

NOTICE TO EMPLOYEE

Labor Code section 2810.5

EMPLOYEE

Employee Name: Naylor, Briana

Start Date: 07/07/2016

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: 15 Overtime Rate(s) of Pay: 22.5

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: 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)

Jefferson S Pierce
(PRINT NAME of Employer representative)

[Signature]
(SIGNATURE of Employer Representative)

07/07/2016
(Date)

BRIANA NAYLOR
(PRINT NAME of Employee)

[Signature]
(SIGNATURE of Employee)

07/07/2016
(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.

Interview Note Sheet

Applicant Information

Name: Naylor, Briana

Interviewer: Jefferson / Dropbox

Date: 07/07/2016

Rate of Pay: \$15 / hr

Position (s) Applied for:
Baker

Referred by: DBX CL Post

Test Scores

Server	/35	%	Bartender	/35	%
Prep Cook	/20	%	Barista	/15	%
Grill Cook	/40	%	Cashier	/15	%
Dishwasher	/10	%	Housekeeping	/16	%

Seeking:

Full-Time

Part-Time

Relevant Experience & Summary of Strengths

Total of 3 in Food Service/Hospitality

- Baking & Pastry
Basic Skill = Looking for more experience

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: _____

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

501-9067

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 BRIANA NAYLOR Date: 07/07/2016
 Home Telephone (937) 509-0264 Other Telephone ()
 Present Address 6399 CHRISTIE AVE #302 EMERYVILLE, CA 94608
 Permanent Address, if different from present address: _____
 Email Address BRI. M. NAYLOR @ GMAIL. COM

EMPLOYMENT DESIRED

Position applying for: BAKER Salary desired: \$18/hr
 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? 08/01/2016

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		X	X	X	X	X	
PM							
Do you have any vacations or extended leaves planned in the next 12 months? If so, please list dates: <u>09/24/2016 - 10/01/2016</u>							

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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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?
CINCINNATI STATE	CINCINNATI, OH	Assoc. Business - PASTRY	yes
UNIVERSITY OF CINCINNATI	"	BA - ENGLISH	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: SERVSAFE, WINDOWS & MAC OS, WORD, POWERPOINT, EXCEL			

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 PERBACCO

Type of Business restaurant Telephone No. (415) 955-0663 Supervisor's Name LAURA CRONIN

Your Position and Duties PASTRY ASSISTANT, PRODUCTION, PLATING

Dates of Employment: From 02/2015 To PRESENT Weekly Pay: Starting \$14/hr Ending \$16/hr

Reason for Leaving: _____

Name and Address of Employer VOLTA

Type of Business restaurant Telephone No. (628) 400-6200 Supervisor's Name LAURA CRONIN

Your Position and Duties PASTRY ASSISTANT, PRODUCTION, PLATING

Dates of Employment: From 12/2015 To PRESENT Weekly Pay: Starting \$15/hr Ending \$15/hr

Reason for Leaving: _____

Name and Address of Employer ONE MARKET RESTAURANT

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Kind of Business restaurant

Telephone No. (415) 655-7616

Supervisor's Name PATTI DELLAMONICA-BAULGER

Your Position and Duties PASTRY ASSISTANT, PLATING, PRODUCTION

Dates of Employment: From 09/2014 To 12/2015 Weekly Pay: Starting \$13.50/hr Ending \$13.50/hr

Reason for Leaving: BETTER PAY

Name and Address of Employer COOKIES BY DESIGN

Kind of Business BAKERY

Telephone No. (513) 793-9997

Supervisor's Name LINDA WHALEN

Your Position and Duties BAKER/DECORATOR

BOBBY MILLS

Dates of Employment: From 01/2010 To 08/2014 Weekly Pay: Starting \$7.75/hr Ending \$9.50/hr

Reason for Leaving: RELOCATION

Have you ever been fired from any previous place of employment? If so, please explain: NO

MILITARY SERVICE

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

Yes ☐ No ☒

If so, describe: _____

JOB RELATED REFERENCES

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

Name: AMANDA ELKINS Telephone No. (513) 582-2872

Address 1746 POST STREET SAN FRANCISCO, CA 94115 (work address)

Occupation: PASTRY CHEF Relationship: PERSONAL Number of Years Acquainted: 3

Name: BRIANA COGGINS Telephone No. (513) 556-4005

Address 2600 CLIFTON AVE. CINCINNATI, OH 45221 (work address)

Occupation: EVENT PLANNER Relationship: PERSONAL Number of Years Acquainted: 10

Name: MACK ESTRADA Telephone No. (925) 395-3624

Address 345 SPEAR STREET SAN FRANCISCO, CA 94105

Occupation: PASTRY CHEF Relationship: PROFESSIONAL Number of Years Acquainted: 2

Please Read Carefully, Initial Each Paragraph and Sign Below

BN 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.

BN 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.

BN 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.

BN 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.

BN 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 Brian Nyl **Date** 07/07/2016