

Auristella Ramos

auri_ramos@yahoo.com - (408)770-7265

Objective:

Seeking a position in which I can utilize and contribute my education, experience and skills to the success of your facility and contribution to my culinary career.

Summary:

I challenge myself everyday to deliver the highest quality of food and service. My drive is to acquire as much culinary knowledge as possible and to work towards becoming an Executive Chef. I am a team player, hard working, prompt, reliable, friendly and able to work independently.

Experience:

C.E.T. Snack Bar Representative

2012 – Current

- Prep and stock all needed product and supplies
- Prepare, produce, and plate assigned menu items
- Prepare, season, finish, and garnish food in accordance with established recipes
- Responsible for multiple culinary work stations (maintain proper food handling and safety procedures for all products in the station/s)
- Maintain areas clean and sanitary at all times in full accordance with health regulations before, during and after the shifts (ServSafe certified)
- Ensure that stations are clean and that all food items are properly covered and stored at the end of shift
- Maintain all refrigeration and dry storage areas to ensure proper handling and rotation of products (FIFO)
- Ensure the efficiency of the line and kitchen operation on a scheduled shift is in accordance with specifications and standards
- Coordinate the break down and cleaning of the station/s during and at the end of shifts
- Follows all recipes, specs, and control procedures
- Assist with management requests

Cjon's Delights

Available exclusively at TriValley Wellness Collective

Pastry Sous Chef

2010 – Current

- Assist with all recipes by discovering new flavors and combinations with local ingredients
- Prepare and stock all needed product and supplies
- Determine costing, purchasing and menu
- Maintain areas clean and sanitary at all times in full accordance with health regulations before, during and after the shifts (ServSafe certified)

Education:

**Center for Employment Training, San Jose, CA
Culinary Arts**

2012 – Current

Keywords: ServSafe Certified, Microsoft Office Suite,

Center for Employment Training

Graduation Certificate

Issued to

Auristella Ramos

in evidence of the satisfactory completion

of skills training in

CLERICAL WORK

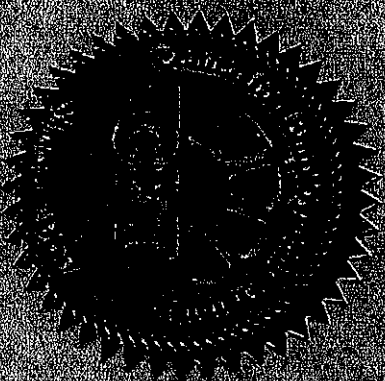
Completed

DATE

10/10/2013

Auristella Ramos

Director



Completed on

10/10/2013

10/10/2013



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NOTICE TO EMPLOYEE
Labor Code section 2810.5

EMPLOYEE

Employee Name: Auristella Ramos

Start Date: 3/20/2017

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: _____ Overtime Rate(s) of Pay: _____

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:

- 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)

Erika Komatsu

(PRINT NAME of Employer representative)

(SIGNATURE of Employer Representative)

(Date)

3-20-2017

(PRINT NAME of Employee)

Auristella Ramos

(SIGNATURE of Employee)

Auristella Ramos

(Date)

3-20-2017

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.