

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.

PLEASE PRINT

Full Name Miguel Flores Date: 5/23/2014
Home Telephone (415) 756-3787 Other Telephone (415) 574-5574
Present Address 1109 Wisconsin St San Francisco CA 94107
Permanent Address, if different from present address: _____
Email Address mmiguel@petron@yahoo.com

EMPLOYMENT DESIRED

Position applying for: Busser Salary desired: _____
Are you currently registered with any staffing and/or employment agencies? If so, please list _____

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 Brian Mattingly 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? _____

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 DAILY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM							
PM							

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

PERSONAL INFORMATION

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.

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Your Hospitality Staffing Professionals

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.) _____

Have you ever been convicted of a felony within the past seven 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). _____

EDUCATION & SKILLS

NAME OF SCHOOL	CITY & STATE	GRADE OR DEGREE COMPLETED	DID YOU GRADUATE?
Do you have any special licenses, certificates or special training? If so please list under "Special".		YES	<input checked="" type="radio"/> NO
Are you computer literate? If so, list software knowledge under "Special."		YES	<input checked="" type="radio"/> NO
Are you proficient with Point of Sales Systems? If, so please list which ones under "Special."		YES	<input checked="" type="radio"/> 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	<input checked="" type="radio"/> NO
Special: _____			

EMPLOYMENT HISTORY

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 Lupa Trattoria, 4109 24th Street, CA 94114

Type of Business Restaurant Telephone No. (415) 531-4667 Supervisor's Name Stefano Coppola

Your Position and Duties Busser

Dates of Employment: From 10/2010 To present Weekly Pay: Starting _____ Ending 10:74

Reason for Leaving: still there

Name and Address of Employer The Village Grill, 160 West Portal San Francisco CA 94127

Type of Business Restaurant Telephone No. (415) 691-5299 Supervisor's Name Richard Cmain and Robert Connolly

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Your Position and Duties Busser - Food Runner

Dates of Employment: From 06/2009 To 05/2014 Weekly Pay: Starting Minimum wage at the time Ending 10:74

Reason for Leaving: It closed down

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: _____

MILITARY SERVICE

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

JOB RELATED REFERENCES

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

Name: Steffano Goppola Telephone No. (415) 531-4667

Address 4109 24th Street San Francisco, CA 94114

Occupation: Owner/CEO Relationship: Boss Number of Years Acquainted: 3 1/2 years

Name: Richard Grain/Robert Connelly Telephone No. (415) 624-7823

Address 160 West Portal, San Francisco CA, 94127

Occupation: Owners/CEO Relationship: Bosses Number of Years Acquainted: 6

Name: _____ Telephone No. (____) _____

Address _____

Occupation: _____ Relationship: _____ Number of Years Acquainted: _____

Please Read Carefully, Initial Each Paragraph and Sign Below

✓
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.

✓
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.

✓
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.

✓
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.

✓
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.

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

Applicant's Signature

Miguel Storer

Date

05/23/14

Date 5/23/14

Name Miguel Flores

Address 1109 Wisconsin St
San Francisco, CA
94107

Offer Letter & Acknowledgment

Acrobat Outsourcing is pleased to offer you a position as: _____

- Position at the rate(s) of \$ _____ per hour starting on 5/27/14.

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, Miguel Flores, accept this job offer of _____ by Acrobat Outsourcing.

Signature Miguel Flores Date 05/23/14

OR

DECLINE Job Offer

By signing and dating this letter below, I, _____, decline 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.



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.

EMPLOYEE

Employee Name: Miguel Flores Hire Date: 05/23/2014

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)

(SIGNATURE of Employer representative)

(Date provided to employee & signed by representative)

Miguel Flores
(PRINT NAME of Employee)

miguel flores
(SIGNATURE of Employee)

05/23/14
(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. 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.

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 constructed 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 provide 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

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.

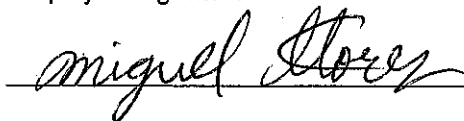
I have read the above policy and understand that Acrobat Outsourcing is committed to providing a work environment free of unlawful harassment. Company policy prohibits sexual harassment and harassment based on pregnancy, childbirth or related medical conditions, race, religious creed, color, national 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



Miguel Flores

05/23/14

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.

Miguel Flores
Name of Employee (Please Print)

miguel flores 05/23/14
Signature of Employee Date

Miguel Flores JR
Name of Witness (Please Print)

Miguel Flores 05/23/14
Signature of Witness Date

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 Miguel Flores
(Please print name clearly.)

Date 05/23/14

Full Name Miguel Flores
Signature

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

Current Address: 1109 Wisconsin St

Maiden Names/Prior Names: _____

Social Security Number: _____ DOB: _____

DL: _____ DL State: _____ Exp Date: _____

Designation of Personal Physician

I, Miguel Flores, 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

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.


Employee Signature

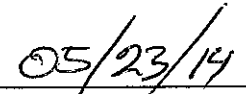

Date

IMAGE RELEASE FORM

I hereby grant Acrobat Outsourcing, its representatives, agents and or employees the right to take photographs of me in connection with my employment with Acrobat Outsourcing for internal use and identification purposes.

I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Miguel Flores
(Signature)

Miguel Flores
(Printed or Typed Name)

1109 Wisconsin-St.
Address

05/23/14
(Date)

(415) 756-3787
Phone

SF Ca. 94107
City, State, Zip Code

Name:

Miguel Flores

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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Catering/Banquet	<input checked="" 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 type="checkbox"/> Housekeeping		

Please select the areas where you are willing to work:

<input checked="" type="checkbox"/> SF - City	<input 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 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)

NO

How did you hear about Acrobat Outsourcing?

Emergency Contact: (must complete)

Name: Rebecca de Flores Phone: (415) 574-5574 Relationship: wife

New Hire Acknowledgement Form

For Employer

- ☐ Additional Information Sheet
- ☐ Application
- ☐ I-9
- ☐ W-4
- ☐ Offer Letter
- ☐ ~~Essential Care Benefits~~
- ☐ Background Authorization Release
- ☐ Sexual Harassment Prevention Policy
- ☐ Global Gold Card / Direct Deposit Form
- ☐ Designation of Personal Physician/Emergency Contact Form
- ☐ Confidentiality & Non-Disclosure Agreement
- ☐ Labor Code Section 2810.5

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
- ☐ Safety & Sanitation Guidelines

Inform

- ☐ State & Federal Poster
- ☐ Minimum Wage Poster
- ☐ Wage Order Poster

All of these items have been explained to me:

Miguel Flores
Print Name

Miguel Flores
Signature

05/23/14
Date

Acrobat

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Your Hospitality Staffing Professionals

Employee Performance Review

EMPLOYEE INFORMATION	
Name Miguel Flores	Date of Review
Job Title PORTER - AM Micro Kitchen Lead	Date 5/11/19
Department Tuck Shop	Manager Alexandra Bouillon
Review Period 2018 to	

RATINGS		1 = Unacceptable	2 = Needs Improvement	3 = Meets Expectations	4 = Exceeds Expectations	5 = Outstanding
Job Knowledge		<input type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>
Comments / Specific Accomplishments						
Work Quality		<input type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>
Comments / Specific Accomplishments						
Dependability		<input type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>
Comments / Specific Accomplishments						
Initiative		<input type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>
Comments / Specific Accomplishments						
Communication/Teamwork		<input type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>
Comments / Specific Accomplishments						
Overall Rating	Average: <u>3</u>					

EVALUATION	
ADDITIONAL COMMENTS	<p>Miguel has been on the Tuck Shop team since May 2014. He is an integral part of continued success of training new team members. Miguel leads by example and can be relied upon to work extra to cover when we have last minute call outs or events</p> <p>Miguel ha estado en el equipo de Tuck Shop desde mayo de 2014. Es parte integral del éxito continuo de la capacitación de nuevos miembros del equipo. Miguel predica con el ejemplo y se puede confiar en que trabaje más para cubrir cuando tenemos llamadas o eventos de última hora.</p>
ACTION PLAN FOR THE NEXT YEAR	<p>As we plan to move to the new building next year Miguel's support will be relied upon.</p> <p>We will need his help in standardizing and training for our new micro kitchens "green kitchens"</p> <p>Como planeamos mudarnos al nuevo edificio el próximo año, se contará con el apoyo de Miguel.</p> <p>Necesitaremos su ayuda para estandarizar y capacitar a nuestras nuevas micro cocinas "cocinas verdes"</p>

VERIFICATION OF REVIEW

By signing this form, you confirm that you have discussed this review in detail with your supervisor. Signing this form does not necessarily indicate that you agree with this evaluation.

Employee Signature

Date

Manager Signature

Date

