

# Interview Note Sheet

| Applicant Information                        |                                |
|----------------------------------------------|--------------------------------|
| Name: <u>Alex Bursch</u>                     | Interviewer: <u>JG</u>         |
| Date: <u>2/10/17</u>                         | Rate of Pay: <u>14.00</u>      |
| Position (s) Applied for: <u>Prep / Dish</u> | Referred by: <u>Taylor St.</u> |

| Test Scores |     |              |              |     |   |
|-------------|-----|--------------|--------------|-----|---|
| Server      | /35 | %            | Bartender    | /35 | % |
| Prep Cook   | /20 | <u>85</u> %  | Barista      | /15 | % |
| Grill Cook  | /40 | %            | Cashier      | /15 | % |
| Dishwasher  | /10 | <u>100</u> % | Housekeeping | /16 | % |

| Seeking:  |
|-----------|
| Full-Time |
| Part-Time |

| Relevant Experience & Summary of Strengths                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p style="text-align: right;">Total of _____ in Food Service/Hospitality</p> <p><u>3 yrs. B.O.H.</u></p> <p><u>Need F.H.C.</u></p> <p><u>Send info about uniform.</u></p> |
| P.O.S. Experience: Y / N details: _____                                                                                                                                   |

| Transportation                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                         |                         |                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-------------------------|-------------------------|
| <input type="checkbox"/> Car <input checked="" type="checkbox"/> Public Transit <input type="checkbox"/> Carpool ( Rider / Driver )                                                                                                                                                                                                                                                                                                                                                 |                                                         |                         |                         |
| Regions Available to work:                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                         |                         |                         |
| <input checked="" type="checkbox"/> SF City <input type="checkbox"/> SF North <input type="checkbox"/> SF Peninsula <input type="checkbox"/> East Bay <input type="checkbox"/> Outer East Bay<br><input type="checkbox"/> San Jose <input type="checkbox"/> South San Jose <input type="checkbox"/> SJ Peninsula                                                                                                                                                                    |                                                         |                         |                         |
| Certifications (if any)                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                         |                         |                         |
| <input type="checkbox"/> TIPS <input type="checkbox"/> Serv-Safe <input type="checkbox"/> LEAD <input type="checkbox"/> Other _____ <input type="checkbox"/> Will Submit                                                                                                                                                                                                                                                                                                            |                                                         |                         |                         |
| Availability                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                         |                         |                         |
| <input checked="" 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<br><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: |                         |