

## Kylee Baird

375 S. 9<sup>th</sup> Street, Box #5201  
San Jose, CA, 95112  
Cell: 619.309.9257  
Baird.Kylee@yahoo.com

## Education

San Jose State University – San Jose, CA  
August 2013 - Present

Mar Vista High School – San Diego, CA  
July 2009-June 2013

## Achievements

Current GPA: 3.0

High School GPA: 3.5

High School Academic Honor Roll: 2010, 2011, 2012, 2013

High School Associated Student Body Vice-President: 2013

## Volunteer Experience

Mar Vista High School, Imperial Beach CA, 2010-2013

Cashier

- Provide great customer service on each shift
- Maintain and restock inventory
- Cashiering

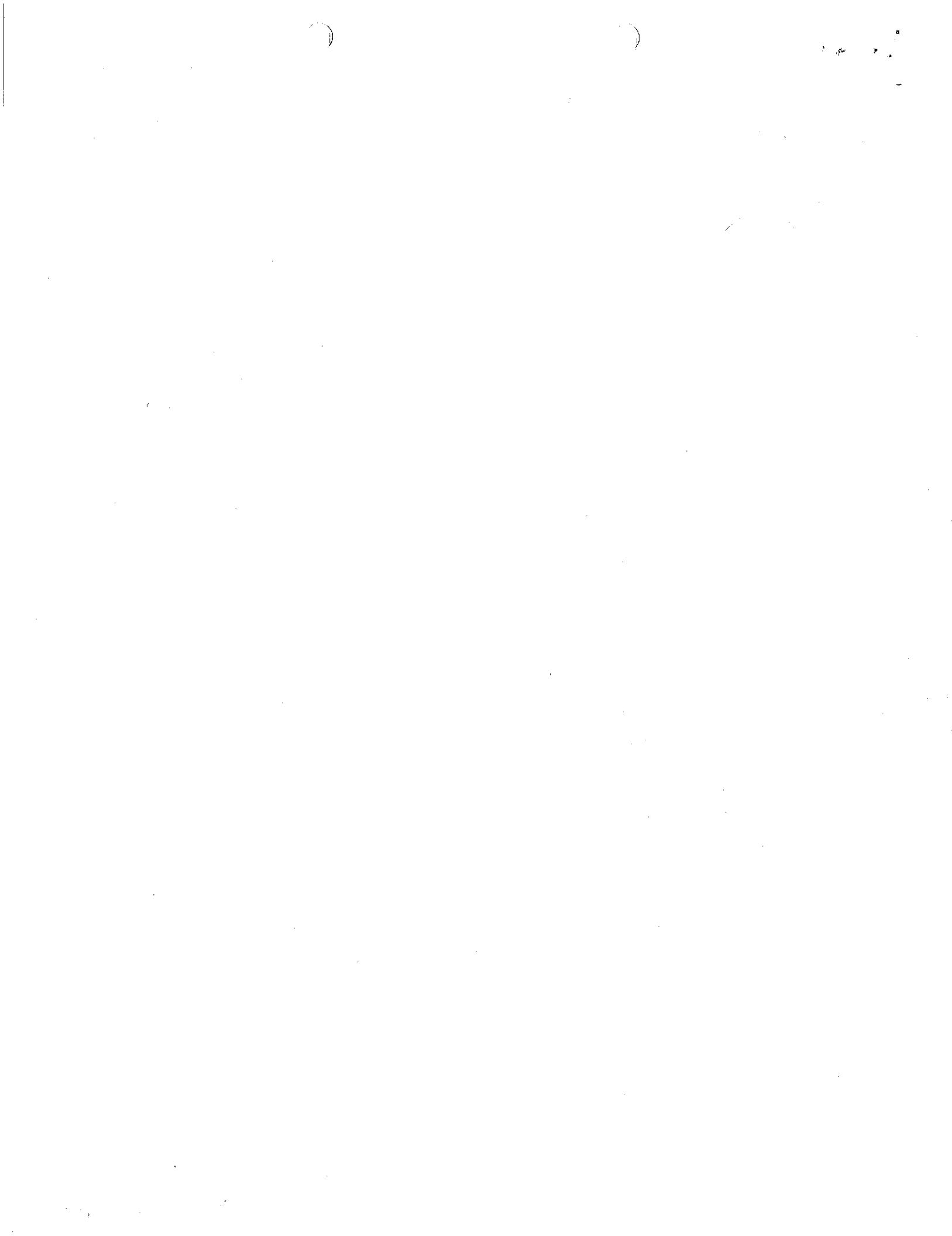
American Legion, San Diego CA, September 2012- March 2013

- Waitress/Hostess
- Greet and seat customers
- Take orders
- Assist customers with anything they might need
- Give customers substantial hospitality

Children's Discovery Museum, San Jose CA, August 2013- December 2013

Exhibit Specialist

- Walk the floor and help children learn about the exhibit
- Assist families with arts and crafts



- Engage customers about upcoming events at the museum
- Provide great customer service on each shift
- Set up different exhibits

## Activities

Associated Student Body: 2010-2013

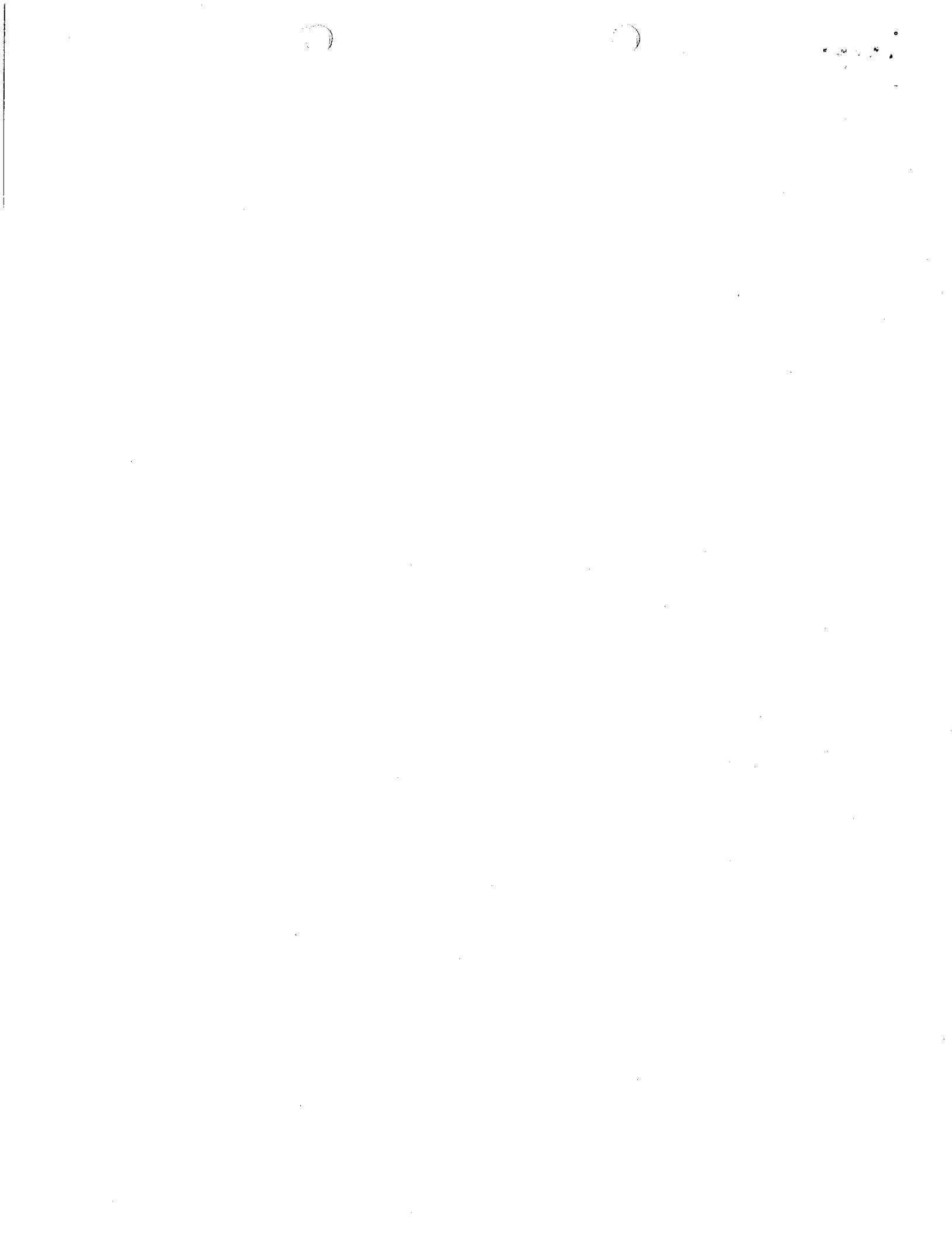
Mar Vista Varsity Cheerleading Team: 2010

Key Club (Volunteering): 2010-2013

## Skills

Proficient with Microsoft Word, Excel, and PowerPoint

Experience with a cash register



September 5, 2014

To Whom it May Concern,

I have reviewed the job description for the position as a Server and am very interested.

I recently started my second year at San Jose State University as a Journalism student. I feel I am qualified for this position due to my customer service abilities, excellent communication skills and leadership skills as well as being able to work in a team environment. I have worked with customers and understand how important customer service is. I enjoy communicating with customers. I believe I am a quick learner and will be able to perform the role as a Server. I am open to learning new skills and bettering my leadership skills as well as team building skills.

I would gladly like to discuss how my experience, skills, and ideas can contribute to the company. I can be reached at my personal number (619) 309-9257.

Thank you for your time and consideration of this letter. It would be an honor to be apart of your team. I look forward to talking with you soon.

Sincerely,

Kylee Baird



## NOTICE TO EMPLOYEE

*Labor Code section 2810.5*

### EMPLOYEE

Employee Name: Kylee Baird  
Start Date: 3/3/17

### EMPLOYER

Legal Name of Hiring Employer: S.E Scher

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

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

Acrobat Outsourcing

Physical Address of Hiring Employer's Main Office:

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

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

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

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

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

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

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

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

### WAGE INFORMATION

Rate(s) of Pay: \$13 hr \$14 Overtime Rate(s) of Pay: \$19.50 hr \$21

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

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

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

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

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

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

Regular Payday: FRIDAY

## WORKERS' COMPENSATION

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

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

Telephone Number: 212-295-5440

Policy No.: LDC4042609 AOS

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

## PAID SICK LEAVE

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

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

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

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

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

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

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

## ACKNOWLEDGEMENT OF RECEIPT

(Optional)

Erika Komatsu

(PRINT NAME of Employer representative)

(SIGNATURE of Employer Representative)

*3/3/17*

(Date)

*Kyle Bland*

(PRINT NAME of Employee)

*Kyle Bland*

(SIGNATURE of Employee)

(Date)

*3/3/17*

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.