

Acrobat

outsourcing
Your Hospitality Staffing Professionals

Name: Monica Barragán

Taborca ID: 26059

Date of Hire: 09/16/15

Date of Re-Act: 08/24/18

New employee set up

- E-verify
- Hire Right EE
- Hire Right Internal (upload any list A docs)
- Direct Deposit (Scan to Payroll) and/or Global Cash Card – complete the form & have EE sign
- Notice to Employee Completed
- Added to Orientation Time Sheet
- Attended New Hire Orientation
- Background Check (Asurint)
- New Hire List (All fields)
- Check Taborca Profile (All fields)
- Upload Resume and Skills Tests (one doc)
- Upload Food Handler's Card

Re Act employee set up (See Re Act Process for more detail)

- 19 →
- File and I9 pulled (new one created/done in Hire Right if old ones are gone)
 - Re Act onboarding if initially hired before 1/1/16
 - Check W4
 - Check all demographic info and availability
 - Check for skills tests, app, FHC, and resume (get new app, new resume if hired more than 1 year ago)
 - Complete Notice to Employee with updated pay if necessary
 - Verify pay option and take steps to Re Act any old pay options still current
 - Run new BGC if more than 1 year since last shift worked
 - New orientation/place on time sheet if it's been over a year since last shift
 - New Hire List (all fields)
 - Delete employee from the INA/TER spreadsheet if they are on it

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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.

Full Name Monica Barraza Date: 8-24-18
Home Telephone (408) 644-1571 Other Telephone (408) 630-6597
Present Address 4321 Houndsbrook Way
Permanent Address, if different from present address: _____
Email Address Lorenzo.Nikka1234@gmail.com

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

Are you applying for: Full-time work? ☒ Yes ☐ No Part-time work? ☒ Yes ☐ No
Temporary work, e.g., summer or holiday work? Yes ☐ No ☐ From: _____ To: _____
How did you find out about our open position? (Please check, fill in proper name of source):
Referral ☐ Name of Referral: _____ Newspaper ☐ Job Fair ☐ Agency ☐ Company Website ☐
Other Web Posting ☐ Other Source ☐
Could you work overtime, if necessary? Yes ☐ No ☐ If hired, on what date could you start working? _____

Please keep in mind that schedules and shifts may vary depending on position and season. Additionally, the hours may vary from week to week, depending on the company needs. Please list only the times/days you're available to work below.

SPECIFY HOURS AVAILABLE DAILY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM	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: <u>NO</u>							

Have you ever applied to or worked for Acrobat Outsourcing before? Yes ☒ No ☐ If yes, when? 2015

Do you have friends or relatives working for Acrobat Outsourcing? Yes ☒ No ☐ If yes, please state name and relationship _____

If hired, would you have a reliable means of transportation to and from work? Yes ☒ No ☐

If hired, can you present evidence of your legal right to live and work in this country? Yes ☒ No ☐

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

Are you able to perform the essential functions of the job for which you are applying? Yes ☒ No ☐

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

Pursuant to any and all Fair Chance Ordinances, we will consider for employment qualified applicants with arrest and conviction records.

EDUCATION SKILL

NAME OF SCHOOL	CITY & STATE	GRADE OR DEGREE COMPLETED	DID YOU GRADUATE?
Do you have any special licenses, certificates or special training? If so please list under "Special."		YES	NO
Are you computer literate? If so, list software knowledge under "Special."		YES	NO
Are you proficient with Point of Sales Systems? If, so please list which ones under "Special."		YES	NO
Do you have any other experience, training, qualifications or special skills, which you feel make you especially suited for work at Acrobat Outsourcing? If so, please list under "Special."		YES	NO
Special: 			

EMPLOYMENT

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for unemployment periods of three months or more.

Are you currently employed? Yes ☐ No ☐ If so, may we contact your current employer? Yes ☐ No ☐

Name and Address of Employer MONTANA Insurance
 Type of Business AGENT Telephone No. (408) 823-5138 Supervisor's Name Truong
 Your Position and Duties help customers add insurance to their cars also helped around the office

Dates of Employment: From Oct 2017 To June 2018

Reason for Leaving: Change of owner

Name and Address of Employer Panda Express
 Type of Business cashier/server/cook Telephone No. (408) 9135617 Supervisor's Name HECTOR
 Your Position and Duties COOK food serve food and cashier

Dates of Employment: From _____ To _____

Reason for Leaving: _____

Name and Address of Employer _____

Type of Business _____ Telephone No. (____) _____ Supervisor's Name _____

Your Position and Duties _____

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Dates of Employment: From _____ To _____

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 _____

Reason for Leaving: _____

Have you ever been fired from any previous place of employment? If so, please explain: _____

MILITARY SERVICE

Have you obtained any special skills or abilities as the result of service in the military?

Yes ☐ No ☒

If so, describe: _____

JOB RELATED REFERENCES

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

Name: Reynaldo Sing Telephone No. (408) 913-3173

Address: 980 El Monte Mountain View

Occupation: store manager office depot Relationship: personal Number of Years Acquainted: 4

Name: Robert Carlos Telephone No. (408) 669-6619

Address: 411 Daniel way San Jose

Occupation: personal Relationship: personal Number of Years Acquainted: 6

Name: Andrew Vallarta Telephone No. (408) 408-669-7862

Address: 743 Leeward San Jose

Occupation: personal Relationship: personal Number of Years Acquainted: 4

Please Read Carefully, Initial Each Paragraph and Sign Below

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material facts on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize Acrobat Outsourcing to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

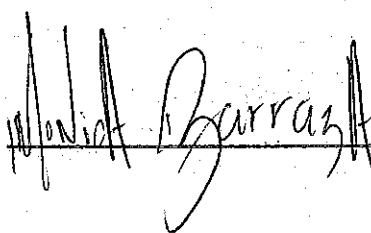
I hereby authorize Acrobat Outsourcing and its authorized representatives to solicit information regarding my background, which may include but not be limited to, information about my employment, education, and/or criminal history, which may be in the files of any federal, state, or local criminal justice and law enforcement agency and general public records history.

I understand that if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 form in this regard within three days of my hire date.

~~Acrobat Outsourcing is an at-will employer. I understand that nothing contained in the application, or conveyed during any interview, which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, with or without cause, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.~~

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

Applicant's Signature



Date

8.29.18

NOTICE TO EMPLOYEE

Labor Code section 2810.5

EMPLOYEE

Employee Name: Monica Barrera

Start Date: 08/24/2018

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: \$16.50 Overtime Rate(s) of Pay: \$24.75

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

☐ Other (provide specifics): Cashier / Concessions

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):
N/A

(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, 9th 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)

Almira Cheung

(PRINT NAME of Employer representative)

[Signature]

(SIGNATURE of Employer Representative)

08/24/2018

(Date)

Monica Barraza

(PRINT NAME of Employee)

Monica Barraza

(SIGNATURE of Employee)

8.24.18

(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.

Cashier Test

Score 12 / 15

- B 1) A roll of quarters is worth?
a) \$5.00
b) \$10.00
c) \$15.00
d) \$20.00
- A 2) A roll of dimes is worth?
a) \$5.00
b) \$4.00
c) \$3.00
d) \$2.00
- D 3) A roll of nickels is worth?
a) \$8.00
b) \$6.00
c) \$4.00
d) \$2.00
- C 4) A roll of pennies is worth?
a) \$1.00
b) \$0.75
c) \$0.50
d) \$0.25
- C 5) What does POS stand for?
a) Patience over standards
b) Percentage of sales
c) Point of sales
d) People over service
- 6) What is the current sales tax rate in your city 4.25%
- C 7) A customer buys a bowl of soup for \$1.25, an apple \$0.90 and a soda is \$0.79. If you are given \$10.00 how much change should you give back?
a) \$4.06
b) \$2.06
c) \$7.06
d) \$5.06
- B 8) A customer buys two shirts for 10.50 each and two ball caps for \$7.25 each. If you are given \$50.00 how much change should you give back?
a) \$19.50
b) \$14.50
c) \$9.50
d) \$4.50
- D 9) A customer buys soda for \$3.75 and a hot dog for \$4.25. If you are given \$20.00 how much change should you give back?
a) \$6.00
b) \$8.00
c) \$10.00
d) \$12.00
- A 10) A customer buys two hamburgers at \$3.75 each, two bags of chips at \$1.25 each, two cookies at \$2.50 each and two sodas at \$3.25 each. If you are given \$100.00 how much change should you give back?
a) \$78.50
b) \$58.50
c) \$38.50
d) \$28.50

80%

- D 11) Counterfeit pens should be used on which three denominations?
- a) \$20, \$50, \$100
 - b) \$10, \$20, \$50
 - c) \$5, \$50, \$100
 - d) \$10, \$20, \$50
- 9 12) How many times should you count change when giving it to the customer?
- a) one
 - b) two
 - c) three
 - d) no need to count

Question & Answer:

13) What is the minimum age for legal alcohol purchases? 21

14) What are the acceptable forms of ID for alcohol purchases? any ID

15) How many \$20 bills are in a bank band? 100

Name: Barraza, Monica

Taborca ID#: 26059

Date of Hire: 9 / 16 / 15

Employee Setup

- ☒ E-Verify Documentation
- ☒ Background Check (Asurint)
- ☒ Direct Deposit / Global Cash Card
form sent to Payroll
- ☒ W-4 : Single / Married
- Exemptions 3

- ☒ Attended New Hire Orientation Date:
9 / 17 / 15
- ☒ New Hire List
- ☒ Taborca
- ☒ Upload Photo
- ☒ Upload Resume
- ☐ Food Handlers Card

Name: _____ Phone #: (____) _____ - _____

Email: _____ Taborca ID#: _____

Address: _____

Date of Birth: ____/____/____ SSN: ____-____-____ Date of Hire: ____/____/____

Section One

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

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

Section Two

Employee Setup

- | | |
|--|--|
| <input type="checkbox"/> E-Verify Documentation
CVN#: _____ | <input type="checkbox"/> Attended New Hire Orientation
Date: ____/____/____ |
| <input type="checkbox"/> Background Check (Sterling)
File Ref #: _____ | <input type="checkbox"/> New Hire List |
| <input type="checkbox"/> Direct Deposit / Global Cash Card
form sent to Payroll | <input type="checkbox"/> Taborca |
| | <input type="checkbox"/> Upload Photo |
| | <input type="checkbox"/> Upload Resume & Food Handlers Card |

Section Three

Emergency Contact

Name: _____ Phone: (____) _____ - _____ Relationship: _____

Interview Note Sheet

Applicant Information

Name: <u>Monica Barrera</u>	Interviewer: <u>Peter</u>
Date: <u>9/16/15</u>	Rate of Pay: <u>\$11 an hr Cashier \$13 prep-cook</u>
Position (s) Applied for: <u>Cashier</u>	Referred by: <u>Irma Zapata</u>

Test Scores

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

Scheduling

Full-Time

Part-Time

Relevant Experience & Summary of Strengths

• McDonalds 6-7 months
• Cashier
• grill cook
possibly prep-cook

Total of _____ in Food Service/Hospitality

P.O.S. Experience: Y / N details: _____

Transportation

Car

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

LEAD

Other _____

Will Submit

Availability

Open

AM only

PM only

Weekdays only

Weekends only

Details: can't work weds-Friday

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:



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 Monica Barraza Date: 09-16-15
Home Telephone (408) 281 8357 Other Telephone (209) 6053926
Present Address 4321 Houndsbrook Way San Jose CA 95111
Permanent Address, if different from present address: _____
Email Address Barraza.Monica1234@gmail.com

EMPLOYMENT DESIRED

Position applying for: Cashier Salary desired: \$11.00

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

Are you applying for: Full-time work? Yes ☒ No ☐ Part-time work? Yes ☒ No ☐

Temporary work, e.g., summer or holiday work? Yes ☐ No ☒ From: _____ To: _____

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

Referral ☒ Name of Referral Irma S. Zapata 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? WED TODAY

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
PM	open	open	open				open

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

PERSONAL INFORMATION

Have you ever applied to or worked for Acrobat Outsourcing before? Yes ☒ No ☐ If yes, when? MARCH 2014

Do you have friends or relatives working for Acrobat Outsourcing? Yes ☐ No ☐ If yes, please state name and relationship _____

If hired, would you have a reliable means of transportation to and from work? Yes ☒ No ☐

If hired, can you present evidence of your legal right to live and work in this country? Yes ☒ No ☐

State age if you are under 18 24. 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 ☒ No ☐

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

Have you ever been convicted of a felony within the past ten years other than a conviction for marijuana possession or that resulted in a referral to, and participation in, any pretrial or post trial diversion program? (Please note that conviction of a crime is not an automatic bar to employment—all circumstances, including the nature, date and relevance of the offense to the position applied for will be considered.)

Yes ☐ No ☒

Have any of these convictions as described above involved fraud, embezzlement, passing checks, forgery, and theft, including identity theft? If yes, please state the nature of the crime(s), when and where convicted and the disposition of the case. If yes, state nature of the crime(s), when and where convicted, and disposition of the case(s). _____

EDUCATION & SKILLS

NAME OF SCHOOL	CITY & STATE	GRADE OR DEGREE COMPLETED	DID YOU GRADUATE?
Andrew P. Hill	San Jose CA	11th	NO
Do you have any special licenses, certificates or special training? If so please list under "Special".		YES	<input checked="" type="radio"/> NO
Are you computer literate? If so, list software knowledge under "Special."		YES	<input checked="" type="radio"/> NO
Are you proficient with Point of Sales Systems? If, so please list which ones under "Special."		YES	<input checked="" type="radio"/> NO
Do you have any other experience, training, qualifications or special skills, which you feel make you especially suited for work at Acrobat Outsourcing? If so, please list under "Special."		<input checked="" type="radio"/> YES	NO
Special: <u>Cashier, Kitchen</u>			

EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for unemployment periods of three months or more.

Are you currently employed? Yes ☐ No ☒ If so, may we contact your current employer? Yes ☐ No ☐

Name and Address of Employer _____

Type of Business _____ Telephone No. (____) _____ Supervisor's Name _____

Your Position and Duties _____

Dates of Employment: From 10/1/2001 To 8/22/2004 Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

Name and Address of Employer McDonalds 2680 STORY RD

Type of Business RESTAURANT Telephone No. (408) 293 8313 Supervisor's Name JEFFREY

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Your Position and Duties Grill Drive thru, Cashier,

Dates of Employment: From March 2014 To Sept 2014 Weekly Pay: Starting \$10.00 Ending \$10.35

Reason for Leaving: NOT ENOUGH HOURS

Name and Address of Employer Dollar tree

Type of Business _____ Telephone No. (____) _____ Supervisor's Name Nihal

Your Position and Duties Cashier

Dates of Employment: From June 2014 To Jan 2015 Weekly Pay: Starting _____ Ending _____

Reason for Leaving: PREGNANT

Name and Address of Employer San Jose CA Tully RD

Type of Business _____ Telephone No. (____) _____ Supervisor's Name _____

Your Position and Duties _____

Dates of Employment: From _____ To _____ Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

Have you ever been fired from any previous place of employment? If so, please explain: _____

MILITARY SERVICE

Have you obtained any special skills or abilities as the result of service in the military?
If so, describe: _____

Yes _____ No ☒

JOB RELATED REFERENCES

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

Name: Vanessa Michel Telephone No. (669) 666 2579

Address San Jose CA Daniel way

Occupation: Library Assistant Relationship: Personal Number of Years Acquainted: 10

Name: Robert Munoz Telephone No. (408) 375 9293

Address San Jose CA Daniel way

Occupation: Machinist Relationship: Personal Number of Years Acquainted: 11

Name: Raul Zapata Telephone No. (669) 666 2576

Address 4321 Houndsbrook way

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

Please Read Carefully, Initial Each Paragraph and Sign Below

✓ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material facts on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

✓ I hereby authorize Acrobat Outsourcing to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

✓ I hereby authorize Acrobat Outsourcing and its authorized representatives to solicit information regarding my background, which may include but not be limited to, information about my employment, education, and/or criminal history, which may be in the files of any federal, state, or local criminal justice and law enforcement agency and general public records history.

✓ I understand that if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 form in this regard within three days of my hire date.

✓ Acrobat Outsourcing is an at-will employer. I understand that nothing contained in the application, or conveyed during any interview, which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, with or without cause, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

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

Applicant's Signature

Maria P. Arias

Date

9-16-15