



Name: Fatima Morrow

Taborca ID: 41364

Date of Hire: 07/31/17

Date of Re-Act: 03/15/19

New employee set up

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

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

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

Interview Note Sheet

Applicant Information

Name: <u>FATIMAH MORROW</u>	Interviewer: <u>DIAWNA</u>
Date: <u>03/15/2019</u>	Rate of Pay:
Position(s) Applied for: <u>CASHIER/CONCESSIONS</u>	Referred by:

Test Scores					
Server	/35	%	Bartender	/35	%
Prep Cook	/15	%	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

react

attendance probation for 3 months
starting from first shift (she picks up
after reactivating)

counselling for callouts & only accepting
shifts (she can commit to

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

need c

Transportation

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

Regions Available to work:

SF City	SF North	SF Peninsula	East Bay	Outer East Bay
<input checked="" type="radio"/> San Jose	<input checked="" type="radio"/> South San Jose	<input checked="" type="radio"/> S/Peninsula		

Certifications (if any)

TiPS	Serv-Safe	LEAD	Other _____	Will Submit
------	-----------	------	-------------	-------------

Availability

<input checked="" type="radio"/> 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:

Fatime Morrow

603 Beta Ct Apt B
Campbell , CA, 95008
Tel: (408) 310-5765 Email: fatime.morrow@yahoo.com

Job Objective To obtain a customer service position that will allow me to work part time.

Education Andrew P Hill Sep 1979 ~ Jun 1983
High School Diploma

Experience Acrobat Oct 2017 ~ Apr 2018
Concierge
Work different assignments as a server.
Stanton Homes Jan 1988 ~ Sep 1989
Caregiver
Bathe, dress, and prepare food for client. Clean room and maintain a clean and healthy environment.
Lockheed Martin IMS Jun 1989 ~ Jul 1996
Ticket Processor
Process parking tickets and payments to court houses.
Good Samaritan Breast Care Center Aug 1996 ~ Present
Registrar
Register, schedule and check in patients for mammogram appointments using extensive customer service in person and on the telephone.

Skills Clear communication skills
Patient
Attentive
Reliable

Acrobat

outsourcing

Your Hospitality Staffing Professionals

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 Fatime Morrow Date: 3-5-2019
Home Telephone (408) 310-5745 Other Telephone ()
Present Address 603 Beta Court Apt B Campbell, Ca. 95008
Permanent Address, if different from present address: _____
Email Address fatime.morrow@yahoo.com

EMPLOYMENT DESIRED

Position applying for: food vendor/Concession Salary desired: \$18.00
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 _____ 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? Soon As Possible

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					5pm -	5pm -	Open

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 If yes, when? _____

Do you have friends or relatives working for Acrobat Outsourcing? Yes No If yes, please state name and relationship _____

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

Acrobat

outsourcing

Your Hospitality Staffing Professionals

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 any and all Fair Chance Ordinances, 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?
Andrew P. Hill High	San Jose, Ca.	12	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:			

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 Good Samaritan Breast care center

Type of Business Medical Telephone No. (408) 358-8414 Supervisor's Name Stacey Contreras

Your Position and Duties Registrar | Scheduler

Check in patients for appt and register | Schedule appt.

Dates of Employment: From 8/96 To Present

Reason for Leaving: _____

Name and Address of Employer _____

Type of Business _____ Telephone No. (____) _____ Supervisor's Name _____

Your Position and Duties _____

Dates of Employment: From _____ To _____

Reason for Leaving: _____

Name and Address of Employer _____

Acrobat

outsourcing

Your Hospitality Staffing Professionals

Type of Business _____

Telephone No. (____) _____ Supervisor's Name _____

Your Position and Duties _____

Dates of Employment: From _____ To _____

Reason for Leaving: _____

Name and Address of Employer _____

Type of Business _____ Telephone No. (____) _____ Supervisor's Name _____

Your Position and Duties _____

Dates of Employment: From _____ To _____

Reason for Leaving: _____

Have you ever been fired from any previous place of employment? If so, please explain: _____

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: Mary Blackman Telephone No. (209) 476-4755

Address 150th Ave San Leandro, ca.

Occupation: Unit Clerk Relationship: friend Number of Years Acquainted: 30

Name: Michelle Payne Telephone No. (408) 309-1274

Address Warring Ave San Jose, ca. 95123

Occupation: Medical reception Relationship: friend Number of Years Acquainted: 50

Name: Connie Camacho Telephone No. (408) 763-1851

Address Whipple ct San Jose, ca.

Occupation: Registrar Relationship: friend Number of Years Acquainted: 15

Please Read Carefully, Initial Each Paragraph and Sign Below

fm 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.

fm 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.

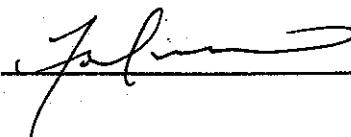
fm I hereby authorize Acrobat Outsourcing and its authorized representatives to solicit information regarding my background, which may include but not be limited to, information about my employment, education, and/or criminal history, which may be in the files of any federal, state, or local criminal justice and law enforcement agency and general public records history.

fm 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.

fm 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 3-5-2019

REACT - attendance probation for 3 months starting from first shift
she picks up after **Acrobat** reactivation

- consulting done for proper amount outsourcing
keep picking up Your Hospitality Staffing Professionals
procedures & shifts she can commit to.

Attendance Policy

The cost of absenteeism and lateness is difficult to estimate, no one can calculate the cost of the burden this puts on others who have to do the absent person's work. Most people will be late or sick at one time or another. But when short-term absences become more frequent, they might signal personal, medical, or job-related problems.

It is your responsibility to notify your supervisor at least 24 hours prior to your shift of any anticipated tardiness or absence. All tardiness or absences should be reported to the Emergency Line at 800.236.2276 x2207. You should provide the general reason for your absence, and understand that excessive absences and lateness will lead to disciplinary action.

Below is a breakdown of how infractions will be measured. Any employee who accumulates more than three points in a 90-day period can result in termination of employment.

Tardy – Anybody not signed/ clocked-in by their start time. 1 Point

Call Off – Needing to be taken off a shift after schedules are sent out. It is your responsibility to request any desired time off in advance. 1 Point

LM Call-Out – Failing to provide Acrobat with 24-hour notice before missing a shift. 1 Points

No Call No Show – Failing to provide Acrobat with any notice before missing a shift. 3 Points

Name: Fatima Narro Date: 3-15-19

Signature: fatima



NOTICE TO EMPLOYEE

Labor Code section 2810.5

EMPLOYEE

Employee Name: FATIGUE MORROW
Start Date: 03/15/2010

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: Acrobat Outsourcing San Jose

Physical Address of Main Office: 1585 The Alameda, San Jose, CA 95124

Mailing Address: " "

Telephone Number: 408-483-4271

WAGE INFORMATION

Rate(s) of Pay: \$16.00 Overtime Rate(s) of Pay: \$24.00

Rate by (check box): Hour Shift Day Week Salary Piece rate Commission

Other (provide specifics): Cashier / Concessions

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):

N/A

(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:

- 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)

Mauna Cheung

(PRINT NAME of Employer representative)

Mauna Cheung

(SIGNATURE of Employer Representative)

03/15/2019

(Date)

Fatime Morrow

(PRINT NAME of Employee)

Fatime Morrow

(SIGNATURE of Employee)

3-15-19

(Date)

The employee's signature on this notice merely constitutes acknowledgement of receipt.

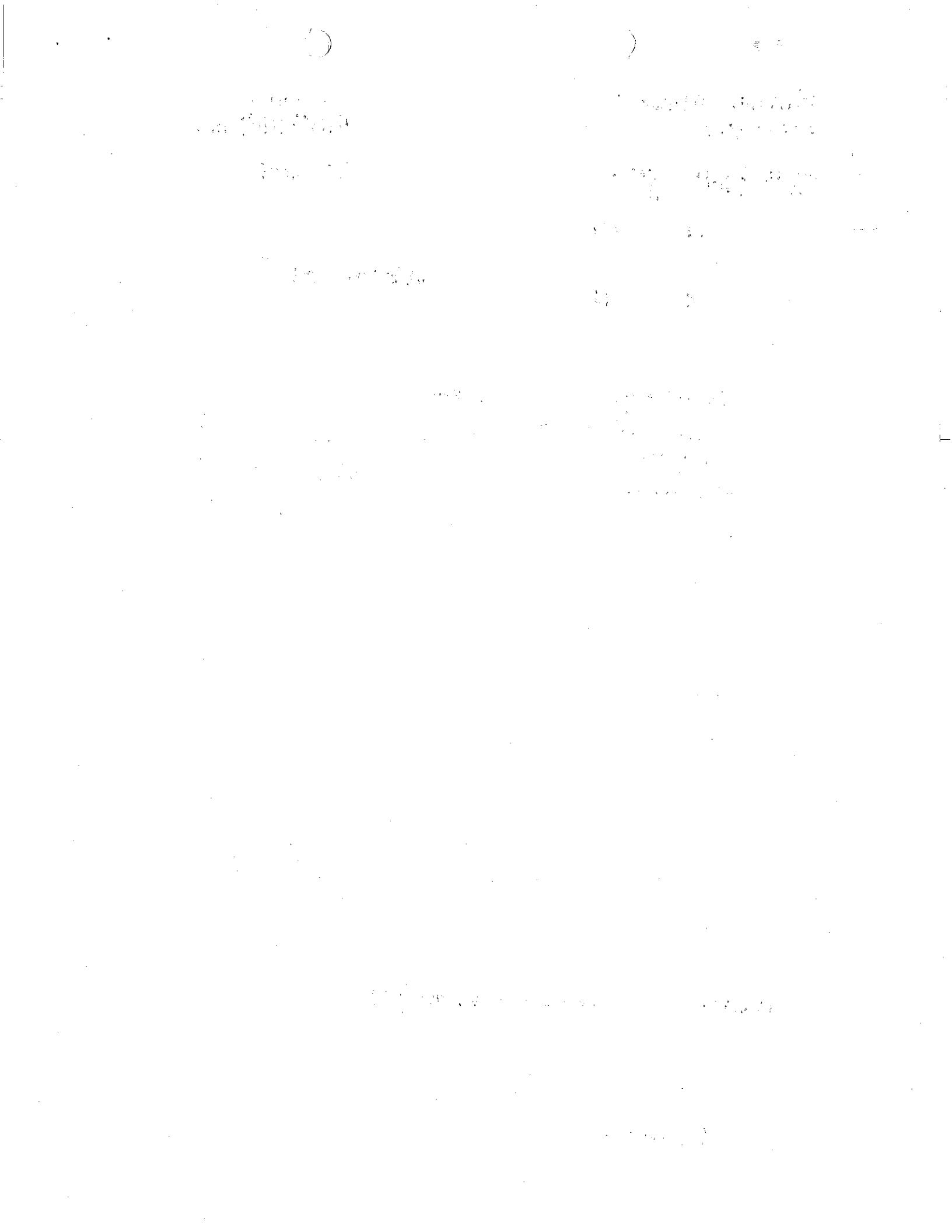
Labor Code section 2810.5(b) requires that the employer notify you in writing of any changes to the information set forth in this Notice within seven calendar days after the time of the changes, unless one of the following applies: (a) All changes are reflected on a timely wage statement furnished in 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: FATIME MORROW	Interviewer: SONNY
Date: 7-31-2017	Rate of Pay: #13⁰⁰ - 14⁵⁰/HR
Position(s) Applied for: CASH / DISH / CONC. 13 14⁰⁰ 13	Referred by: ON LINE

Test Scores		Seeking				
Server	19 /35	54 %	Bartender	/30	%	Full-Time
Prep Cook	/15	%	Barista	/10	%	Part-Time
Grill Cook	/40	%	Cashier	13/15 100	89 %	
Dishwasher	9 /10	90 %	Housekeeping	/16	%	

Relevant Experience & Summary of Strengths						
<u>Knife Skills</u>			Total of _____ in Food Service			
<u>Event Help</u> - Serve food buffet style. - Clean up			7-8m. Weekends only, Friday after 10pm			
<u>Cuisines</u>						
1	2	3	4	5	6	
<u>Stations:</u>						
1	2	3	4	5	6	
P.O.S. Experience: Y / N details: _____						
Transportation						
<input checked="" type="radio"/> Car		<input type="radio"/> Public Transit		<input type="radio"/> Carpool (Rider / Driver)		
Regions Available to work						
<input type="radio"/> SF City		<input type="radio"/> SF North		<input type="radio"/> SF Peninsula		
<input type="radio"/> San Jose		<input type="radio"/> South San Jose		<input type="radio"/> East Bay		
<input type="radio"/> SJ Peninsula				<input type="radio"/> Outer East Bay		
Certifications (if any)						
<input type="radio"/> TIPS		<input type="radio"/> Serv-Safe		<input type="radio"/> LEAD		
<input type="radio"/> Other _____				<input type="radio"/> Will Submit		
Availability						
<input type="radio"/> Open		<input type="radio"/> AM only		<input type="radio"/> PM only		
Details: Fri PM		ALL		SAT + SUN		
Uniforms Owned						
<input type="radio"/> Bistro		<input type="radio"/> Black Bistro		<input type="radio"/> Tuxedo		
<input type="radio"/> Chef Coat		<input type="radio"/> Chef Pants		<input type="radio"/> Knives		
<input type="radio"/> Black Pants		<input type="radio"/> Non-Slip Shoes		<input type="radio"/> Bow Tie		
<input type="radio"/> Long Black Tie				Other: _____		
Would you recommend this applicant for Acrobat Academy?			Convention Candidate?		Other Languages Spoken:	
Yes 24 working						



Acrobat

outsourcing
Your Hospitality Staffing Professionals

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 Fatime Morrow Date: 6-8-17
 Home Telephone (408) 310-5765 Other Telephone ()
 Present Address 603 Beta Ct apt B Campbell, ca. 95008
 Permanent Address, if different from present address: _____
 Email Address fatime.morrow@yahoo.com

EMPLOYMENT DESIRED

Position applying for: Server, Busser, dish washer Salary desired: \$12.00

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 ✓ 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 _____ 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? 6-17-17

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	Afternoon Evening					Evening	12:00 —

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

June 24, 2017 / July 1-2-2017 / Dec. 23, 24, 2017

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

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

*Google
Server position*

Acrobat

outsourcing
Your Hospitality Staffing Professionals

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?
Andrew P Hill Hight	San Jose, Ca.	Graduate 12	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 Minimal	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:			

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 Good Samaritan Hospital Breast Care CTR
15400 National Ave STE200 Los Gatos, Ca. 95032

Type of Business medical Telephone No. (408) 559-2001 Supervisor's Name Stacey Contreras

Your Position and Duties Registrar / Scheduler

Schedule patients mammograms - register patients mammograms

Dates of Employment: From 8/96 To Current Weekly Pay: Starting \$1160 Ending

Reason for Leaving:

Name and Address of Employer Lockheed Martin Ims 777 1st ST san Jose

Type of Business Parking Violations Telephone No. () Supervisor's Name Karen

Your Position and Duties Process parking tickets and submitting payments to municipal courts

Dates of Employment: From 6-89 To 7-96 Weekly Pay: Starting Ending

Reason for Leaving: desired to work in medical field

Name and Address of Employer Stanton Homes

Acrobat

outsourcing
Your Hospitality Staffing Professionals

Type of Business Caregiver Telephone No. (____) _____ Supervisor's Name _____

Your Position and Duties Help Clients with daily activities, grooming giving medication and help maintain a clean and healthy environment

Dates of Employment: From 1-88 To 9-89 Weekly Pay: Starting _____ Ending _____

Reason for Leaving: business closed

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: _____

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: Mary Blackman Telephone No. (209) 496-4755

Address 150th San Leandro Ave San Leandro, Ca.

Occupation: Unit Clerk Relationship: Friend Number of Years Acquainted: 29

Name: michele Payne-Ollis Telephone No. (408) 309-1278

Address Warring Dr. San Jose, Ca.

Occupation: Medical ASSIST Relationship: Friend Number of Years Acquainted: 30

Name: martha Custudio Telephone No. (408) 250-1441

Address Platt ave milpitas, Ca.

Occupation: Admit Registrar Relationship: Friend Number of Years Acquainted: 10

Please Read Carefully, Initial Each Paragraph and Sign Below

fm

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.

fm

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.

fm

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.

fm

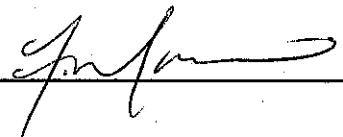
I understand that if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 form in this regard within three days of my hire date.

fm

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 6-8-17

FATIME MORROW

Campbell, CA 95008 | fatime.morrow@yahoo.com | 408-310-5765

OBJECTIVE | To obtain a customer service position that will allow me to work part time.

SKILLS & ABILITIES | Reliable, Focused, Clear communication, works cooperatively with others. Ability to plan, organize and/or prioritize daily assignments and work activities

EXPERIENCE | **REGISTRAR GOOD SAMARITAN BREAST CARE CENTER**
AUGUST 1996-PRESENT

Responsible for managing and scheduling patient appointments, and checking patients in and out for mammogram appointments, using admirable customer service in person and over the telephone.

TICKET PROCESSOR LOCKHEED MARTIN IMS
JUNE 1989-JULY 1996

Provided clerical support processing parking tickets and submitting payments to municipal courts.

CAREGIVER STANTON HOMES
JANUARY 1988-SEPTEMBER 1989

Help clients with daily activities, such as bathing and bathroom functions, feeding, grooming, taking medication, and maintain a clean and healthy environment.

EDUCATION | **ANDREW P. HILL, SAN JOSE, CA**
HIGH SCHOOL DIPLOMA

REFERENCES | AVAILABLE UPON REQUEST

NOTICE TO EMPLOYEE
Labor Code section 2810.5

EMPLOYEE

Employee Name: FATIME Morrow

Start Date: 7-31-2017

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:

- 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

(PRINT NAME of Employer representative)

Sonny K. Bell

(SIGNATURE of Employer Representative)

7-31-2017

(Date)

FATIME Morrow

(PRINT NAME of Employee)

Fatime Morrow

(SIGNATURE of Employee)

7-31-2017

(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.