

**Dishwasher Test**

Score 7 / 10

- C 1) After washing your hands, which item should be used to dry them?
- a) Clean apron
  - b) Sanitized wiping cloth
  - ☒ c) Single use paper towel
  - d) Common used cloth
- C 2) While washing dishes by hand, which item should you wear?
- a) Cutting glove
  - b) Oven Mitt
  - ☒ c) Rubber glove
  - d) Nothing
- d 3) When should you wash your hands?
- a) Before you start work
  - b) After handling non-food items (garbage, money, cleaning chemicals)
  - c) After using the restroom
  - ☒ d) All of the above
- ba 4) If you need to move a heavy load, you should PULL and not PUSH the object.
- ☒ a) True
  - b) False
- C 5) Which of the following could you be at risk for getting burned from?
- a) Steam from boiling pots
  - b) Hot liquids (coffee, soup, tea)
  - c) Hot equipment (ovens, pots, chaffing dishes)
  - d) Harsh chemicals
  - ☒ e) All of the above
- ba 6) All work-related injuries, accidents or illnesses should be reported immediately to the supervisor on duty.
- ☒ a) True
  - b) False
- C 7) What should you do if you spill liquids or see a liquid spill?
- a) Leave it for someone else to clean-up
  - b) Wait until the end of your shift to clean it
  - ☒ c) Flag the spill and clean it immediately
  - d) Not sure
- C 8) When handling hot items you should?
- a) Wear rubber gloves
  - b) No need to wear anything
  - ☒ c) Use an oven mitt or dry cloth towel
  - d) Nothing
- KC 9) If you are using a three-compartment sink for cleaning and sanitizing, the second sink is used for?
- a) Rinsing
  - b) Scraping
  - ☒ c) Washing
  - d) Sanitizing
- Ca 10) What is the proper method for cleaning and sanitizing stationary equipment?
- ☒ a) Spray with a strong cleaning solution and wipe with a sanitized cloth
  - b) Spray with a sanitizing solution, then rinse with clean water and dry
  - c) Wash and rinse, then wipe or spray with a chemical-sanitizing solution
  - d) Brush off loose soil with a clean cloth, then wipe with a sanitizing solution



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

**EMPLOYEE**

Employee Name: David Kars

Start Date: 12/18/17

**EMPLOYER**

Legal Name of Hiring Employer: S.E Scher

Is hiring employer a staffing agency/business (e.g., Temporary Services Agency; Employee Leasing Company; or Professional Employer Organization [PEO])? ☐ Yes ☐ No

Other Names Hiring Employer is "doing business as" (if applicable):

Acrobat Outsourcing

Physical Address of Hiring Employer's Main Office:

665 Third St. Suite 415, San Francisco, CA. 94107

Hiring Employer's Mailing Address (if different than above):

Hiring Employer's Telephone Number: 415-431-8826

If the hiring employer is a staffing agency/business (above box checked "Yes"), the following is the other entity for whom this employee will perform work:

Name: \_\_\_\_\_

Physical Address of Main Office: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**WAGE INFORMATION**

Rate(s) of Pay: 14.50 Dish Overtime Rate(s) of Pay: 1.5+

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)*

Jamie Goodman  
(PRINT NAME of Employer representative)

[Signature]  
(SIGNATURE of Employer Representative)

12/18/17  
(Date)

David Kers  
(PRINT NAME of Employee)

[Signature]  
(SIGNATURE of Employee)

12-19-2017  
(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.

**GLOBAL CASH CARD FORM**

New ☒ Replacement ☐ Cancel ☐

Today's Date 12-18-2017

Last Name

Kars

First Name

David

MI

3

Address

1980 Maple St

Apartment #

A

City

Redwood

State

CA

Zip Code

94063

Social Security Number

558-61-8081

Date of Birth

06-07-1968

INFORMATION TO BE COMPLETED BY ACROBAT REPRESENTATIVE ISSUING CARD  
INCLUDE A PHOTOCOPY OF THE CARD WITH THIS FORM:

ACCOUNT NUMBER (16-digits)

1434-0002-4683-917

Branch Office:

Completed By:

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:



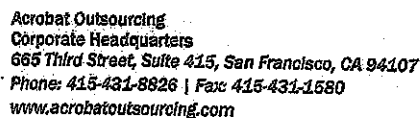
By selecting this check box, you have agreed to the following statement: I authorize my employer, or its service or payroll provider, and the specified bank to deposit my net pay or portion thereof, as indicated, into my account each pay date. If funds to which I am not entitled are deposited into my 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.

David S. Kars  
Print Name

[Signature]  
Employee Signature

12-18-2017  
Date



**New**

**Cancel**

1



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[illegible][illegible]

# M

[illegible]

Apartment #

										Date of year		Date of year		Date of year	

State

Zip Code

[illegible]

Date of Birth

[illegible]

## Checking

## Savings



Other

[illegible]

Account Number

[illegible]

**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 \_\_\_\_\_