

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 Terrence Douglass Date: 7/8/16
 Home Telephone () Other Telephone (619) 952-7008
 Present Address B316 Carlton Oaks Dr Santee CA 92071
 Permanent Address, if different from present address: _____
 Email Address TDouglass13@jchuo.com

EMPLOYMENT DESIRED

Position applying for: Any Salary desired: Flexible

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

Are you applying for: Full-time work? Yes No X Part-time work? Yes X 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 X No If hired, on what date could you start working? 7/9/16

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	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>
PM	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>

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 X If yes, when? _____

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

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

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.

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

Your Position and Duties _____

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

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 _____ Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

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: Chance Willoz Telephone No. (512) 861-7070

Address _____

Occupation: General Manager Relationship: previous manager Number of Years Acquainted: 1

Name: Jason Novae Telephone No. (858) 455-9945

Address _____

Occupation: General Manager Relationship: previous manager Number of Years Acquainted: 8

Name: Laura Watson Telephone No. (512) 923-4949

Address _____

Occupation: Trainer/Server Relationship: ex co worker Number of Years Acquainted: 1

Terrence Douglass

OBJECTIVE

Seeking a professional customer-centric position with more than ten years of experience in customer service roles.

SUMMARY

Highly motivated and outgoing individual who can thrive in a variety of work environments.

EXPERIENCE

Server, Alamo Drafthouse Cinema

Austin, TX — April 2015-May 2016

Accomplishments/Responsibilities

- Promoted to the server position after only a month of employment.
- Moved up in the rankings during my employment, ending in a position of 5 out of 75 possible employees.
- Received the Employee of the Month award for April of 2016.
- Expected to provide excellent customer service to upwards of 40 guests within my section.
- Work efficiently and respectfully with all staff members and maintain a fast pace throughout each shift.

Trainer/Senior Bartender, Islands Fine Burgers and Drinks

La Jolla, CA — December 2007-April 2015

Accomplishments/Responsibilities

- Trained 50+ employees in all aspects of day to day restaurant operation.
- Received consistent and numerous guest compliments sent directly to the Islands home office as well as via Yelp.
- Responsible for leading each shift as an extension of the management team.
- Trusted by management to handle all cash and charge receipts throughout the restaurant.

Customer Service Representative/Projectionist, AMC Theatres

San Diego, CA — June 2006-December 2007

Accomplishments/Responsibilities

- Excelled at each position in the theatre including usher, box office, concession stand, guest services and projectionist.
- In the high priority position of projection booth operator, maintained a strict schedule and able to accomplish all of the given tasks without supervision.
- Viewed as a leader by management and colleagues.

Customer Service Representative, Blockbuster Video

Santee, CA — June 2005-June 2006

SKILLS

- Proven proficiency in customer service with more than 10 years of experience.
- Accustomed to working in fast-paced environments with the ability to handle stressful situations, either individually or as part of a team.
- Skilled in creative problem-solving by providing knowledge and leadership.
- Strong verbal and written communication skills.

Terrence Douglass

EDUCATION

Grossmont College - El Cajon, CA — 2005-2007

West Hills High School - Santee, CA — 2002-2005

- Received diploma

REFERENCES

Chance Willoz - (512) 861-7070 - General Manager of Alamo Drafthouse in Austin, TX.

Jason Novae - (858) 455-9945 - General Manager of Islands Restaurant in La Jolla, CA.

Kathy Dominguez - (619) 428-2389 - Multi Unit Supervisor for AMC Theatres San Diego, CA.

NOTICE TO EMPLOYEE*Labor Code section 2810.5***EMPLOYEE**Employee Name: Terrence DouglassStart Date: 7/8/16**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 INFORMATIONRate(s) of Pay: 15.25 Overtime Rate(s) of Pay: 22.88Rate 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 NoIf 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)

(PRINT NAME of Employer representative)

(PRINT NAME of Employee)

(SIGNATURE of Employer Representative)

(SIGNATURE of Employee)

(Date)

(Date) 7/8/16

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.



Acrobot Outsourcing
Corporate Headquarters
665 Third Street, Suite 415, San Francisco, CA 94107
Phone: 415-431-8826 | Fax: 415-431-1580
www.acrobotoutsourcing.com

GLOBAL CASH CARD FORM

 New Replacement Cancel

Today's Date **07-08-2016**

Last Name

DOUGLASS

First Name

TERRENCE**MI**

Address

8316 CARLTON OAKS DR

Apartment #

City

SANTEE

State

CA

Zip Code

92071

Social Security Number

602-01-7883

Date of Birth

06-13-1987

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

ACCOUNT NUMBER (16-digits)

4853-4001-9023-6192

Branch Office: **SD**

Completed By: **RB**

Global Cash Card | 7 Corporate Park, Suite 130 | Irvine, CA 92606 | 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.

Terrence Douglass

Print Name

TD

Employee Signature

7/18/16

Date

Acrobat

outsourcing

Your Hospitality Staffing Professionals

Your Name: _____

Hire Date: _____

Referral # 1

Name: _____

Phone Number: _____

Email Address: _____

Referral # 2

Name: _____

Phone Number: _____

Email Address: _____



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DIRECT DEPOSIT FORM

New Cancel

Today's Date - - **20**

Last Name

First Name MI

Address

Apartment #

City

State

Zip Code

Social Security Number - -

Date of Birth - -

Bank Name

Checking

Savings

Other

Routing Number

Account Number

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.

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Print Name

Employee Signature

Date