

Applicant Information

Name: <u>Jorge Hernandez</u>	Interviewer: <u>B6</u>
Date: <u>2.6.2018</u>	Rate of Pay: <u>\$16.</u>
Position (s) Applied for: <u>Barista.</u>	Referred by:

Test Scores

Server	/35	%	Bartender	/30	%
Prep Cook	/15	%	Barista	/10	%
Grill Cook	/40	%	Cashier	/10	%
Dishwasher	/10	%	Housekeeping	/16	%

Seeking:**Full-Time****Part-Time****Relevant Experience & Summary of Strengths****Server:**

• Cocina 10 years. barista
7am-2pm. need to give 2 weeks notice
(\$14.)

Cook: Prep, Line, or Grill**Bartender:****Dish: 3 Sink Process or Machine****Busser:****House Keeper:****Cashier:****Concessionaire:**

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

Transportation

Car	Public Transit	Carpool (Rider / Driver)
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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	Food Handler	LEAD	Other _____	Will Submit
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Availability

<input checked="" type="checkbox"/> Open	AM only	PM only	Weekdays only	Weekends only
Details:	M-F. Thursday			

Uniforms Owned:

WHT Bistro	BLK Bistro	Black Vest	Black Tie		
Chef Coat	Chef Pants	Polo Shirt	Black Pants	Non-Slip Shoes	Knives

Would you recommend this applicant for Acrobat Academy?	Convention Candidate?	Other Languages Spoken:
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NOTICE TO EMPLOYEE

Labor Code section 2810.5

EMPLOYEE

Employee Name: Jorge Hernandez
Start Date: 2.6.2018

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: \$16 Asana Barista Overtime Rate(s) of Pay: 1.5X

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

Other (provide specifics): _____

Does a written agreement exist providing the rate(s) of pay? (check box) Yes No

If yes, are all rate(s) of pay and bases thereof contained in that written agreement? Yes No

Allowances, if any, claimed as part of minimum wage (including meal or lodging allowances):

(If the employee has signed the acknowledgment of receipt below, it does not constitute a "voluntary written agreement" as required under the law between the employer and employee in order to credit any meals or lodging against the minimum wage. Any such voluntary written agreement must be evidenced by a separate document.)

Regular Payday: FRIDAY

WORKERS' COMPENSATION

Insurance Carrier's Name: 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)

Barbara Gantlinger

(PRINT NAME of Employer representative)



(SIGNATURE of Employer Representative)

2.6.2018

(Date)

Jorge Hernandez

(PRINT NAME of Employee)



(SIGNATURE of Employee)

02/06/18

(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.