

## 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 Tadesse Abebe Date: 11/24/2015  
 Home Telephone (415) 786-5556 Other Telephone ( ) \_\_\_\_\_  
 Present Address 1560 Turk street #115  
 Permanent Address, if different from present address: \_\_\_\_\_  
 Email Address tadess09@yahoo.com

### EMPLOYMENT DESIRED

Position applying for: food service Salary desired: open  
 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 Shana 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	8	8	8	8	8	8	8
PM	5	5	5	5	5	5	5

Do you have any vacations or extended leaves planned in the next 12 months? If so, please list dates:  
Yes, may 22-2015 August 18, 2016

### 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 \_\_\_\_\_  
 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 \_\_\_\_\_

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Your Hospitality Staffing Professionals

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.) \_\_\_\_\_

## EDUCATION & SKILLS

NAME OF SCHOOL	CITY & STATE	GRADE OR DEGREE COMPLETED	DID YOU GRADUATE?
Kolfe	A.A Ethiopia	high school	Yes
General Wingate College	A.A Ethiopia	College	Yes
Do you have any special licenses, certificates or special training? If so please list under "Special".		<input checked="" type="radio"/> YES	<input type="radio"/> NO
Are you computer literate? If so, list software knowledge under "Special."		YES	<input type="radio"/> NO
Are you proficient with Point of Sales Systems? If, so please list which ones under "Special."		YES	<input 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."		YES	<input type="radio"/> NO
Special:			

## 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 444 DIVISADERO

Type of Business Car Wash Telephone No. (415) 626-6220 Supervisor's Name Robert

Your Position and Duties Detailer, Waxing, interior detailing, tire dressing  
Window cleaning. Contact customer when car is completed.

Dates of Employment: From 07/03/15 To Present Weekly Pay: Starting 12.25 Ending 12.25

Reason for Leaving: Still Working

Name and Address of Employer Al Bury General Maintenance

Type of Business Construction Telephone No. ( ) +971 55 9355211 Supervisor's Name Mohammed

Your Position and Duties Work Supervisor Ordered and organized the raw material  
plastering, electrical wiring tiling/flooring painting

Dates of Employment: From 05/2012 To 2014 Weekly Pay: Starting \$3000 Ending \$3000

Reason for Leaving: move to the United state

Name and Address of Employer NGT Electrical Installation

Type of Business Building installation Telephone No. ( ) Supervisor's Name

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Your Position and Duties Technician Electrical Installation

Dates of Employment: From 2008 To 2012 Weekly Pay: Starting \$1,500 Ending \$1,700

Reason for Leaving: move to the United Arab Emirates

Name and Address of Employer Green Cemetery

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

Your Position and Duties Security Guard - checked visitors patrolled the premises,

Dates of Employment: From 2006 To 2008 Weekly Pay: Starting \$1,200 Ending \$1,350

Reason for Leaving: I found a better job

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: Robert Telephone No. (415) 626-6220

Address 444 Divisadero

Occupation: Car wash manager Relationship: BOSS Number of Years Acquainted: 6 months

Name: Behailu Taye Telephone No. (415) 238-5805

Address 350 Tuck

Occupation: SFMT manager Relationship: friend Number of Years Acquainted: 5 years

Name: \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

Address \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_

**Please Read Carefully, Initial Each Paragraph and Sign Below**

TA 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.

TA 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.

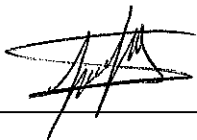
TA I hereby authorize Acrobat Outsourcing and its authorized representatives to solicit information regarding my background, which may include but not be limited to, information about my employment, education, and/or criminal history, which may be in the files of any federal, state, or local criminal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

TA 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.

TA 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**

11/23/2015

# NOTICE TO EMPLOYEE

Labor Code section 2810.5

## EMPLOYEE

Employee Name: Tadesse Abebe m

Start Date: 11/25/15

## 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 DSH @ Overtime Rate(s) of Pay: \$21

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

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

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

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

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

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

Regular Payday: FRIDAY

## WORKERS' COMPENSATION

Insurance Carrier's Name: 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:

- May accrue paid sick leave and may request and use up to 3 days or 24 hours of accrued paid sick leave per year;
- May not be terminated or retaliated against for using or requesting the use of accrued paid sick leave; and
- Has the right to file a complaint against an employer who retaliates or discriminates against an employee for
  - requesting or using accrued sick days;
  - attempting to exercise the right to use accrued paid sick days;
  - filing a complaint or alleging a violation of Article 1.5 section 245 et seq. of the California Labor Code;
  - 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)*

Paul Smith  
(PRINT NAME of Employer representative)

[Signature]  
(SIGNATURE of Employer Representative)

(Date)

11/25/15

X Tadesse Abebe  
(PRINT NAME of Employee)

X [Signature]  
(SIGNATURE of Employee)

(Date)

11/25/2015

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.

# Interview Note Sheet

Applicant Information	
Name: <u>Tadrisse Akelby</u>	Interviewer: <u>PAUL</u>
Date: <u>11/25/2012</u>	Rate of Pay: <u>\$13</u>
Position (s) Hired for: <u>DISH @ DROPBOX #14</u>	Referred by: <u>Friend</u>

Test Scores					
Server	/35	%	Bartender	/35	%
Prep Cook	/20	%	Barista	/10	%
Grill Cook	/39	%	Cashier	/10	%
Dishwasher	/10	<u>50</u> %	Housekeeping	/16	<u>56</u> %

Seeking:
<input checked="" type="checkbox"/> Full-Time
<input type="checkbox"/> Part-Time

Relevant Experience & Summary of Strengths
<p style="text-align: right;">Total of <u>1</u> in Food Service/Hospitality</p> <p>Worked as Dishwasher @ Home Country.</p>
<p>P.O.S. Experience: Y / <input checked="" type="radio"/> N details: _____</p>

Transportation			
<input checked="" type="radio"/> Car <input checked="" type="radio"/> Public Transit <input type="radio"/> Carpool ( Rider / Driver )			
Regions Available to work:			
<input checked="" type="radio"/> SF City <input checked="" type="radio"/> SF North <input checked="" type="radio"/> SF Peninsula <input checked="" type="radio"/> East Bay <input checked="" type="radio"/> Outer East Bay San Jose      South San Jose      SJ Peninsula			
Certifications (if any)			
<input type="checkbox"/> TIPS <input type="checkbox"/> Serv-Safe <input type="checkbox"/> LEAD <input type="checkbox"/> TB Test <input type="checkbox"/> Will Submit			
Availability			
<input type="checkbox"/> Open <input type="checkbox"/> AM only <input type="checkbox"/> PM only <input type="checkbox"/> Weekdays only <input type="checkbox"/> Weekends only			
Details: _____			
Uniforms Owned:			
<input type="checkbox"/> Bistro <input type="checkbox"/> Black Bistro <input type="checkbox"/> Tuxedo <input type="checkbox"/> 1/2 Tuxedo <input type="checkbox"/> Black Vest <input type="checkbox"/> Long Black Tie <input type="checkbox"/> Chef Coat <input type="checkbox"/> Chef Pants <input type="checkbox"/> Knives <input type="checkbox"/> Black Pants <input type="checkbox"/> Non-Slip Shoes <input type="checkbox"/> Bow Tie <input type="checkbox"/> Other: _____			
<table border="1"> <tr> <td>Would you recommend this applicant for Acrobat Academy?</td> <td>Convention Candidate?</td> <td>Other Languages Spoken:</td> </tr> </table>	Would you recommend this applicant for Acrobat Academy?	Convention Candidate?	Other Languages Spoken:
Would you recommend this applicant for Acrobat Academy?	Convention Candidate?	Other Languages Spoken:	



- b 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
- c 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
- a 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
- b 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
- d 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



Name Tadesse

**Housekeeping Test**

Score 9 / 16

56%

- b 1) During which of the following situation(s) should you wear gloves?
- a) When handling disinfectant solutions
  - b) When cleaning patient care areas
  - c) When handling soiled linens
  - d) When handling or disposing of waste
  - e) All of the above
- e 2) Which of the following should be cleaned daily?
- a) Chairs, lamps, and tables
  - b) Tabletops, beds, and handrails
  - c) Grab bars, lights, tops of doors and counters
  - d) Floors, sinks, toilets, and latrines
  - e) All of the above
- a 3) TRUE or FALSE: You do not need to use a separate cloth for cleaning bathrooms.
- a) True
  - b) False
- a 4) TRUE or FALSE: Dusting is most commonly used for cleaning walls, ceilings, doors, windows and furniture.
- a) True
  - b) False
- 5) Should the following be cleaned daily or weekly? Circle one.
- a) Floors Daily / Weekly
  - b) Toilets and latrines Daily / Weekly
  - c) Carpets in patient rooms Daily / Weekly
  - d) Carpets in offices Daily / Weekly
  - e) Soiled linens Daily / Weekly
- b 6) The best way to clean the floor is:
- a) Scrubbing
  - b) Dry sweeping and dusting
  - c) Sweeping, mopping and dusting
  - d) Wet mopping
- d 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
- a 8) The proper procedure for cleaning spills of blood and other body fluids is:
- a) Wearing gloves, clean with cloth soaked in chlorine solution and follow up with disinfectant solution
  - b) Find the janitor on-duty and ask him to clean it up
  - c) Grab whatever is closest and wipe up immediately, then mark "BIOHAZARD"
  - d) Nothing
- b 9) The appropriate cleaning schedule for a hospital is:
- a) Weekly
  - b) No schedule needed
  - c) Developed according to need
  - d) Whatever you feel like
- 10) How do you use a three-compartment bucket?
- 11) Describe the difference between a disinfectant and a cleaning solution: (2 points)

