



Name: Fatime Morrow

Taborca ID: 41366

Date of Hire: 07/31/17

Date of Re-Act: 03/15/19

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
- 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 (notify payroll) 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

Interview Note Sheet

Applicant Information	
Name: <u>fatime morrow</u>	Interviewer: <u>Monika</u>
Date: <u>03/15/2019</u>	Rate of Pay:
Position (s) Applied for: <u>Cashier/concierge</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
<u>Part-Time</u>

Relevant Experience & Summary of Strengths
<p style="text-align: right;">Total of _____ in Food Service/Hospitality</p> <p>react</p> <p>attendance probation for 3 months starting from first shift she picks up after reactivating</p> <p>counselling for callouts & only accepting shifts she can commit to</p> <p>P.O.S. Experience: Y / N details: _____ needs</p>

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"/> East Bay <input type="radio"/> Outer East Bay <input checked="" type="radio"/> San Jose <input type="radio"/> South San Jose <input checked="" type="radio"/> S Peninsula
Certifications (if any)
<input type="checkbox"/> TIPS <input type="checkbox"/> Serv-Safe <input type="checkbox"/> LEAD <input type="checkbox"/> Other _____ <input type="checkbox"/> Will Submit
Availability
<input checked="" type="radio"/> Open <input type="radio"/> AM only <input type="radio"/> PM only <input type="radio"/> Weekdays only <input type="radio"/> 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 type="checkbox"/> Non-Slip Shoes <input type="checkbox"/> Bow Tie <input type="checkbox"/> Other: _____
<input type="checkbox"/> Would you recommend this applicant for Acrobat Academy? <input type="checkbox"/> Convention Candidate? <input type="checkbox"/> 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

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) 310-5765 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 ___

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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 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	<input checked="" type="radio"/> NO
Are you computer literate? If so, list software knowledge under "Special."		YES	<input checked="" type="radio"/> NO
Are you proficient with Point of Sales Systems? If, so please list which ones under "Special."		YES	<input checked="" type="radio"/> 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	<input checked="" type="radio"/> 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 _____

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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) 309-1276

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

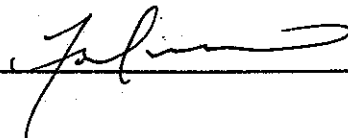
I understand that if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 form in this regard within three days of my hire date.

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

- counselling done for proper callout outsourcing procedure & ~~even~~ picking up Your Hospitality Staffing Professionals 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.

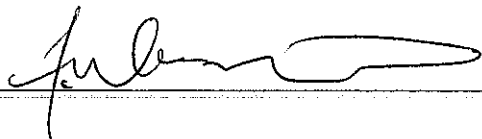
Tardy – Anybody not signed/ clocked-in by their start time. 1 Point

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: Fatime Marron Date: 3-15-19

Signature: 

NOTICE TO EMPLOYEE**Labor Code section 2810.5****EMPLOYEE**Employee Name: Fatime MORROWStart Date: 03/15/2019**EMPLOYER**Legal Name of Hiring Employer: S.E ScherIs 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 JosePhysical Address of Main Office: 1585 The Alameda, San Jose, CA 95124Mailing Address: " "Telephone Number: 408-483-4271**WAGE INFORMATION**Rate(s) of Pay: \$16.00 Overtime Rate(s) of Pay: \$24.00Rate by (check box): ☐ Hour ☐ Shift ☐ Day ☐ Week ☐ Salary ☐ Piece rate ☐ Commission☐ Other (provide specifics): Cashier / concessionsDoes a written agreement exist providing the rate(s) of pay? (check box) ☐ Yes ☐ NoIf 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)

A Laura Cheung
(PRINT NAME of Employer representative)

[Signature]
(SIGNATURE of Employer Representative)

03/15/2019
(Date)

Fatime MORROW
(PRINT NAME of Employee)

[Signature]
(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: \$13.00 - 14.50 / HR

Position (s) Applied for:

Referred by:

CASH / DISH / COOK
13 14.50 13

ON LINE

Test Scores

Server	19 / 35	54 %	Bartender	/ 30	%
Prep Cook	/ 15	%	Barista	/ 10	%
Grill Cook	/ 40	%	Cashier	13 / 15 HR	89 %
Dishwasher	9 / 10	90 %	Housekeeping	/ 16	%

Seeking:

Full-Time

Part-Time

Relevant Experience & Summary of Strengths

Knife Skills

Total of _____ in Food Service

Event Help

7-8m.

- serve food buffet style

Cuisines

- clean up

Weekends only
Friday after
5pm

Stations:

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:

FR (PM)

ALL

SAT + SUN

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?

YES 24 months

Convention Candidate?

Other Languages Spoken:

1. 1911

2. 1912

3. 1913

4. 1914

5. 1915

6. 1916

7. 1917

8. 1918

9. 1919

10. 1920

11. 1921

12. 1922

13. 1923

14. 1924

15. 1925

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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 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? 6-11-17

*Google
Server position*

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	<i>Afternoon Evening</i>					<i>5pm - Evening</i>	<i>12:00 -</i>
Do you have any vacations or extended leaves planned in the next 12 months? If so, please list dates: <u>June 24, 2017 / July 1-2-2017 / Dec. 23, 24, 2017</u>							

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 ___

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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?
Andrew P Hill High	San Jose, Ca.	Graduate 12	yes
Do you have any special licenses, certificates or special training? If so please list under "Special".		YES	<input type="radio"/> NO
Are you computer literate? If so, list software knowledge under "Special."		<input checked="" type="radio"/> YES minimal	<input type="radio"/> NO
Are you proficient with Point of Sales Systems? If, so please list which ones under "Special."		YES	<input type="radio"/> 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	<input type="radio"/> 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 STE 200 Los Gatos, Ca. 95032

Type of Business medical Telephone No. (408) 569-2001 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

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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) 309-1276

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

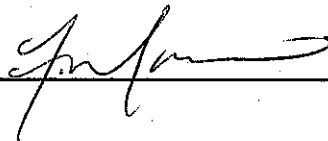
I understand that if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 form in this regard within three days of my hire date.

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

DIRECT DEPOSIT FORM

New

Cancel

☒
☐

One Time Deposit?

Yes

☐

No

☒

Today's Date

07 - 31 - 2017

Last Name

MORROW

First Name

Fatime

MI

☐

Address

603 BETA CT.

Apartment #

APT B

City

CAMPBELL

State

CA

Zip Code

95008

Social Security Number

521 - 08 - 8857

Date of Birth

12 - 14 - 1965

Bank Name

Checking

☐

Savings

☐

Other

☐

Routing Number

Account Number

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.

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.

FATIME MORROW

Print Name

x 

Employee Signature

7-31-2017

Date

Date

Employee Signature

Print Name

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 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.

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.

☐ Please agree to the following:

I hereby release Acrobot Outsourcing the following information to establish my Global Cash Card account and enroll into an automatic payroll deposit. I authorize Acrobot 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.

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

INFORMATION TO BE COMPLETED BY ACROBAT REPRESENTATIVE ISSUING CARD																			
INCLUDE A PHOTOCOPY OF THE CARD WITH THIS FORM:																			
ACCOUNT NUMBER (16-digits)																			
[] [] [] []				-				[] [] [] []				-				[] [] [] []			
Branch Office: _____																			
Completed By: _____																			

Social Security Number																			
[] [] [] []				-				[] [] [] []				-				[] [] [] []			
Date of Birth																			
[] [] [] []				-				[] [] [] []				-				[] [] [] []			
City																			
State																			
Zip Code																			
Address																			
Apartment #																			
First Name																			
[] [] [] []				[] [] [] []				[] [] [] []				[] [] [] []							
Last Name																			
Today's Date																			
[] [] [] []				-				[] [] [] []				-				[] [] [] []			
One Time Deposit?																			
[]				[]				[]				[]				[]			
Yes																			
[]				[]				[]				[]				[]			
No																			
[]				[]				[]				[]				[]			
Cancel																			
[]				[]				[]				[]				[]			
Replacement																			
[]				[]				[]				[]				[]			
New																			

GLOBAL CASH CARD FORM

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

Acrobot
Your Hospitality Staffing Professionals
Outsourcing

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)
[Signature]
(SIGNATURE of Employer Representative)
7-31-2017
(Date)

FATIME MORROW
(PRINT NAME of Employee)
[Signature]
(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.