NOTICE TO EMPLOYEE

Labor Code section 2810.5

EMPLOYEE

Employee Name: Anthony Kilson

Start Date: 2/9/2017

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, C

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 bo tity for whom this employee will perform work:

Name:

Physical Address of Main Office:

Mailing Address:

Telephone Number:

Emailed 2/12/17 to state EE

WAGE INFORMATION

Rate(s) of Pay: 13.50 Overtime Rate(s) of Pay: x 1.5

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: York Risk Services
Address: 1390 Willow Pass Road, Concord, CA. 94520
Telephone Number: 866.391.9615
Policy No.: NSWCC-0000101

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

PAID SICK LEAVE

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

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

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

☑ 1. Accrues paid sick leave only pursuant to the minimum requirements stated in Labor Code §245 et seq. with no other employer policy providing additional or different terms for accrual and use of paid sick leave.
☐ 2. Accrues paid sick leave pursuant to the employer's policy which satisfies or exceeds the accrual, carryover, and use requirements of Labor Code §246.
☐ 3. Employer provides no less than 24 hours (or 3 days) of paid sick leave at the beginning of each 12-month period.
☐ 4. The employee is exempt from paid sick leave protection by Labor Code §245.5. (State exemption and specific subsection for exemption):_____

ACKNOWLEDGEMENT OF RECEIPT

(Optional)

KRISTA Pedersen	Anthony Wilson
(PRINT NAME of Employer representative)	(PRINT NAME of Employee)
K Pedersen	
(SIGNATURE of Employer Representative)	(SIGNATURE of Employee)
2/9/17	2/9/17
(Date)	(Date)

The employee's signature on this notice merely constitutes acknowledgement of receipt.

Labor Code section 2810.5(b) requires that the employer notify you in writing of any changes to the information set forth in this Notice within seven calendar days after the time of the changes, unless one of the following applies: (a) All changes are reflected on a timely wage statement furnished in accordance with Labor Code section 226; (b) Notice of all changes is provided in another writing required by law within seven days of the changes.

WAGE INFORMATION

Rate(s) of Pay: 11.05 -12 Overtime Rate(s) of Pay: X1.5

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

☐ Other (provide specifics): _____

Employment agreement is (check box): ☐ Oral X 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: **ARCH INSURANCE GROUP**

Address: 300 Plaza Three, Jersey City, NJ 07311-1107

Telephone Number: 1-800-817-3252

Policy No.: _____

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

ACKNOWLEDGMENT OF RECEIPT

Tarena Zafar
(PRINT NAME of Employer representative)

Anthony Kilsen
(PRINT NAME of Employee)

(SIGNATURE of Employer representative)

(SIGNATURE of Employee)

2/24/2015
(Date provided to employee & signed by representative)

2/24/15
(Date received by employee & signed by employee)

Labor Code section 2810.5(b) requires that the employer notify you in writing of any changes to the information set forth in this Notice within seven calendar days after the time of the changes, unless one of the following applies: (a) All changes are reflected on a timely wage statement furnished in accordance with Labor Code section 226; (b) Notice of all changes is provided in another writing required by law within seven days of the changes.

This Notice is NOT required if (a) you are directly employed by the state or any political subdivision thereof, (b) you are an employee who is exempt from the payment of overtime wages by statute or wage order, or (c) you are covered by a collective bargaining agreement that expressly provides for wages, hours of work and working conditions, and provides for premium wage rates for all overtime worked.

The full text of Labor Code section 2810.5 may be found at www.leginfo.ca.gov/calaw.html. Check "Labor Code" and search for "2810.5" in quotes.

The employee's signature on this notice merely constitutes acknowledgement of receipt. In accordance with an employer's general recordkeeping requirements under the law, it is the employer's obligation to ensure that the employment and wage-related information provided on this notice is accurate and complete. Furthermore, the employee's signature acknowledging receipt of this notice does not constitute a voluntary written agreement as required under the law between the employer and employee in order to credit any meals or lodging against the minimum wage. Any such voluntary written agreement must be evidenced by a separate document.

Acrobat
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Your Hospitality Staffing Professionals

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: Anthony Kilson Hire Date: 2/24/2015

EMPLOYER

Name of Employer: **ACROBAT OUTSOURCING**

(Check all that apply): □ Sole Proprietor X Corporation □ Limited Liability Company □ General Partnership

□ Other type of entity: _____

X 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: _____

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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.acrobatoutsourcing.com

DIRECT DEPOSIT FORM

New ☑ Cancel ☐

Today's Date 02-24-2015

Last Name

First Name **MI**

Address **Apartment #**

City **State** **Zip Code**

Social Security Number **Date of Birth**

Bank Name: Wells Fargo

Checking ☒ Savings ☐ Other ☐

Routing Number: 121042882

Account Number: 3244898098

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.

Print Name: SK

Employee Signature: Anthony Kilson

Date: 2/24/15

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www.acrobatoutsourcing.com

GLOBAL CASH CARD FORM

New ☐ Replacement ☐ Cancel ☐

Today's Date __ __ - __ __ - 2 0 __ __

Last Name

First Name **MI**

Address **Apartment #**

City **State** **Zip Code**

Social Security Number __ __ __ - __ __ - __ __ __ __

Date of Birth __ __ - __ __ - __ __ __ __

INFORMATION TO BE COMPLETED BY ACROBAT REPRESENTATIVE ISSUING CARD
INCLUDE A PHOTOCOPY OF THE CARD WITH THIS FORM:

ACCOUNT NUMBER (16-digits)

__ __ __ __ - __ __ __ __ - __ __ __ __ - __ __ __ __

Branch Office: _____ Completed By: _____

Global Cash Card I 7 Corporate Park, Suite 130 I Irvine, CA 92606 I CSR: 1-888-220-4477
Payroll Statements can be viewed online at: **www.globalcashcard.com**

I hereby release Acrobat Outsourcing the following information to establish my Global Cash Card account and enroll into an automatic payroll deposit. I authorize Acrobat Outsourcing to debit/credit my account. I have verified my information above and understand that any cash card charges incurred are my responsibility. I agree to the terms and conditions under which Global Cash Card Prepaid ATM Card is issued.

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.

Print Name _____ Employee Signature _____ Date

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ADDITIONAL INFORMATION - SAN FRANCISCO

Name: Anthony Kilson

What is your means of transportation?

____ Car X Public Transit ____ Occasional Car

Are you interested in carpool?

____ Rider ____ Driver X Not Interested

What is your work interest?

X Full Time X Part Time ____ Same Day

Please select the uniforms you own:

____ Black Vest
____ Bowtie
____ Black Bistro
____ White Bistro

X Business Casual
X Business Professional
____ Chef Knives
____ Chef Whites

____ Black Chef Pants
____ Checkered Chef Pants
X Khakis & Polo
____ 1/2 Tuxedo (No Jacket)
____ Tuxedo w/ Jacket

Please select the areas in which you have at least 6 mos. professional experience:

____ Corporate Kitchen
____ DW/Porter/Utilty
____ Captain/Manager

____ Catering/Banquet
____ Fine Dining
____ Office Help

____ Restaurant/Café
____ Conventions/Event

____ Warehouse/Utility
____ Stadium/Arena

____ Food Demonstrator ____ Housekeeping

Please select the areas where you are willing to work:

X SF - City
X SF - East Bay
____ SF - North
____ SF - Outer East Bay
____ SF - Peninsula (North of I-92)

____ SJ - Central
____ SJ - East (South of 580)
____ SJ - Outer Area
____ SJ - Peninsula (South of I-92)
____ SJ - South

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

No.

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

No.

How did you hear about Acrobat Outsourcing?

I heard about the company through an acquaintance

Emergency Contact: (must complete)

Name: Barbara Kilson Phone: (510) 727-0181 (510) 565-2051 ~~(510) 727-108~~ Relationship: Mother

THE SERVICE COMPANIES

SERVICE. ABOVE ALL

Reactivation Checklist

- [x] 1. Locate Original File
  - Must have:
    - [x] Application
    - [x] Resume
    - [x] Skills Test
    - [x] I-9
    - [ ] Regional Onboarding Documents (If applicable)
- [x] 2. I-9
  - Must complete:
    - [x] Section 3
    - [x] E-verify (If applicable)
- [ ] 3. Onboarding
  - Must complete:
    - [x] EE's status set to "APPLICANT"
    - [x] EE Logged in to taborca.net/onboarding.aspx under "Returning Employee" and re-completes entire onboarding process (including new W4)
    - [x] EE's status from Onboarded to "Re-Act"
    - [x] Positions approved by Manager
- [x] 4. Pay Options
  - Must complete:
    - [x] Introduce EE to Dayforce
    - [x] Confirm EE's pay option selection — Dayforce DD
- [x] 5. Fill out Reactivation Form
- [x] 6. Orientation (Required if EE was inactive 6 months or longer)

Interview Note Sheet

Applicant Information	
Name: Anthony Kilson	Interviewer: Paul
Date: 2/24/15	Rate of Pay: 11.05
Position (s) Applied for: Dishwasher,	Referred by: Charles Brown (Acrobat employee)

Test Scores					
Server	/35	%	Bartender	/30	%
Prep Cook	/15	%	Barista	/10	%
Grill Cook	/40	%	Cashier	/10	%
Dishwasher	9 /10	90%	Housekeeping	/16	%

Seeking:
X Full-Time
X Part-Time

Relevant Experience & Summary of Strengths

Total of _____ in Food Service/Hospitality

CONSIDER FOR BUSSING & CASHIER / CONCESSIONS

REFERRED BY CHARLES BROWN

P.O.S. Experience: (Y) N *details:* SOME - 12 YEARS AGO - HAPPY TO RETRAIN

Transportation

Car X Public Transit Carpool (Rider / Driver)

Regions Available to work:

(SF City) SF North SF Peninsula (East Bay) (Outer East Bay)
San Jose South San Jose SJ Peninsula

Certifications (if any)

TiPS Serv-Safe (NO) LEAD Other _____ Will Submit

Availability

(Open) AM only PM only Weekdays only Weekends only

Details:

Uniforms Owned:

(Bistro) Black Bistro Tuxedo 1/2 Tuxedo Black Vest Long Black Tie
Chef Coat Chef Pants Knives (Black Pants) Non-Slip Shoes Bow Tie Other:_____

Would you recommend this applicant for Acrobat Academy?	Convention Candidate?	Other Languages Spoken:
NO	YES	

Revised 06/04/2013

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New Hire Acknowledgement Form

For Employer

_____Additional Information Sheet
_____Application
_____I-9
_____W-4
_____Offer Letter
_____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:

Anthony Kilson		2/24/15
Print Name	Signature	Date

Rev 7/

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Employment Application
(SAN FRANCISCO)

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 Tony Damon Kilson Date: 2/24/15

Home Telephone (510) 328-2130 Other Telephone ( )

Present Address 1055 71st Ave, Apt A, Oakland, CA 94621

Permanent Address, if different from present address:

Email Address TPKilson@gmail.com

EMPLOYMENT DESIRED

Position applying for: Dishwasher **Salary desired:** $12.00/hr.

Are you currently registered with any staffing and/or employment agencies? If so, please list

Adecco, Manpower and Aerotek

Are you applying for: Full-time work? Yes X No___ Part-time work? Yes X No___

Temporary work, e.g., summer or holiday work? Yes X No___ From: 2/24/15 To: present

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

Referral ☒ Name of Referral Charles Brown Newspaper ☐ Job Fair ☐ Agency ☐ Company Website ☐

Other Web Posting ☐ Other Source ☐

Could you work overtime, if necessary? Yes X No___ If hired, on what date could you start working? 2/24/15

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	Open	Open	Open	Open	Open	Open	Open
PM	Open	Open	Open	Open	Open	Open	Open

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 X If yes, when?

Do you have friends or relatives working for Acrobat Outsourcing? Yes X No___ If yes, please state name and relationship

Charles Brown – Acquaintance

If hired, would you have a reliable means of transportation to and from work? Yes___ No X (I have no vehicle)

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

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

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

If no, describe the functions that cannot be performed. (Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.) _____

Pursuant to the San Francisco Fair Chance Ordinance, we will consider for employment qualified applicants with arrest and conviction records.

EDUCATION & SKILLS

NAME OF SCHOOL	CITY & STATE	GRADE OR DEGREE COMPLETED	DID YOU GRADUATE?
Galileo High School	S.F, Calif	High School Diploma	Yes
UC Berkeley	Berkeley, CA	BA	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: Windows 95, XP, and Vista, MS office (Word, Excel, Access, and Outlook), Facebook, Twitter, and LinkedIn SNS; operated fax machines, copiers, printers, and scanners; Developed writing and math skills on leisure

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 X ***If so, may we contact your current employer? Yes___ No___***

Name and Address of Employer Textbroker, Las Vegas, NV

Type of Business Writing/web content Telephone No. (___) _____ Supervisor's Name Christine Zila

Your Position and Duties Composed highly-rated articles for clients ~~into~~ under topics such as Home & Family, Education, Health, and Games/Hobbies – Author

Dates of Employment: From 1/13 To 4/14 Weekly Pay: Starting $15.00 Ending $10.00

Reason for Leaving: I am still registered, but I am currently looking for employment to further more work opportunities

Name and Address of Employer Minted, 747 Front Street, S.F, Calif 94104

Type of Business online/cloud computing Telephone No. (___) _____ Supervisor's Name Sam Carrington

Your Position and Duties Seasonal Customer Service Representative – assisted customers by phone, email, or chat to purchase various items online, including greeting cards, journals, and postcards

Dates of Employment: From 11/12 To 12/12 Weekly Pay: Starting $600.00 Ending $600.00

Reason for Leaving: This was a temporary position.

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Name and Address of Employer Greenworks US, 7500 Old Crow Canyon Rd, San Ramon, CA 94701

Type of Business Home Improvement Telephone No. ( ) ——— Supervisor's Name Darlene Gills

Your Position and Duties Telemarketer – Provided free-in-home consultations to prospective elderly clients.

Dates of Employment: From 6/12 To 9/12 Weekly Pay: Starting $320.00 Ending $320.00

Reason for Leaving: The company had to downsize its telemarketing staff, due to deficient funds

Name and Address of Employer SR Education Group – Brooklyn, NY

Type of Business Education/Career Telephone No. ( ) ——— Supervisor's Name Brittany Maling

Your Position and Duties Created educational/career articles for the company's website(s), ranging from subjects such as computers, psychology, art, and health/wellness

Dates of Employment: From 1/11 To 9/11 Weekly Pay: Starting $135.00 Ending $135.00

Reason for Leaving: There were no more projects available.

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 X

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: Victor Poirier Telephone No. (510) 429-8995

Address 32990 Alvarado Rd, Union City, CA 94501

Occupation: Staffing Consultant (Adecco) Relationship: Manager/Recruiter Number of Years Acquainted: 4

Name: Kristin Kreule Telephone No. ( ) ———

Address ———

Occupation: Staffing Consultant (Aerotek) Relationship: Recruiter Number of Years Acquainted: 2

Name: Hector Estrella Telephone No. (510) 484-7257

Address ———

Occupation: Transportation Security Screener Relationship: Friend Number of Years Acquainted: 10

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Please Read Carefully, Initial Each Paragraph and Sign Below

TDK 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.

TDK 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.

TDK 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.

TDK 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.

TDK 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 _____ **Date** 2/24/15

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Date 2/24/15

Name
Anthony Kilson
Address
1055 71st Ave, Apt A
Oakland, CA 94621

Offer Letter & Acknowledgment

Acrobat Outsourcing is pleased to offer you a position as: Dishwasher, busser, cashier, concession

- **Position at the rate(s) of $** 11.05 12.00 **per hour starting on** 2/24/15.

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, Anthony Kilson, accept this job offer of Dishwasher, busser, Cashier, concession by Acrobat Outsourcing.

Signature [signature] Date 2/24/15

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.

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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 employments benefits in return of sexual favors;
- Intimidation, ,and objectionable conduct directed at another person;
- Stalking, electronic communications harassment, impending 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

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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 filling a complaint and will not tolerate or permit retaliation by management, employees or coworkers.

Acrobat Outsourcing encourages all employees to report any incidents of harassment forbidden by this policy *immediately* so that complaints can be quickly and fairly resolved. You also should be aware that the Federal Equal Employment Opportunity Commission and the California Department of fair Employment and Housing investigates and prosecute complaints of prohibited harassment employment. If you think you have been harassed or that you have been retaliated against for resisting or complaining, you may file a complaint with the appropriate State or federal agency.

It is imperative, once the investigation is stated that all involved employees including witnesses and the allege perpetrator completely and honestly assist the investigation. This would include, but not limited to, providing honest and accurate statements, being available for interviews, and assisting in the successful completion of the investigation. Failure to do so on any involved employee's party may be cause for disciplinary action, up to and including termination.

I have read the above policy and understand that Acrobat Outsourcing is committed to providing a work environment free of unlawful harassment. Company policy prohibits sexual harassment and harassment based on pregnancy, childbirth or related medical conditions, race, religious creed, color, national origin or ancestry, physical or mental disability, medical condition, marital status, age, sexual orientation, or any other basis protected by federal, state, or local law or ordinance or regulation. *All such harassment is unlawful.* Presidio Financial Partners anti-harassment policy applies to all persons involved in the operations of Acrobat Outsourcing, and its subsidiaries, and prohibits unlawful harassment by any other employee, including supervisors and coworkers.

I have read the above policy and understand that Acrobat Outsourcing is committed to providing a work environment that is free of unlawful harassment. Presidio financial Partners anti-harassment policy applies to all persons involved in the operation of Acrobat Outsourcing and prohibits unlawful harassment by any employees.

Employee Signature	Print Name	Date
[illegible]	Anthony Kilson	2/24/15

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Designation of Personal Physician

I, _____, hereby inform my employer, Acrobat Outsourcing, and its Workers' Compensation carrier, Arch Insurance Group, of my intent to seek treatment from my designated person physician for all Workers' Compensation-related injuries or illnesses.

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

Name: _____

Practice Group, if any: _____

Address: _____

City/State/Zip: _____

Telephone: _____

This designation remains in effect until I execute and deliver a new designation or revocation in accordance with the policies of my employer and its Workers' Compensation carrier.

_____ _____

Name Date

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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 form 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 Anthony Kilsea
(Please print name clearly.)

Date 2/24/15

Full Name
Signature

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

Current Address: 1055 71st Avenue, Apt A
Oakland, CA 94621

Maiden Names/Prior Names: _____

Social Security Number: 572-79-3665 DOB: 10/20/1969

DL: A3690028 (ID) DL State: CA Exp Date: 10/20/2015

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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.

Anthony Kilson
Name of Employee (Please Print)

Signature of Employee — Date: 2/24/15

Tarema Zafar
Name of Witness (Please Print)

Signature of Witness — Date: 2/24/2015

San Francisco Corporate Office
665 3rd St. Suite 415 | San Francisco, CA | 94107
Phone: (415) 431-8826 | Fax: (415) 431-1580
www.AcrobatOutsourcing.com

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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.

SK

Employee Signature

2/24/15

Date

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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.

(Signature) _____ (Date) 2/24/15

(Printed or Typed Name) Anthony Kilson Phone (510) 328-2130

Address 1055 71st Ave, Apt A, Oakland, CA 94621 City, State, Zip Code Oakland, CA, 94621

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Dishwasher Test

Score 9/ 10

c 1) **After washing your hands, which item should be used to dry them?**
- a) Clean apron
- b) Sanitized wiping cloth
- c) Single use paper towel
- d) Common used cloth

d 2) **While washing dishes by hand, which item should you wear?**
- a) Cutting glove
- b) Oven Mitt
- c) Rubber glove
- d) Nothing

d 3) **When should you wash your hands?**
- a) Before you start work
- b) After handling non-food items (garbage, money, cleaning chemicals)
- c) After using the restroom
- d) All of the above

b 4) **If you need to move a heavy load, you should PULL and not PUSH the object.**
- a) True
- b) False

e 5) **Which of the following could you be at risk for getting burned from?**
- a) Steam from boiling pots
- b) Hot liquids (coffee, soup, tea)
- c) Hot equipment (ovens, pots, chaffing dishes)
- d) Harsh chemicals
- e) All of the above

a, 6) **All work-related injuries, accidents or illnesses should be reported immediately to the supervisor on duty.**
- a) True
- b) False

c 7) **What should you do if you spill liquids or see a liquid spill?**
- a) Leave it for someone else to clean-up
- b) Wait until the end of your shift to clean it
- c) Flag the spill and clean it immediately
- d) Not sure

c 8) **When handling hot items you should?**
- a) Wear rubber gloves
- b) No need to wear anything
- c) Use an oven mitt or cloth towel
- d) Nothing

a 9) **If you are using a three-compartment sink for cleaning and sanitizing, the second sink is used for?**
- a) Rinsing
- b) Scraping
- c) Washing
- d) Sanitizing

c 10) **What is the proper method for cleaning and sanitizing stationary equipment?**
- a) Spray with a strong cleaning solution and wipe with a sanitized cloth
- b) Spray with a sanitizing solution, then rinse with clean water and dry
- c) Wash and rinse, then wipe or spray with a chemical-sanitizing solution
- d) Brush off loose soil with a clean cloth, then wipe with a sanitizing solution