

NOTICE TO EMPLOYEE
Labor Code section 2810.5

EMPLOYEE

Employee Name: James Castle
Start Date: 6-5-18

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):

8425 Plymouth St. OAKland Ca 94621

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: \$ 15 DRP BX

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)

Angelina Zervas

(PRINT NAME of Employer representative)

Angelina Zervas

(SIGNATURE of Employer Representative)

06/05/18

(Date)

James Castle

(PRINT NAME of Employee)

James Castle

(SIGNATURE of Employee)

06/05/18

(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.

Applicant Information

Name: James Castle	Interviewer: AD
Date: 6/5/18	Rate of Pay: \$15
Position (s) Applied for: On DEPBX	Referred by: Phillip.

Test Scores			Seeking:		
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:

Phillip Referral.

Cook: Prep, Line, or Grill

Bartender:

Dish: 3 Sink Process or Machine

2+ years.

T

Busser:

House Keeper:

Cashier:

Concessionaire:

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

Food Handler

LEAD

Other

Will Submit

Availability

Open

AM only

PM only

Weekdays only

Weekends only

Details:

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:

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

B 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, chafing dishes)
- d) Harsh chemicals
- e) All of the above

A 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

A 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

C 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

