Interview Note Sheet

Applicant Information

Name: Lessa Lewis

Date:

Position (s) Hired for: Dishwasher, Busser, Server (Buff), CNV/concession

Interviewer: Tuquan H.

Rate of Pay: 13.00

Referred by:

Test Scores

Server	/35	%	Bartender	/35	%	
Prep Cook	/20	%	Barista	/10	%	
Grill Cook	/39	%	Cashier	/10	%	
Dishwasher	/10	%	Housekeeping	/16	%	

Seeking:
- (Full-Time)
- Part-Time

Relevant Experience & Summary of Strengths

Total of _____ in Food Service/Hospitality

Student taking semester off

✱ tourism

✱ can work with different types of ppl

✱ Directional

Dishwasher
- Glad memorial church
- washed dishes
- prepared food - Spaghetti, macaroni, fried chicken

Busser
- Glad church
  ✱ cleaning
  ✱ Also set napkins

(Genentech!)

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   TB Test   (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:
	yes	

NOTICE TO EMPLOYEE
Labor Code section 2810.5

EMPLOYEE

Employee Name: **Lessa Lewis**

Start Date: **8.24.2017**

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, 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: **$14 DISH/server** Overtime Rate(s) of Pay: **1.5 x**

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

☐ Other (provide specifics): _____

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

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

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

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

Regular Payday: **FRIDAY**

WORKERS' COMPENSATION

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

Address: 1 State Street Plaza, 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.
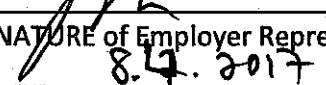
☐ 4. The employee is exempt from paid sick leave protection by Labor Code §245.5. (State exemption and specific subsection for exemption):_____

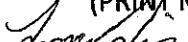## ACKNOWLEDGEMENT OF RECEIPT
(Optional)

Bulgan Gantulga
_____
(PRINT NAME of Employer representative)

_____
(SIGNATURE of Employer Representative)

8.4. 2017
_____
(Date)

Vessa Lewis
_____
(PRINT NAME of Employee)

_____
(SIGNATURE of Employee)

8-4-2017
_____
(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.

DLSE-NTE (rev 9/2014)