Hour

Reason for Leaving

Still Working on Call

Still Employed:

Yes

Name and Address of Employer

Allied/Barton Security Service
450 Hawthorne Avenue
Oakland, CA 94509

Type of Business

Security Servicers

Phone Number

510 467-2027

Your Position & Duties

As Security Officer worked directly with general public/hospital staff providing customer service and security to ensure the safety of everyone visiting the hospital campus, assists, unlocks, foot patrol/interior-exterior assist medical staff with emergencies

Date of Employment (from/to):

2006 to 2015

Weekly Pay (Starting/Ending):

14.50 per hour

Reason for Leaving

Got married

Still Employed:

No

First Name

James

Last Name

Reed

E-mail Address

james@yahoo.com

Phone

925 565-4811

Relationship:

Boss

Years Acquainted:

8 years

Relationship:

owner of Catering Service

Years Acquainted:

8 years

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.

- (Checked box indicates acknowledgement)

Submission Date 05-30-2017 16:50:02

IP 208.87.239.201

TH 169

First Name

Lauretta

Last Name

Spears

E-mail Address

lreed3@hotmail.com

Phone

510 915-0869

Address

4645 Knollpark Cir

Unit or Number

n/a

City, State

Antioch, CA

Zip Code

94531

What region(s) are you applying to work within?

- San Francisco

Which position(s) are you applying for?

- Server
- Housekeeper
- Barista

Are you applying for:

- Full-Time
- Part-Time

When can you start?☒ Monday, June 05, 2017**Can you work overtime?**

Yes

How did you hear about us?

- Referral

If you were referred, please tell us by whom:

returning employee worked 2001 - 2006 on call

What days/times can you work? Select all that apply:

- Monday AM
- Monday PM
- Tuesday AM
- Tuesday PM
- Wednesday AM
- Wednesday PM
- Thursday AM
- Thursday PM
- Friday AM
- Friday PM
- Saturday AM
- Saturday PM

Do you have any planned vacations or extended leave in the next 12 months? (If no, leave blank)

Yes, June 30, 2017 - July 3, 2017

Birthday reservations for Las Vegas

Have you ever applied to or worked for Acrobat before?

Yes

Do you have any friends or relatives working for Acrobat? If so, please let us know who:

No

If hired, would you have reliable means of transportation to and from work?

Yes

If hired, can you present evidence of your legal right to live and work in this country?

Yes

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

N/A

Are you able to perform the essential functions of the job for which you are applying?

Yes

Name of School

ITT Technical Institute

City & State

Hayward, CA

Grade/Degree

Associate Of Science Degree

Electronics Engineering Technology

Graduated?

Yes

Do you have any special licenses? (If so, label under "Special")

Yes

Are you computer literate? (If so, label which programs under "Special")

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.

- (Checked box indicates acknowledgement)

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 and general public records history.

- (Checked box indicates acknowledgement)

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.

- (Checked box indicates acknowledgement)

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 designated representative.

- (Checked box indicates acknowledgement)

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

- (Checked box indicates acknowledgement)

Applicant Digital Signature (Type Name):

lauretta spearsd

Date:

 Tuesday, May 30, 2017

