



Name: Cindy Hendricks

Taborca ID: 41 222

Date of Hire: 07 / 24 / 17

Date of Re-Act: 08 / 10 / 18

New employee set up

- E-verify
- Hire Right EE
- Hire Right Internal (upload any list A docs)
- Direct Deposit (Scan to Payroll) and/or Global Cash Card – complete the form & have EE sign
- Notice to Employee Completed
- Added to Orientation Time Sheet
- Attended New Hire Orientation
- Background Check (Asurint)
- New Hire List (All fields)
- Check Taborca Profile (All fields)
- Upload Resume and Skills Tests (one doc)
- Upload Food Handler's Card

Re Act employee set up (See Re Act Process for more detail)

- File and I9 pulled (new one created/done in Hire Right if old ones are gone)
- Re Act onboarding if initially hired before 1/1/16
- Check W4
- Check all demographic info and availability
- Check for skills tests, app, FHC, and resume (get new app, new resume if hired more than 1 year ago)
- Complete Notice to Employee with updated pay if necessary
- Verify pay option and take steps to Re Act any old pay options still current
- Run new BGC if more than 1 year since last shift worked
- New orientation/place on time sheet if it's been over a year since last shift
- New Hire List (all fields)
- Delete employee from the INA/TER spreadsheet if they are on it



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Name: CINDY HENDRICKS

Taborca ID: 41222

Date of Hire: 7/24/2017

Date of Re-Act:     /    /    

New employee set up

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> E-verify                                     | <input checked="" type="checkbox"/> Added to Orientation Time Sheet          |
| <input checked="" type="checkbox"/> Hire Right EE                                | <input checked="" type="checkbox"/> Attended New Hire Orientation            |
| <input checked="" type="checkbox"/> Hire Right Internal (upload any list A docs) | <input checked="" type="checkbox"/> Background Check (Asurint)               |
| <input checked="" type="checkbox"/> Direct Deposit (Scan to Payroll) and/or      | <input checked="" type="checkbox"/> New Hire List (All fields)               |
| Global Cash Card – complete the form &   | <input checked="" type="checkbox"/> Check Taborca Profile (All fields)       |
| have EE sign   | <input checked="" type="checkbox"/> Upload Resume and Skills Tests (one doc) |
| <input checked="" type="checkbox"/> Notice to Employee Completed                 | <input checked="" type="checkbox"/> Upload Food Handler's Card               |

Re Act employee set up (See Re Act Process for more detail)

- ☐ File and I9 pulled (new one created/done in Hire Right if old ones are gone)
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- ☐ New Hire List (all fields)
- ☐ Delete employee from the INA/TER spreadsheet if they are on it



**CINDY HENDRICKS**

**(669)300-4055/e-mail:kindiehendricks57@yahoo.com**

**Work Experience**

**Aramark Corporation/Cashier, Restaurant, San Jose, CA/October 2015-June 2016**

- Cashier, customer service, daily cash balancing, all front dining room responsibilities, vendors, assist with food prep and catering.

**The Home Depot/Cashier, San Jose, CA 2012-2014**

- Exemplary performance as cashier and customer service. assist customer project needs, garden and lumber depts., work with department leaders to assure customer satisfaction.

**Smart and Final Extra/Grocery Checker, San Jose, CA 2009-2011**

- Grocery checking, superior customer service, product knowledge, merchandise stocking, all purpose where needed.

**Bay Area Brokers/ Receptionist, Office Assistant, San Jose, CA 2008-2009**

- Receptionist, all clerical duties including telephones, typing, computer, preparation of legal documents, written and interpersonal communication with brokers, clients and vendors.

**The Western Dragon/ Co-Owner, Office Manager, San Jose, CA 2001-2003**

- Management of all office aspects in veterinary practice including: all client services and interaction, receptionist, appointment scheduling, travel arrangements, event planning, veterinary assistant. All financial aspects: client billing, accounts payable, receivables, maintain client data bases, budget, all insurance, recordkeeping, marketing, training, vendors, bookkeeping, human resources, etc.

**Adobe Animal Hospital/Administrative Assistant, Los Altos, CA 1997-2001**

- Schedule client appointments, phones, room clients and pets, cashier, train receptionists, created and maintained all client data bases.
- Client liaison, all customer service issues, accounts receivable, assisted with HR, employee benefits coordinator, and Workers' Compensation.
- Daily cash flow, balance receipts, bank deposits, monthly production reports.
- Maintained schedules for 17 veterinarians, all clerical including office machinery, written and verbal correspondence, typing, receptionist, filing.

**Education**

**Woodrow Wilson High School, Long Beach, CA-Diploma**

**Everest College, San Jose, CA-Medical Management Assistant Certificate**



**NOTICE TO EMPLOYEE**  
*Labor Code section 2810.5*

**EMPLOYEE**

Employee Name: CINDY HENDRICKS  
Start Date: 7-24-2017

**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, 9<sup>th</sup> 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)*

SONNY RENDALL  
(PRINT NAME of Employer representative)

[Signature]  
(SIGNATURE of Employer Representative)

7-24-2017  
(Date)

CINDY HENDRICKS  
(PRINT NAME of Employee)

[Signature]  
(SIGNATURE of Employee)

7-24-2017  
(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: <u>CINDY HENDRICKS</u>	Interviewer: <u>SONNY</u>
Date: <u>7-24-2017</u>	Rate of Pay: <u>\$13/Hr</u>
Position (s) Applied for: <u>CASHIER / CON</u>	Referred by: <u>MELISSA FITZKE</u>

Test Scores					
Server	/35	%	Bartender	/30	%
Prep Cook	/15	%	Barista	/10	%
Grill Cook	/40	%	Cashier	<u>14/15</u>	<u>95</u> %
Dishwasher	/10	%	Housekeeping	/16	%

Seeking:
Full-Time
<u>Part-Time</u>

## Relevant Experience & Summary of Strengths

<u>Knife Skills</u>	<u>CANNOT SERVE</u> <u>HAS LIMITATION</u> <u>W/ LIFTING</u>	Total of <u>5+ yrs</u> in Food Service
<u>Cuisines</u>	<u>CASH / CON. ONLY</u>	<u>BUF style</u>
1		
2		
3		
<u>Stations:</u>	<u>B/W</u>	<u>Concession</u> <u>20 hr week</u>
1		
2		
3		

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

Transportation
Car <input type="checkbox"/> Public Transit <input checked="" type="checkbox"/> Carpool ( Rider / Driver ) <input type="checkbox"/>

Regions Available to work:
<input 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 <input checked="" type="checkbox"/> San Jose <input checked="" 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 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 <input type="checkbox"/> Chef Coat <input type="checkbox"/> Chef Pants <input type="checkbox"/> Knives <input type="checkbox"/> Black Pants <input checked="" type="checkbox"/> Non-Slip Shoes <input type="checkbox"/> Bow Tie <input type="checkbox"/> Other: _____

Would you recommend this applicant for Acrobat Academy? <u>No</u>	Convention Candidate? <u>yes</u>	Other Languages Spoken:
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## 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 Cindy Hendricks Date: 7/24/17  
 Home Telephone (409) 300-4085 Other Telephone ( )  
 Present Address 454 Sobrato Dr. Campbell, CA 95008  
 Permanent Address, if different from present address: \_\_\_\_\_  
 Email Address cindyhendricks17@gmail.com

EMPLOYMENT DESIRED

Position applying for: Cashier Salary desired: \_\_\_\_\_

Are you currently registered with any staffing and/or employment agencies? If so, please list  
NO

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 Melissa Fittsle 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? \_\_\_\_\_

*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			7am	7am	7am		
PM	12p-11p	12p-11p	11p	5p	11pm	12p-11p	12p-11p
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 \_\_\_

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.) \_\_\_\_\_

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## EDUCATION & SKILLS

NAME OF SCHOOL	CITY & STATE	GRADE OR DEGREE COMPLETED	DID YOU GRADUATE?
Woodrow Wilson H.S.	Long Beach, CA	Diploma	YES
Woodrow Wilson H.S.	Long Beach, CA		NO
San Diego State Univ	San Diego, CA		NO
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: OSHA - certificate / food handlers card / microsoft word / medical mgmt Asst - certificate / 20+ years cashier - office			

## 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 ~~Five Star Cleaners~~ Aramark  
 Type of Business ~~Food service~~ Telephone No. 849,842-0709 Supervisor's Name Amanda Benson  
 Your Position and Duties Cashier, Dining room, Asst w/ Food prep & catering, Operate and maintain food service machinery  
 Dates of Employment: From 10/15 To 6/16 Weekly Pay: Starting 11.50 Ending 11.50

Reason for Leaving: Personal - home

Name and Address of Employer The Home Depot  
 Type of Business Retail Telephone No. 408, 287-4807 Supervisor's Name Anna  
 Your Position and Duties Cashier / customer service

Dates of Employment: From 2/2012 To 2/2014 Weekly Pay: Starting 9.50 Ending 10.50  
 Reason for Leaving: School

Name and Address of Employer Smart + Final  
 Type of Business Groceries Telephone No. 408, 264-0514 Supervisor's Name Tim  
 Your Position and Duties Grocery checker / cashier  
 Dates of Employment: From 9/1 To 1/11 Weekly Pay: Starting 8.50 Ending 9.00

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Reason for Leaving: School

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 X  
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: Donne Crane Telephone No. (831) 613-3149

Address: Santa Clara

Occupation: School District Relationship: friend Number of Years Acquainted: 5

Name: Sandi Edwards Telephone No. (408) 796-2285

Address: San Jose, CA

Occupation: Restaurant Relationship: friend Number of Years Acquainted: 5

Name: Kimberly McCarthy Telephone No. (408) 841-0032

Address: Campbell, CA

Occupation: Sales Relationship: friend Number of Years Acquainted: 5

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Please Read Carefully, Initial Each Paragraph and Sign Below

CS

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.

CS

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.

CS

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.

CS

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.

CS

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

Andy Henderson

Date

7/24/17

(95%)

**Cashier Test**

**Score** / 10

- B 1) A roll of quarters is worth?  
a) \$5.00  
b) \$10.00  
c) \$15.00  
d) \$20.00
- A 2) A roll of dimes is worth?  
a) \$5.00  
b) \$4.00  
c) \$3.00  
d) \$2.00
- D 3) A roll of nickels is worth?  
a) \$8.00  
b) \$6.00  
c) \$4.00  
d) \$2.00
- C 4) A roll of pennies is worth?  
a) \$1.00  
b) \$0.75  
c) \$0.50  
d) \$0.25
- C 5) What does POS stand for?  
a) Patience over standards  
b) Percentage of sales  
c) Point of sales  
d) People over service
- 8.63%  
C 6) What is the current sales tax rate in your city SF = 8.75%, SJ = 8.63%, SAC = 8.00%?
- C 7) A customer buys a bowl of soup for \$1.25, an apple \$0.90 and a soda is \$0.79. If you are given \$10.00 how much change should you give back?  
a) \$4.06  
b) \$2.06  
c) \$7.06  
d) \$5.06
- B 8) A customer buys two shirts for 10.50 each and two ball caps for \$7.25 each. If you are given \$50.00 how much change should you give back?  
a) \$19.50  
b) \$14.50  
c) \$9.50  
d) \$4.50
- D 9) A customer buys soda for \$3.75 and a hot dog for \$4.25. If you are given \$20.00 how much change should you give back?  
a) \$6.00  
b) \$8.00  
c) \$10.00  
d) \$12.00
- A 10) A customer buys two hamburgers at \$3.75 each, two bags of chips at \$1.25 each, two cookies at \$2.50 each and two sodas at \$3.25 each. If you are given \$100.00 how much change should you give back?  
a) \$78.50  
b) \$58.50  
c) \$38.50  
d) \$28.50

A

11) Counterfeit pens should be used on which three denominations?

- a) \$20, \$50, \$100
- b) \$10, \$20, \$50
- c) \$5, \$50, \$100
- d) \$10, \$20, \$50

B

12) How many times should you count change when giving it to the customer?

- a) one
- b) two
- c) three
- d) no need to count

*(one to myself + one to the customer)*

Question & Answer:

13) What is the minimum age for legal alcohol purchases? 21

14) What are the acceptable forms of ID for alcohol purchases? Cal Drivers License, military ID, Cal ID card, Passport

15) How many \$20 bills are in a bank band? I have never received a \$20 bank band for my till.



Multiple Choice (1 point each)

75%

D 1) A gallon is equal to \_\_\_\_\_ ounces

- a. 56
- b. 145
- c. 32
- d. 128

A 2) Mesclun are what type of vegetable?

- a. Roots
- b. Beans
- c. Salad Greens
- d. Spices

B 3) What does the term braise mean?

- a. Sear quickly on both sides
- b. Slowly cook in covered pan with little liquid
- c. Cook on high heat and quickly
- d. Slowly cook in simmering water

B 4) At what internal temperature must chicken be cooked so that it is safe to eat?

- a. 155 degrees F
- b. 165 degrees F
- c. 175 degrees F
- d. 185 degrees F

A 5) How do you blanch vegetables?

- a. Immerse for a short time in boiling water
- b. Cook lightly in butter over med heat
- c. Soak in cold water overnight
- d. Rub with salt before cooking

C 6) Which of the following ingredients would you pack before measuring?

- a. Olive Oil
- b. Salt
- c. Brown Sugar
- d. White Sugar

A 7) What is Al Dente?

- a. Firm but not hard
- b. Soft to the touch
- c. Very hard
- d. Very soft

A 8) Food should be left out no more than

- a. 2 hours
- b. 3 hours
- c. 4 hours
- d. 5 hours

**Prep Cooks Test**

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- D 9) Which is the improper way to thaw frozen food?
- a. In the fridge
  - b. In a sink with cold water
  - c. On the counter
  - d. In the microwave
- A 10) Which of the following can you use to put out a grease fire?
- a. Baking Soda
  - b. Baking Powder
  - c. Flour
  - d. Water
- B 11) What is the temperature range of the danger zone?
- a. 25-135
  - b. 40-140
  - c. 50-160
  - d. 30-130
- D 12) Which of the following is listed from smallest to largest?
- a. Dice, chop, mince
  - b. Mince, chop, dice
  - c. Chop, dice, Mince
  - d. Mince, dice, chop
- C 13) Which direction should pan handles be turned while cooking on the stove?
- a. Over the fire at all times
  - b. Turned towards you for better control
  - c. Turned towards the right or left at all times
  - d. Over the countertop at all times
- C 14) When you poach something, you cook it with what?
- a. Noodles
  - b. Vegetables
  - c. Liquid
  - d. Oil
- A 15) Which spoon is used to remove fat from soups and stews?
- a. Basting Spoon
  - b. Ladle
  - c. Slotted Spoon
  - d. Portion Spoon
- B 16) Which of the following means to cook in a small amount of fat?
- a. Season
  - b. Sauté
  - c. Broil
  - d. Boil
  - e. Fry

**Prep Cooks Test**

---

- A 17) What is a Julien cut?
- a. Food cut into long thin strips, matchstick
  - b. Food cut into long thin strips then turned and cut into a 1/8' dice
  - c. Food diced into finely chopped and uniform pieces
  - d. Cutting and peeling into oblong seven sided football like shapes
- A 18) To cook a food in a pan without browning over low heat until the item softens and releases moisture.
- a. Sweat
  - b. Boil
  - c. Roast
  - d. Grill

**Fill-in the Blank (1 point each)**

- 19) Rosemary & Thyme are the basic seasoning ingredients for all savory recipes.
- 20) Chop: to cut into very small pieces when uniformity of size and shape is not important.



**GLOBAL CASH CARD FORM**

New ☒ Replacement ☐ Cancel ☐  
One Time Deposit? Yes ☐ No ☒

Today's Date 07-24-2017

Last Name HENDRICKS

First Name CINDY MI

Address 454 SOBRATO DR Apartment #

City BAMPBELL State CA Zip Code 95008

Social Security Number 553-94-2603

Date of Birth 05-20-1957

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 - 3983

Branch Office: SJ

Completed By: Senny

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](http://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.

Cindy Hendricks  
Print Name

Cindy Hendricks  
Employee Signature

7/24/17  
Date

# DIRECT DEPOSIT FORM

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

Your Hospitality Staffing Professionals  
 OUTSOURCING

New ☐ Cancel ☐

One Time Deposit? ☐ Yes ☐ No

Today's Date   -   -

Last Name

First Name  MI ☐

Address  Apartment #

City  State  Zip Code

Social Security Number  Date of Birth

Routing Number															Account Number														
Bank Name																													
<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other																													

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 \_\_\_\_\_

NOTICE TO EMPLOYEE  
Labor Code section 2810.5

EMPLOYEE

Employee Name: Cindy Hendricks

Start Date: 08/10/2018

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, 9<sup>th</sup> 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)*

Alvinna Cheung  
(PRINT NAME of Employer representative)

[Signature]  
(SIGNATURE of Employer Representative)

08/10/2018  
(Date)

Cindy Hendricks  
(PRINT NAME of Employee)

[Signature]  
(SIGNATURE of Employee)

8/10/18  
(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.