

Raymond Diaz
2150 Comstock Street, # 711663
San Diego, CA 92171
(619) 200-9633
raymonddiaz1599@att.net

Homestyle Hawaiian

5/10/14 - Present

- Food prep and line cook of Hawaiian-style restaurant.

Cinepolis Luxury Cinemas

4/7/13-7/9/13

- Proficient at six (6) line cook and food prep stations of cinema/restaurant menu items: grill, fryer, hot sandwiches and mini-pizzas, sushi, salads and desserts; a focus on plate presentation, following ServSafe food safety and sanitation protocol.

Albertson's

7/12/09-11/25/09

- Food prep and service of deli department menu items (sandwiches, cold pasta, potato and seafood salads, fresh green salads, fried foods, deli meat and cheese slicing).

Painting by Ray
Owner/Contractor

Retired

- Developed a successful house painting business servicing private homeowners and rental property management companies.
- Responsibilities included project analyzing and presentation of plans for scope of work based on client preferences and industry standards.

Military Service

10/21/82-10/21/85

- US Navy

Education, Schools and Certifications

8/16/13 - Present

- Currently attending the Culinary Arts Management program (Associate's Degree) and Dietary Services Supervisor (Certification) at San Diego Mesa College.
- Certifications - ServSafe Certified (Available Upon Request)

Salary Range (\$11-\$15/Hour)

References available upon request

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 Raymond Diaz Date: _____
Home Telephone (____) _____ Other Telephone (619) 200-9633
Present Address _____
Permanent Address, if different from present address: _____
Email Address _____

EMPLOYMENT DESIRED

Position applying for: Kitchen 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: 9/4 To: 9/23
How did you find out about our open position? (Please check fill in proper name of source):
Referral ☐ Name of Referral Word of Mouth 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? 9/5/14

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	<u>open</u>	<u>1:30p</u>	<u>11:30a</u>	<u>1:30p</u>	<u>11:30a</u>	<u>open</u>	<u>open</u>
PM	<u>open</u>	<u>10:00</u>	<u>8:00</u>	<u>10:00</u>	<u>8:00</u>	<u>open</u>	<u>open</u>

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
Current and former classmates
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 not, 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, or have any pending cases currently open, including but not limited to any Active Warrants which may result in a felony conviction 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?
W H Taft	Bronx, NY		Yes
Do you have any special licenses, certificates or special training? If so please list under "Special".		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:			

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

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: _____

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: Discipline, organization

JOB RELATED REFERENCES

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

Name: Tom Grassey Telephone No. (858) 336-7321

Address _____

Occupation: USN Retired Relationship: Friend Number of Years Acquainted: 2

Name: George White Telephone No. (760) 500-5183

Address _____

Occupation: Finish Carpenter/Handyman Relationship: Friend Number of Years Acquainted: 5

Name: Sandi Rodighiero Telephone No. (858) 243-5601

Address _____

Occupation: Real Estate Broker Relationship: Work Acquaintance Number of Years Acquainted: 12

Please Read Carefully, Initial Each Paragraph and Sign Below

RD

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.

RD

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.

RD

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.

RD

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.

RD

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

Raymond Davis

Date

9/4/14

Name: Raymond Diaz Phone #: (619) 200-9633
Email: raymond.diaz1599@att.net Tabarca ID#: 19686
Address: 2150 Constock Street #711663 San Diego, CA 92171
Date of Birth: 02/10/59 SSN: 020-54-5547 Date of Hire: 09/05/14

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Resume | <input checked="" type="checkbox"/> Confidentiality & Non-Disclosure Agreement |
| <input checked="" type="checkbox"/> Application for Employment | <input checked="" type="checkbox"/> California Labor Code Form 2810.5 (California Employees Only) |
| <input checked="" type="checkbox"/> Offer Letter | <input checked="" type="checkbox"/> Skills Test / Interview notes |
| <input type="checkbox"/> Food Handlers Card/Certification | <input checked="" type="checkbox"/> New Hire Acknowledgement Form |
| Expiration <u> </u> / <u> </u> / <u> </u> | <input checked="" type="checkbox"/> Additional Information/Emergency Contact |
| <input type="checkbox"/> Alcohol/Liquor Serving Certification | <input checked="" type="checkbox"/> Employee Authorization for Use of Image, Voice, Performance or Likeness |
| <input checked="" type="checkbox"/> I-9 Form and copies of required form(s) of ID (Filed in secured I-9 binder) | <input checked="" type="checkbox"/> W-4 : <u>Single</u> / Married (Circle one) |
| <input checked="" type="checkbox"/> Sexual Harassment/Harassment Policy Acknowledgement | Exemptions <u>0</u> |
| <input checked="" type="checkbox"/> Authorization and Release to Obtain Information | <input checked="" type="checkbox"/> <u>Direct Deposit</u> / Global Cash Card / Live Check (Circle one) |
| <input checked="" type="checkbox"/> Designation of Personal Physician | |
| <input checked="" type="checkbox"/> Absenteeism & Tardiness Policy | |

Section Two

- Employee Setup
- | | |
|---|--|
| <input checked="" type="checkbox"/> E-Verify Documentation | <input type="checkbox"/> Attended New Hire Orientation |
| CVIN#: <u>201425817240634</u> | Date: <u> </u> / <u> </u> / <u> </u> |
| <input checked="" type="checkbox"/> Background Check (Sterling) | Identifying List |
| File Ref #: <u>11715242</u> | Tabouse |
| <input type="checkbox"/> Direct Deposit / Global Cash Card form sent to Payroll | Upload Photo |
| | Upload Resume & Food Handlers Card |

Section Three

Emergency Contact
Name: John Diaz Phone: (619) 349-0570 Relationship: Brother

Arriba

ADDITIONAL INFORMATION *San Diego*

Name: Raymond Diaz

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 checked="" type="checkbox"/> Black Chef Pants
<input type="checkbox"/> Bowtie	<input type="checkbox"/> Business Professional	<input checked="" type="checkbox"/> Checkered Chef Pants
<input type="checkbox"/> Black Bistro	<input checked="" type="checkbox"/> Chef Knives	<input type="checkbox"/> Khakis & Polo
<input type="checkbox"/> White Bistro	<input checked="" type="checkbox"/> Chef Whites	<input type="checkbox"/> 1/2 Tuxedo (No Jacket)
		<input type="checkbox"/> Tuxedo (no 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 checked="" type="checkbox"/> Restaurant/Cafe	<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:

☒ San Diego - City
☐ San Diego - (Rancho Santa Fe)
☐ San Diego - East (Julia Vista)
☒ San Diego - North (Escondido)

Do you have any other language skills?

How many years of experience do you have in this field?

What is your current salary?

What is your desired salary?

What is your availability?

Multiple Choice Test (1 point each)

- B 1) How much time should you take to wash your hands with soap?
a) 1 minute
b) 20 seconds
c) Time does not matter, water temperature does
d) 5 minutes
- C 2) The recommended temperature for your refrigerator is...
a) 45°F
b) 50°F
c) 40°F
d) 20°F
- D 3) 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
- D 4) The most important reason for having food handlers wear hair restraints is to
a) Prevent food from getting into food handlers' hair
b) Prevent food handlers from contaminating their hands by touching their hair
c) Keep the food handlers' hair in place
d) None of the above
- C 5) 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
- C 6) 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
- D 7) 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
- D 8) 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
- C 9) 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

Grill Cooks Test

- E 10) 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
- C 11) A Julienne is:
- a) to cut food into 1 inch X 1 inch cubes
 - b) A cooking method using high heat
 - c) To cut food into 1/8 X 1/8 slices
 - d) A rough cutting method producing oblong shapes
- C 12) A gallon is equal to _____ ounces
- a) 56
 - b) 145
 - c) 32
 - d) 128
- A 13) How many cups are in a quart?
- a) 2
 - b) 4
 - c) 6
 - d) 8
- A 14) A Chiffonade is:
- a) To slice an herb or leafy vegetable into thin ribbons
 - b) To de bone a fish
 - c) Another name for parchment paper
 - d) To cook food in liquid, or at just below the boiling point
- B 15) 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 16) 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
- C 17) 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
- C 18) 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

Grill Cooks Test

B 19) 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

C 20) What temperature should chicken be cooked to?

- a) 145°F
- b) 155°F
- c) 165°F
- d) 175°F

B 21) What temperature should ALL ground meat be cooked to?

- a) 145°F
- b) 155°F
- c) 165°F
- d) 175°F

A 22) What temperature should fish be cooked to?

- a) 145°F
- b) 155°F
- c) 165°F
- d) 175°F

23) What is a roux and what is it used for? (2 points)

A thickening agent made of equal parts of fat and flour. Used to thicken soups, stocks and sauces

24) What is the process of making clarified butter, and why is clarified butter used? (3 points)

The process of removing milk fats from butter. Used in dishes where

25) What are the 5 mother sauces? (5 points)

- 1. Veloute
- 2. Bechemel
- 3. Espagnole
- 4. Tomato
- 5. Hollandaise

26) What does it mean to season a grill and why is this process important? (3 points)

Using oil to season and grease the ribs to prevent foods from sticking

27) What are the ingredients in Hollandaise sauce? (5 points)

Egg yolks, butter and lemon juice

Multiple Choice Test (1 point each)

- D 1) Food handlers must always wash their hands
- Before starting work
 - Switching between handling raw and ready-to-eat food
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 - All of the above
- C 2) The recommended temperature for your refrigerator is...
- 45°F
 - 50°F
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 - 145
 - 32
 - 128

A ~~10~~ How many cups are in a quart?

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

B safe

- 11) Potentially hazardous hot foods must be maintained at an internal temperature of _____ or higher to be safe
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 - 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
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- 13) If a recipe calls for 16oz of mirepoix, how many ounces of onion, celery, and carrots do you need?
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 - d) 2 oz of celery, 10 oz of carrot, 2 oz of onion

C

- 14) Which of the following best describes braising?
- a) To cook quickly in a pan on top of the stove until food is browned
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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
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 - d) To plunge food into boiling water briefly, then into cold water to stop the cooking process

Date 9/5/14

Name

Raymond Diaz

Address

2150 Comstock Street
711663
San Diego, CA 92171

Offer Letter & Acknowledgment

Acrobal Outsourcing is pleased to offer you a position as

Cook

Position at the rate(s) of \$ 11.00 per hour starting on 9-5-14

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 returning the form below, I, Raymond Diaz, accept this job offer of

Acrobal Outsourcing

Signature

Raymond Diaz

Date 9/5/14

OR

DECLINE JOB OFFER

By signing and returning this form, I, Raymond Diaz, decline the job offer of

Acrobal Outsourcing

Signature

Acrobal Outsourcing is an Equal Opportunity Employer. Minor variations in the above information may occur due to the nature of the work. The information provided is for informational purposes only and does not constitute an offer of employment. The information provided is for informational purposes only and does not constitute an offer of employment. The information provided is for informational purposes only and does not constitute an offer of employment.

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, abusive postings about a person, text, forum, discussion, and instant messaging, forwarding of e-mails, pornography, sexual offensive material, or discriminatory material;
- Suggestive or obscene joking, kidding, or making lewd or vulgar remarks;
- Suggestive or obscene letters and notes and suggestive or obscene e-mails; and
- Retaliation for reporting or threatening to report harassment.

If you believe that you have been unlawfully harassed, threaten a right, or plan or seek to do so, contact a member of 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 alleged 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 part 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 this 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:

Date:

Date:

Raymond Diaz

Raymond Diaz

9/5/14

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 Raymond Diaz Hire Date 9/5/14

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:

666 THIRD STREET, SUITE 415 SAN FRANCISCO, CA 94107

Employer's Mailing Address:

666 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) Temporary Employment Agency

Other

Physical Address of Main Office

Address

Telephone Number

WAGE INFORMATION

Rate of Pay

11.00

Overtime Rate of Pay

16.50

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

RODRIGO BUSTAMANTE
(PRINT NAME of Employer representative)

Raymond Diaz
(PRINT NAME of Employee)

(SIGNATURE of Employer representative)

(SIGNATURE of Employee)

9.5.14

9/5/14

(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 <http://www.dir.ca.gov/976202810.htm> Check Labor Code and Search for 2810.5 in quotes

The employee's signature on this notice represents acknowledgment of receipt. In accordance with an employer's general recordkeeping requirements under the law, it is the employer's obligation to ensure that the employee's name, the wage-related information provided on this notice is accurate and complete. Furthermore, the employee's name, the wage-related information provided on this notice does not constitute a warranty within agreement as required under the law. Neither the employer nor employee is liable in credit arrears or program against the minimum wage law if your action without agreement must be evidenced by a separate document.

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.

Raymond Diaz
(Name of Employee (Please Print))

Raymond Diaz
(Signature Employee)

9/5/14
Date

Rebelco Bustamante
(Name of Witness (Please Print))

Rebelco Bustamante
(Signature Witness)

9-5-14
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 this 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 **Acrobot 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 **Acrobot 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 **Acrobot 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 **Acrobot 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. The above consent shall remain in effect over the course of my employment. Records may be updated periodically when the course of my employment.

Full Name

Raymond Diaz

9/5/14

Print Name

Raymond Diaz

Signature

Acrobet

OUTSOURCING
Your Hospitality Staffing Professionals

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

Current Address 2150 Lemstock Street #711663

San Diego, CA 92171

Married Names/Prefix/Names

Social Security Number 060545547 DOB 02/10/59

DL V5033370 DL State CA Exp Date 02/10/2019



Acrobat Outsourcing, Staffing Professionals

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 is written up and placed on probation. Any additional occurrences will result in further disciplinary action.

Raymond Davis
Employee Signature

9/5/14
Date

Designation of Personal Physician

I, Raymond Diaz, hereby inform my employer,
Acrobat Outsourcing, and its Workers' Compensation carrier, U.S. HealthWorks, of my
intent to seek treatment from my designated personal physician for all Workers'
Compensation-related injuries or illnesses.

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

Name: Dr. Dresselhaus

Practice Group, if any: _____

Address: VA Hospital La Jolla

City/State/Zip: San Diego

Telephone: 858-552-8585

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: Raymond Diaz Date: 9/5/14

Form W-4 (2014)

The instructions do not apply to each employee's situation. See the instructions for more information.

Additional income. If you have a spouse, child, or other dependent, you may have additional income from other sources. See the instructions for more information.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, and 7 and sign the form to indicate it. See the instructions for more information.

Note. If another person can claim you as a dependent, you cannot claim an exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

Exception. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older.
- Is blind or
- Will claim adjustments to income, tax credits, or deducted deductions on his or her tax return.

Basic instructions. If you are not exempt from withholding, the **Personal Allowances Worksheet** below. The worksheet will help you determine how much federal income tax to withhold from your pay based on:

- Your filing status.
- Your number of dependents.
- Your number of jobs.
- Your other income.
- Your other deductions.
- Your other credits.

Complete all the instructions and the worksheet before you give your Form W-4 to your employer. If you are exempt from withholding, you can skip the worksheet and go to line 1.

Two earners or multiple jobs. If you have a spouse or more than one job, you are exempt from withholding if you are exempt from withholding on all of your income. If you are not exempt, you must complete the worksheet for each job and give your employer a separate Form W-4 for each job. See the instructions for more information.

Household allowance. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After you fill out Form W-4, attach it to your Form 941 (Employer's Annual Federal Tax Return) and give it to your employer. Your employer will use it to determine how much federal income tax to withhold from your pay. See the instructions for more information.

Personal Allowances Worksheet (Keep for your records)

A Enter "1" for yourself if no one else can claim you as a dependent. **A** _____

B Enter "1" if: **B** _____

- You are single and have only one job; or
- Your wages from a second job or your spouse's wages (for the total of both) are \$1,500 or less.

C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld). **C** _____

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return. **D** _____

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above). **E** _____

F Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit. **F** _____

G **Child Tax Credit** (including additional child tax credit). See Pub. 503, Child and Dependent Care Expenses, for details. **G** _____

H **Child Tax Credit** (including additional child tax credit). See Pub. 503, Child and Dependent Care Expenses, for details. **H** _____

I **Child Tax Credit** (including additional child tax credit). See Pub. 503, Child and Dependent Care Expenses, for details. **I** _____

J **Child Tax Credit** (including additional child tax credit). See Pub. 503, Child and Dependent Care Expenses, for details. **J** _____

K **Child Tax Credit** (including additional child tax credit). See Pub. 503, Child and Dependent Care Expenses, for details. **K** _____

L **Child Tax Credit** (including additional child tax credit). See Pub. 503, Child and Dependent Care Expenses, for details. **L** _____

M **Child Tax Credit** (including additional child tax credit). See Pub. 503, Child and Dependent Care Expenses, for details. **M** _____

N **Child Tax Credit** (including additional child tax credit). See Pub. 503, Child and Dependent Care Expenses, for details. **N** _____

O **Child Tax Credit** (including additional child tax credit). See Pub. 503, Child and Dependent Care Expenses, for details. **O** _____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Check your withholding. After you fill out Form W-4, attach it to your Form 941 (Employer's Annual Federal Tax Return) and give it to your employer. Your employer will use it to determine how much federal income tax to withhold from your pay. See the instructions for more information.

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

OMB No. 1545-0047
2014

1 Your first name and middle initial **Last name**

Raymond Diaz

2 Your social security number

060545547

3 ☒ Single ☐ Married ☐ Married (use worksheet on page 2)

4 If you last name differs from last name on your social security card, check here. You must call 1-800-772-6213 for a replacement card. **Y** ☐

5 Total number of allowances you are claiming. (See the instructions for more information.)

6 Additional amount, if any, you want withheld from each paycheck.

7 I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption:

- Last year I had a right to a refund of all federal income tax withheld because I had no tax liability.
- This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

If you meet both conditions, write "Exempt" here.

8 Under penalties of perjury, I declare that I have examined this certificate and the data on my knowledge and belief it is true, correct, and complete.

Employee's signature **Raymond Diaz**

Date **9/5/14**

9 Employer's name and address (Do not write in this space.)

2150 Constock Street #711663

ACROBAT RELEASE FORM

I hereby authorize Acrobati to use my photograph(s) for promotional purposes, including but not limited to, use in brochures, newsletters, website, and other marketing materials. I understand that such photographs will be used for promotional purposes only and will not be used for any other purpose, including but not limited to, use in advertising and other promotional materials.

I am hereby releasing Acrobati from any and all claims, damages, and costs, including attorney's fees, in connection with this release.

(Signature) Raymond Diaz

(Date) 9/5/14

(Print) Raymond Diaz

Phone 619-200-9633

Address 2150 Comstock Street #711663

City, State, Zip Code San Diego, CA 92171