Submission Date   12-31-2016 18:55:21

IP   204.52.135.169

First Name

Kostadinos

Last Name

Goulas

E-mail Address

kostasgou84@gmail.com

Phone

(628) 228-7820

Address

1559 33rd Ave

Unit or Number

A

City, State

San Francisco, CA

Zip Code

94122

What region(s) are you applying to work within?

- San Francisco

Which position(s) are you applying for?

- Server
- Barback
- Barista

Are you applying for:

- Full-Time
- Part-Time

When can you start?

Monday, January 16, 2017

Can you work overtime?

Yes

How did you hear about us?

- Referral

If you were referred, please tell us by whom:

Shawn Smith

What days/times can you work? Select all that apply:

- Monday AM

- Tuesday PM
- Wednesday AM
- Wednesday PM
- Thursday AM
- Thursday PM
- Friday AM
- Friday PM
- Saturday AM
- Saturday PM
- Sunday AM
- Sunday PM

Have you ever applied to or worked for Acrobat before?

No

Do you have any friends or relatives working for Acrobat? If so, please let us know who:

My brother used to work with Shawn Smith who suggested your website to him.

If hired, would you have reliable means of transportation to and from work?

Yes

If hired, can you present evidence of your legal right to live and work in this country?

Yes

Are you able to perform the essential functions of the job for which you are applying?

Yes

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.)

Cannot lift heavy items (22pounds max) due to scoliosis.

Name of School

Akmi Institute
Kinesiology / Physiotherapy

City & State

Athens, Greece

Grade/Degree

20/20

Graduated?

Yes

Do you have any special licenses? (If so, label under "Special")

No

Are you computer literate? (If so, label which programs under "Special")

Yes

Are you proficient with Point of Sale systems? (If so, label which under "Special")

Yes

Do you have any experience, training, qualifications or special skills? (If so, label under "Special")

No

No

Can we contact your current employer?

No

Name and Address of Employer

Naxos Resort Beach Hotel

Type of Business

Summer Resort/Hotel

Phone Number

+30 2285 026650

Your Position & Duties

Resort Restaurant Server

- Restaurant Customer Services
- Pool Bar Service

Date of Employment (from/to):

May 2016-Oct 2016

Weekly Pay (Starting/Ending):

1200$/Month

Reason for Leaving

Season Opportunity

Still Employed:

No

First Name

Xristodoulos

Last Name

Anevlavis

E-mail Address

info@naxosresort.gr

Phone

+30 2285 026650

Relationship:

Resort owner

Years Acquainted:

1

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.

- (Checked box indicates acknowledgement)

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.

- (Checked box indicates acknowledgement)

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.

- (Checked box indicates acknowledgement)

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.

- (Checked box indicates acknowledgement)

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

- (Checked box indicates acknowledgement)

Applicant Digital Signature (Type Name):

Kostadinos Goulas

Date:

Saturday, December 31, 2016

Please Attach Resume Below

kg_cv.pdf

NOTICE TO EMPLOYEE
Labor Code section 2810.5

EMPLOYEE

Employee Name: __Kostadino Gavlas__

Start Date: __1/4/17__

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: _____

Rate(s) of Pay: __14.00 /Serw__   Overtime Rate(s) of Pay: __1.5__

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)

DLSE-NTE (rev 9/2014)

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: _____

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): _____

Jamie Goodman
(PRINT NAME of Employer representative)

(signature)
(SIGNATURE of Employer Representative)

_1/4/17_
(Date)

Kostadinos Goulas
(PRINT NAME of Employee)

(signature)
(SIGNATURE of Employee)

_1/4/17_
(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)

Interview Note Sheet

Applicant Information

Name: Kostadino Goulas	Interviewer: JG
Date: 1/4/17	Rate of Pay: 14.00
Position (s) Applied for: Server-Buffet	Referred by: W.O.M.

Test Scores

Server	/35	51 %	Bartender	/30	45 %
Prep Cook	/15	%	Barista	/10	33 %
Grill Cook	/40	%	Cashier	/10	%
Dishwasher	/10	%	Housekeeping	/16	%

Seeking:

Full-Time

Part-Time

Relevant Experience & Summary of Strengths

Total of _____ in Food Service/Hospitality

Serur 3 + years

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

Transportation

Car   (Public Transit)   Carpool (Rider / Driver)

Regions Available to work:

(SF City) ~~Saturday~~   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: