

## NOTICE TO EMPLOYEE

Labor Code section 2810.5

### EMPLOYEE

Employee Name: Imelda Pascua

Start Date: 3/21/17

### 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: \_\_\_\_\_

### WAGE INFORMATION

Rate(s) of Pay: 10/DBX Overtime Rate(s) of Pay: 1.5X

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: York Risk Services

Address: 1390 Willow Pass Road, Concord, CA 94520

Telephone Number: 866.391.9615

Policy No.: NSWCC-0000101

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

*Nicanor Dela Cruz*

(PRINT NAME of Employer representative)

*DLC*

(SIGNATURE of Employer Representative)

*3/21/17*

(Date)

*Imelda Pascua*

(PRINT NAME of Employee)

*Imelda Pascua*

(SIGNATURE of Employee)

*03/21/17*

(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.

# Interview Note Sheet

## Applicant Information

Name: <b>Imreca, Imelda</b>	Interviewer: <b>Nina</b>
Date:	Rate of Pay: <b>DBX</b>
Position (s) Applied for: <b>Prep cook</b>	Referred by:

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 \_\_\_\_\_ in Food Service/Hospitality**

**DBX EE**

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:



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## Employment Application

816-501-9067

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 Imelda Pascua Date: 03/21/17  
 Home Telephone (    ) Other Telephone (510) 706-1482  
 Present Address 538 Jefferson St. Hayward, CA 94544  
 Permanent Address, if different from present address: \_\_\_\_\_  
 Email Address mel.pascua79@gmail.com

### EMPLOYMENT DESIRED

Position applying for: Kitchen helper /prepping Salary desired: \_\_\_\_\_

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 Andrea Tabar 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? April 5, 2017

**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							
PM	<u>10PM - 8:30AM</u>	<u>12PM - 8:30PM</u>	<u>12PM - 4:30PM</u>	<u>12PM - 8:30PM</u>	<u>12PM - 8:30PM</u>		

Do you have any vacations or extended leaves planned in the next 12 months? If so, please list dates:

NO

### 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

Andrea Tabar - cousin

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?
George Washington High	Mangilao, Guam	Diploma	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:

I worked for catering company before and currently working in a deli.

## 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 Deluchi Market, Redwood City

Type of Business Supermarket & Deli Telephone No. (    ) Supervisor's Name Enrique

Your Position and Duties Deli - making sandwiches and prepping deli meats and cheese, and salads.

Dates of Employment: From 08/2016 To present Weekly Pay: Starting \$11.00 Ending \$13.00

Reason for Leaving: still currently working there.

Name and Address of Employer Evolution Meals, Daly City

Type of Business Catering / Food Telephone No. (    ) 10 Supervisor's Name Toni

Your Position and Duties Prepping vegetables, packaging food

Dates of Employment: From 09/2012 To 07/2014 Weekly Pay: Starting \$12.00 Ending \$12.00

Reason for Leaving: Company got sold

Name and Address of Employer Surgical Initiative

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Type of Business Medical Tech Telephone No. ( 510 ) 514 Supervisor's Name N/A  
Your Position and Duties Assembly line and operating machines

Dates of Employment: From 02/2012 To 08/2012 Weekly Pay: Starting \$17.00 Ending \$17.00

Reason for Leaving: Laid off

Name and Address of Employer Torchmark, Hayward

Type of Business Printing Telephone No. ( 510 ) 514 Supervisor's Name N/A

Your Position and Duties printing medical devices, calibrating and cleaning machines.

Dates of Employment: From 09/2009 To 01/2012 Weekly Pay: Starting \$12.00 Ending \$15.00

Reason for Leaving: Laid off

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: Andree Tabar Telephone No. (510) 770-4285

Address \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_

Name: Cynthia Hagag Telephone No. (650) 6304615

Address Redwood City

Occupation: Kitchen Helper Relationship: Friend Number of Years Acquainted: 1+

Name: Christian Lashna Telephone No. (      )

Address Daly City

Occupation: Kitchen Relationship: Friend Number of Years Acquainted: 4+

**Please Read Carefully, Initial Each Paragraph and Sign Below**

IP- 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.

IP- 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.

IP- 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.

IP- 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.

IP- 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



Date

03/21/17