

**RAM THAPA**  
**2045 Latham St Apt 11**  
**Mountain View, CA, 94040**  
**650 468 4912**  
**ramthapa2540@yahoo.com**

**SUMMARY:** Hotel and Restaurant professional with proven cooking skills, managing kitchen and successful experience in improving food, catering quality, and bulk cooking.

Have more than 15 years experience in different hotels, restaurants and catering.

#### **PROFESSIONAL EXPERIENCE**

- Developed cooking/catering plans towards business
- Handled kitchen crew, food quality service.
- Coordinate, organized, supervised kitchen operations and inventory.
- Able to perform any fine dining.
- Have bakery knowledge.

#### **EMPLOYMENT HISTORY**

2010 - Present	Amber India Restaurant, Bulk Cook, line Cook	Mountain View, CA
2007 - 2010	Bomboy Café, Chef	Boston, Ma
2006 - 2007	Carnival Cruise line Grill Chef	Cave Carnival, FL
2005 - 2006	Hotel Shangri-La	Kathmandu, Nepal
2003 - 2004	Renaissance Services SAOG, Senior Chef	Bagdad, Iraq

#### **TECHNICAL SKILLS**

# Certificate of Completion

## State of California

**RAM THAPA**

has completed the requirements for the Food Handler Course California

Approved by



SAFEWAY CERTIFICATIONS  
CERTIFICATE ISSUER

SECURITY FEATURES: This certificate contains a watermark and the border is created from the student name.

A handwritten signature in black ink.

J. Lambert, SafeWay Certifications

Certificate Information

Certificate No:	20120521204884
Date of Birth:	Nov 25 1974
Date of Completion:	May 21 2012
Certificate Expires:	May 21 2015
Course:	Food Handler Course California

Certificate provided by SafeWay Certifications, Austin, TX

For verification, visit [www.californiafoodhandler.com](http://www.californiafoodhandler.com)

Californiafoodhandler.com  
a service of SafeWay Certifications  
8411 Cambria Drive  
Austin, TX 78717  
(512) 996-0909



# Acrobat

outsourcing  
Your Hospitality Staffing Professionals

## 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 Ram Sharan Thapa Date: Sept 29, 2014  
 Home Telephone (650) 468 4912 Other Telephone ( )  
 Present Address 2045 Latham St #11 mountain view ca 94040  
 Permanent Address, if different from present address: \_\_\_\_\_  
 Email Address ramthapa2540@yahoo.com

### EMPLOYMENT DESIRED

Position applying for: Lead cook (line cook) Salary desired: up to 16 ph.

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: \_\_\_\_\_ To: \_\_\_\_\_

How did you find out about our open position? (Please check fill in proper name of source):

Referral  Name of Referral Shop Thaps 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? Oct 15, 2014

*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	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DAILY <u>✓</u>							
AM <u>✓</u>							
PM							

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

NO

### 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

Shop Thaps, friend

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

# Acrobat

outsourcing  
Your Hospitality Staffing Professionals

Your Position and Duties line cook, lead cook

Dates of Employment: From 2010 To present Weekly Pay: Starting 8.00 Ending 1,000

Reason for Leaving: for next level (upgrade)

Name and Address of Employer Amber India inc. 2290 w bl Camino real

Type of Business Casual Dining Telephone No. (\_\_\_\_) \_\_\_\_\_ Supervisor's Name T.J Barway

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: \_\_\_\_\_

NO

## 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: T.J Barway Telephone No. (650) 248 7804

Address 2290 w bl Camino real mountain view ca

Occupation: Manager Relationship: Co-worker Number of Years Acquainted: 4 years

Name: Taj Telephone No. (650) 246 7126

Address 301 Aclines DR, Sunnyvale ca

Occupation: Server Relationship: Co-worker Number of Years Acquainted: 4 years

Name: Shob theps Telephone No. (408) 830 6853

Address 2045 Latham ST #11 mountain view ca

Occupation: Cook Relationship: Friend Number of Years Acquainted: 13 years

# Interview Note Sheet

<b>Applicant Information</b>	
Name: <u>Ram Thapa</u>	Interviewer: <u>Man</u>
Date: <u>9/29/14</u>	Rate of Pay: <u>12.50</u>
Position (s) Applied for: <u>Grill, Line</u>	Referred by: <u>Shob Thapa</u>

<b>Test Scores</b>					
Server	/35	%	Bartender	/30	%
Prep Cook	1 /15	(60) %	Barista	/10	%
Grill Cook	29 /40	72 %	Cashier	/10	%
Dishwasher	/10	%	Housekeeping	/16	%

**Stations:**  
 Full-Time  
 Part-Time

<b>Relevant Experience &amp; Summary of Strengths</b>	
<b>Knife Skills</b> <u>* Beginner</u> <u>3 yrs.</u> <u>Bombay</u> <u>* Lead COOK</u> <u>4 yrs.</u> <u>Amber India</u> <u>* Inventory</u> <u>* </u>	
<b>Cuisines</b> 1 Indian 2 Amer/Can 3 Asian.	
<b>Stations:</b> 1 Grill 2 Sauté 3 Salads.	
<b>P.O.S. Experience:</b> Y / N <u>details:</u> _____	

<b>Transportation</b>		
<input checked="" type="radio"/> Car	<input type="radio"/> Public Transit	<input type="radio"/> Carpool ( Rider / Driver )
<b>Regions Available to work</b>		
SF City	SF North	SF Peninsula
<input checked="" type="radio"/> San Jose	<input checked="" type="radio"/> South San Jose	East Bay
Outer East Bay	SJ Peninsula	18.C.

<b>Certifications (if any)</b>	
<input type="checkbox"/> TiPS	<input type="checkbox"/> Serv-Safe
<input type="checkbox"/> LEAD	Other <u>5/21/15</u>
Will Submit	

<b>Availability</b>	
<input type="checkbox"/> Open	<input type="checkbox"/> AM only
<input type="checkbox"/> PM only	<input type="checkbox"/> Weekdays only
Weekends only <u>Sun - OPEN</u>	

<b>Uniforms Owned:</b>	
<input type="checkbox"/> Bistro	<input type="checkbox"/> Black Bistro
<input type="checkbox"/> Chef Coat	<input type="checkbox"/> Chef Pants
<input type="checkbox"/> Knives	<input type="checkbox"/> Tuxedo
<input type="checkbox"/> Black Pants	<input type="checkbox"/> 1/2 Tuxedo
<input type="checkbox"/> Non-Slip Shoes	<input type="checkbox"/> Black Vest
<input type="checkbox"/> Bow Tie	<input type="checkbox"/> Long Black Tie
Other: _____	

<b>Would you recommend this applicant for Acrobat Academy?</b>	<b>Convention Candidate?</b>	<b>Other Languages Spoken:</b>
--	------------------------------	--------------------------------

10/24/2014 @ 10am

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Offer Letter & Acknowledgment**

Grill / Line COOK

Acrobat Outsourcing is pleased to offer you a position as: \_\_\_\_\_

- Position at the rate(s) of \$ 10.50 per hour starting on 9/29/14.

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, \_\_\_\_\_ accept this job offer of \_\_\_\_\_ by Acrobat Outsourcing.

Signature \_\_\_\_\_

*Adam*

Date 9/29/14

**OR**

**DECLINE Job Offer**

By signing and dating this letter below, I, \_\_\_\_\_ accept 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.



## Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS

Form I-9

OMB No. 1615-0047

Expires 03/31/2016

**►START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)	First Name (Given Name)	Middle Initial	Other Names Used (If any)	
Tharu	Ram	S		
Address (Street Number and Name)		Apt. Number	City or Town	State Zip Code
2045 Latham st. #11		11	mountainview	ca 94040
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address	Telephone Number
11/25/1974	870-712-2006		ramtharu2540@yahoo.com	650.468.4712

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

A citizen of the United States  
 A noncitizen national of the United States (See Instructions)  
 A lawful permanent resident (Alien Registration Number/USCIS Number)  
 An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) 02/17/15. Some aliens may write "N/A" in this field. (See Instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: 205 951 841

OR

2. Form I-94 Admission Number:

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number:

Country of Issuance:

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See Instructions)

Signature of Employee:

Date (mm/dd/yyyy): 01/29/14

8-D Barcode  
Do Not Write in This Space

Preparer and/or Translator Certification (to be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge, the information is true and correct.

Signature of Preparer or Translator:

Date (mm/dd/yyyy):

Last Name (Family Name)

First Name (Given Name)

Address (Street Number and Name)

City or Town

State

Zip Code



Employer Completes Next Page







## ADDITIONAL INFORMATION - SAN FRANCISCO

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

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 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 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 checked="" type="checkbox"/> Fine Dining	<input checked="" 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 type="checkbox"/> SF - City	<input checked="" type="checkbox"/> SJ - Central
<input type="checkbox"/> SF - East Bay	<input type="checkbox"/> SJ - East (South of 580)
<input type="checkbox"/> SF - North	<input checked="" type="checkbox"/> SJ - Outer Area
<input type="checkbox"/> SF - Outer East Bay	<input checked="" type="checkbox"/> SJ - Peninsula (South of I-92)
<input type="checkbox"/> SF - Peninsula (North of I-92)	<input checked="" type="checkbox"/> SJ - South

Are you fluent in any other languages? (please list)

Are you familiar with any POS systems? (please list: i.e., ALOHA, MICROS, SQUIRREL)

How did you hear about Acrobat Outsourcing?

Emergency Contact: (must complete)

Name: Suzi Ralibera      Phone: 408 661 3358      Relationship: Domestic Partner

### 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:

Law S Thoma

Print Name

Rev 7/

Acoba

Signature

9/29/14

Date

# Form W-4 (2014)

**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, 4, and 7 and sign the form to validate it. Your exemption for 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

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

**Exceptions.** 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 itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage Income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** 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 your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## 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
	<ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	
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 (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children.</li> <li>• If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child.</li> </ul>	G
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.)	H
For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</li> </ul>		

Separate here and give Form W-4 to your employer. Keep the top part for your records.

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

## Employee's Withholding Allowance Certificate

OMB No. 1545-0074

**2014**

► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

1. Your first name and middle initial	Last name	2. Your social security number
Ram S.	Thapa	870-72-2006
Home address (number and street or rural route) 2045 Latham St #11		3. <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code Mountain View, CA, 94040		4. If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>
5. Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5. <input type="checkbox"/> 3
6. Additional amount, if any, you want withheld from each paycheck		6. <input type="checkbox"/> \$
7. I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here. ► <input type="checkbox"/> 7		

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

**Employee's signature**

(This form is not valid unless you sign it.) ► *A. Thapa*

Date ► 09/29/14

8. Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9. Office code (optional)	10. Employer identification number (EIN)
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Your Hospitality Staffing Professionals

Acrobat Outsourcing  
Corporate Headquarters  
665 Third Street, Suite 415, San Francisco, CA 94107  
Phone: 415-431-8826 | Fax: 415-431-1580  
www.acrobotoutsourcing.com

## DIRECT DEPOSIT FORM



Cancel

Today's Date 09 - 29 - 2014

Last Name

THAPPA

First Name

RAM

MI

Address

2045 Lathham St

Apartment #

11

City

MOUNTAIN VIEW

State

CA

Zip Code

94040

Social Security Number

870-72-2006

Date of Birth

11-25-1974

Bank Name

Bank of America

Checking



Savings



Other



Routing Number

Account Number

Please attach a VOIDED check

This form (and check) may be faxed to the SF Corporate Office at 415-431-1580

Please agree to the following:



By selecting this check box, you have agreed to the following statement: I authorize my employer, or its service or payroll provider, and the specified bank to deposit my net pay or portion thereof, as indicated, into my account each pay date. If funds to which I am not entitled are deposited into my account, I authorize my employer, or its service or payroll provider, to direct the bank to return said funds to my employer, or its service or payroll provider. I understand that my deposit may not be credited to my account until 5:00 PM on the pay date indicated on the check voucher. I understand that it is my responsibility to ensure that my wages are being deposited correctly into my account each pay date.

I also acknowledge it is my responsibility to enter the correct Bank Transit Number and Account Number as to where I want my payroll funds deposited. I understand that if I enter incorrect information that it may delay or prevent my payroll funds being deposited to my accounts. I also acknowledge that any Bank Transit Number that begins with the number 5 is NOT a valid Bank Transit Number and WILL prevent my payroll funds from being deposited into my account. I understand that when Payroll receives the funds back through the banking system it will be paid on the next available pay date.

Ram S-Thapa

Print Name

Employee Signature

09/29/14

Date

### **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 described 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 an-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

## 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 Ram SHARAN THAPA  
(Please print name clearly.)

Date 09/29/12

Full Name Acacia  
(Signature)



## Designation Of Personal Physician

I, \_\_\_\_\_, 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: \_\_\_\_\_

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

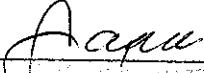
### DISCIPLINARY ACTION

#### ▪ 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

09/29/14  
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.

A handwritten signature in black ink, appearing to read "Ram Sharan Thapa".

(Signature)

Ram Sharan Thapa

(Printed or Typed Name)

2045 Latham St# 11

Address

9/29/14

(Date)

650 468 9912

Phone

MOUNTAIN VIEW - CA 94031

City, State, Zip Code

**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.

RAM SHARAN THAPA

Name of Employee (Please Print)

Acqia

9/29/14

Signature of Employee

Date

MANCINI Lopez

Name of Witness (Please Print)

Mai Andre

9/29/14

Signature of Witness

Date



## 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](http://www.dir.ca.gov/DLSE).

Employee Name:

*Ram Thaypa*

Hire Date:

*9/20/14*

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: \_\_\_\_\_

**Multiple Choice Test (1 point each)**

L 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

a 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

a 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

b 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

d 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

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

c 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)

Roux is a butter and flour mixture use for thickening

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

The process of making clarified butter melt on pan.

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

1. Hollandaise
2. Bechamel
3. Mayonnaise
4. Tomato
5. Brown sauce

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

To save flavour on food

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

Butter, egg yolk, tarragon vinegar.

## Prep Cooks Test

Score 9 / 15

Multiple Choice Test (1 point each)

d 1) 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

b c 2) The recommended temperature for your refrigerator is...

- a) 45°F
- b) 50°F
- c) 40°F
- d) 20°F

a 3) Which of these conditions requires immediate corrective action?

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d 7) 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

c 8) 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

d 9) A gallon is equal to \_\_\_\_\_ ounces

- a) 56
- b) 145
- c) 32
- d) 128