Acrobat outsourcing
Your Hospitality Staffing Professionals

Name: **Garrett Porter**

Taborca ID: **48920**

Date of Hire: **10 / 05 / 18**

Date of Re-Act: ___ / ___ / ___

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 (Asurint)
- 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 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
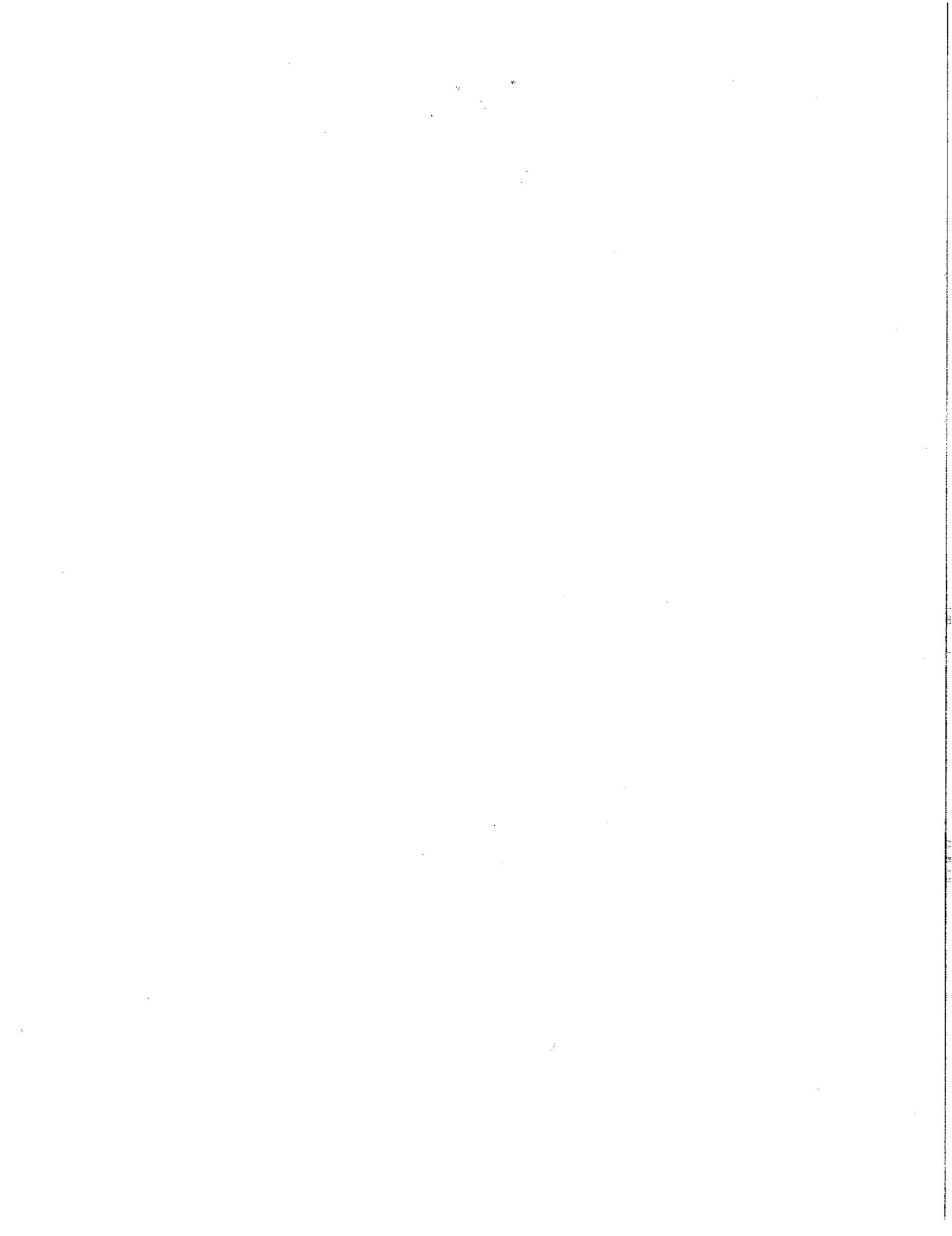
Interview Note Sheet

Applicant Information

Name: Garrett Porter	Interviewer: Alaura
Date: 10/05/2018	Rate of Pay:
Position (s) Applied for: Cashier / Concessions / DMO	Referred by:

Test Scores

Test	Score	%	Test	Score	%
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

Total of _____ in Food Service

Knife Skills

Dollar Tree ≈ 3-4 years
 cashiers
 Inventory
 Janitorial

Cuisines
1
2
3

Safeway ≈ 3 years
 - courtesy clerk
 - night crew

Red Robin ≈ 2 years
 - DMO

Stations:
1
2
3

Valley Fair Mino Ramen ≈ 1 year
 - cashier
 - cook (noodles)

Tues, Thurs, Fri
10 AM - 12pm - NA
outpatient classes

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		S. Peninsula	

Certifications (if any)

TIPS   Serv-Safe   LEAD   Other FHC   Will Submit

Availability

(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:

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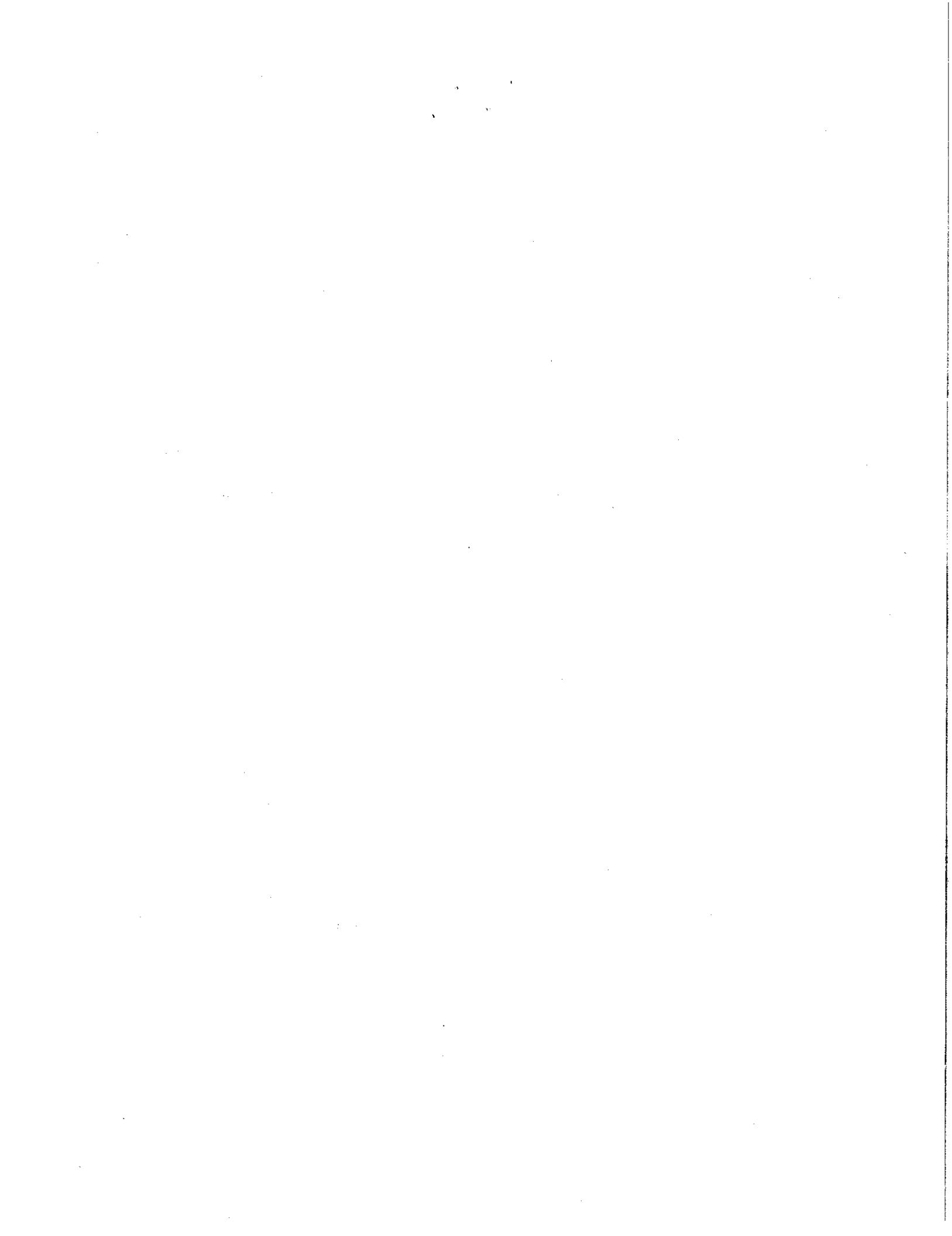
Employment Application

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 **Garrett James Porter**   Date: **10/5/2018**

Home Telephone (___) **N/A**   Cell#   Other Telephone (**408**) **561-8671**

Present Address **512 Century Dr. Campbell CA. 95008**

Permanent Address, if different from present address: _____

Email Address **PorterGarrett350@gmail.com**

EMPLOYMENT DESIRED

Position applying for: **Any / Open to anything**   Salary desired: **Any**

Are you currently registered with any staffing and/or employment agencies? If so, please list

_____

Are you applying for: Full-time work? Yes **X** No ___ Part-time work? Yes **X** No ___

Temporary work, e.g., summer or holiday work? Yes ___ No **X** From: _____ To: _____

How did you find out about our open position? (Please check fill in proper name of source):

Referral **☑** Name of Referral **Melody Sanford** Newspaper ☐ Job Fair ☐ Agency ☐ Company Website ☐

Other Web Posting ☐   Other Source ☐

Could you work overtime, if necessary?   Yes **X** No ___ If hired, on what date could you start working? **10/6/18**

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	Any	Any	2 pm	Any	2 pm	2 pm	Any
PM	Any	Any	Any	Any	Any	Any	Any

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

Maybe Thanksgiving, Chrismas & new years

PERSONAL INFORMATION

Have you ever applied to or worked for Acrobat Outsourcing before?   Yes ___ No **X**   If yes, when? _____

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

Melody Sanford / Girl Friend

If hired, would you have a reliable means of transportation to and from work?   Yes **X** No ___

If hired, can you present evidence of your legal right to live and work in this country?   Yes **X** No ___

State age if you are under 18 **19** . 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 **X** No ___

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?
Santa Clara High School	Sante Clara CA	11th	NO

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 _X_   If so, may we contact your current employer?   Yes___   No___

Name and Address of Employer Men OH Ramen

Type of Business Resterant   Telephone No. (NA   Supervisor's Name Nori

Your Position and Duties COOK, Food Prep, Cashier and Topping Food.

Dates of Employment: From Oct 2017 To Sep 2018   Weekly Pay: Starting 13,50 $ Ending Same

Reason for Leaving: Layed off

Name and Address of Employer Safe Way

Type of Business Store   Telephone No. (NA   Supervisor's Name Roy

Your Position and Duties Night Crew, Stocking over nights.

Dates of Employment: From April 2014 To July 2016   Weekly Pay: Starting 9.75 $ Ending 15.75 And night comission

Reason for Leaving: Layed off

Name and Address of Employer _____

2

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

Your Position and Duties _____

_____

Dates of Employment: From _____ To _____ Weekly Pay: Starting _____ Ending _____

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 _____ Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

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

_____

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: Jeniffer Batista _____ Telephone No. (408) 483-3920 _____

Address ___ NA _____

Occupation: Barista _____ Relationship: Friend _____ Number of Years Acquainted: 6 years

Name: Bobby _____ Telephone No. (559) 341-6182 _____

Address ___ NA _____

Occupation: Produse Stocker _____ Relationship: Friend _____ Number of Years Acquainted: 6 years

Name: _____ Telephone No. (___) _____

Address _____

Occupation: _____ Relationship: _____ Number of Years Acquainted: _____

3

Please Read Carefully, Initial Each Paragraph and Sign Below

GJP — 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.

GJP — 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.

GJP — 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.

GJP — 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.

GJP — 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 _Garrett J. Port_   Date 10/5/18

Garrett J. Porter

Cashier Test　　　　Score 15/15

B 1) A roll of quarters is worth?
a) $5.00
b) $10.00
c) $15.00
d) $20.00

A 2) A roll of dimes is worth?
a) $5.00
b) $4.00
c) $3.00
d) $2.00

D 3) A roll of nickels is worth?
a) $8.00
b) $6.00
c) $4.00
d) $2.00

C 4) A roll of pennies is worth?
a) $1.00
b) $0.75
c) $0.50
d) $0.25

C 5) What does POS stand for?
a) Patience over standards
b) Percentage of sales
c) Point of sales
d) People over service

6) What is the current sales tax rate in your city 9.25% ?

C 7) A customer buys a bowl of soup for $1.25, an apple $0.90 and a soda is $0.79. If you are given $10.00 how much change should you give back?
a) $4.06
b) $2.06
c) $7.06
d) $5.06

B 8) A customer buys two shirts for 10.50 each and two ball caps for $7.25 each. If you are given $50.00 how much change should you give back?

a) $19.50
b) $14.50
c) $9.50
d) $4.50

D 9) A customer buys soda for $3.75 and a hot dog for $4.25. If you are given $20.00 how much change should you give back?
a) $6.00
b) $8.00
c) $10.00
d) $12.00

A 10) A customer buys two hamburgers at $3.75 each, two bags of chips at $1.25 each, two cookies at $2.50 each and two sodas at $3.25 each. If you are given $100.00 how much change should you give back?
a) $78.50
b) $58.50
c) $38.50
d) $28.50

A

11) Counterfeit pens should be used on which three denominations?
    a) $20, $50, $100
    b) $10, $20, $50
    c) $5, $50, $100
    d) $10, $20, $50

B

12) How many times should you count change when giving it to the customer?
    a) one
    b) two
    c) three
    d) no need to count

Question & Answer:

13) What is the minimum age for legal alcohol purchases? _21 years old_

14) What are the acceptable forms of ID for alcohol purchases? _California I.D or Drivers L'S_

15) How many $20 bills are in a bank band? _There are 100, 20 Dollar bills in a bank Band._

Garrett J. Porter

Dishwasher Test

Score 10/10

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

B 4) If you need to move a heavy load, you should PULL and not PUSH the object.
   a) True
   b) False

E 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

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

B 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
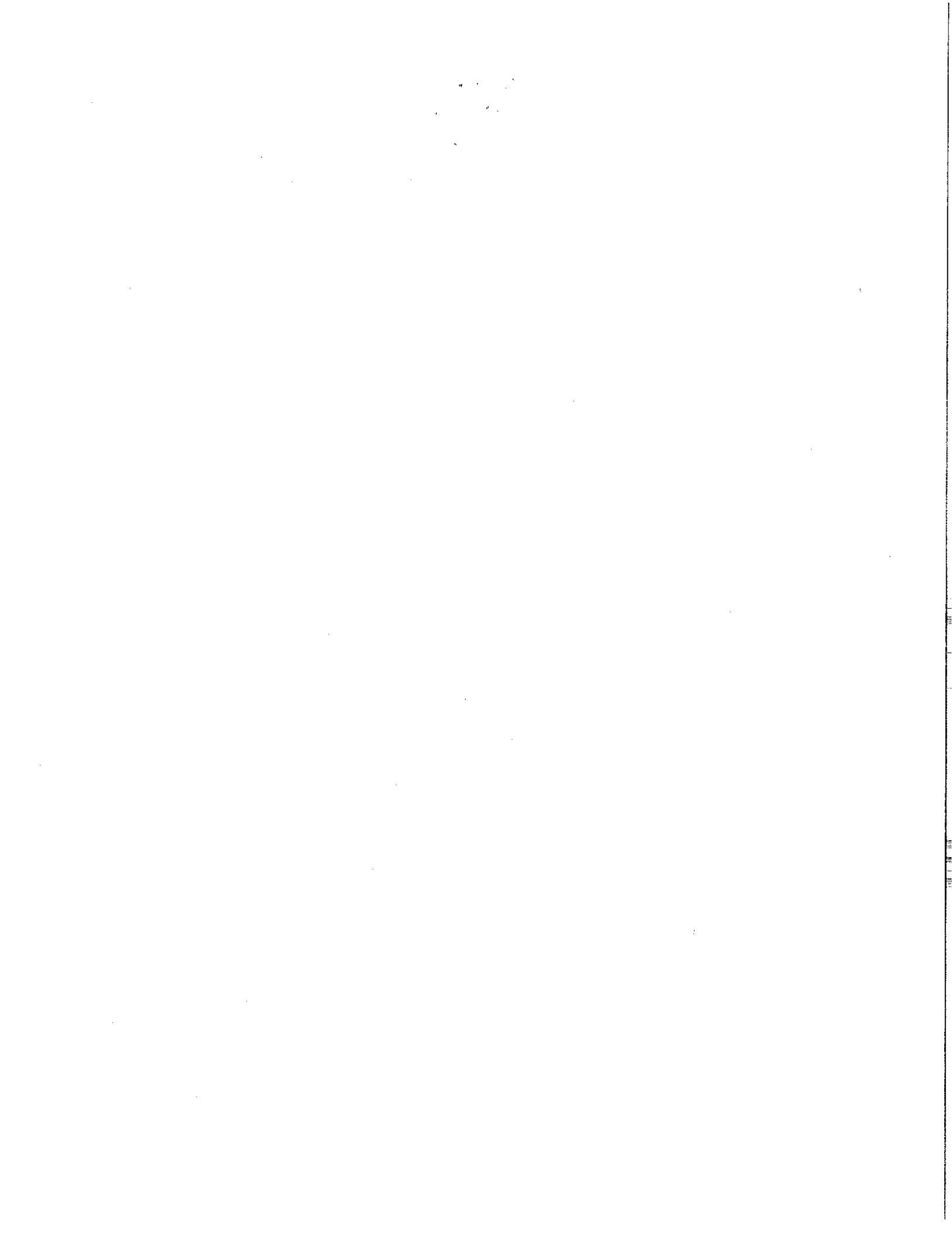
NOTICE TO EMPLOYEE
Labor Code section 2810.5

EMPLOYEE

Employee Name: __Garrett Porter__

Start Date: __10/05/2018__

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):
__1585 The Alameda, Back Cottage, San Jose Ca 95126__

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 95126__

Mailing Address: __same__

Telephone Number: __408-483-4211__

WAGE INFORMATION

Rate(s) of Pay: __$17.00__   Overtime Rate(s) of Pay: __$25.50__

Rate by (check box): ☒ Hour   □ Shift   □ Day   □ Week   □ Salary   □ Piece rate   □ Commission
□ Other (provide specifics): __Cashier/ concessions @ Levi's__

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__

DLSE-NTE (rev 9/2014)

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: _____

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):_____

Alaulm Cheung

(PRINT NAME of Employer representative)

(signature)

(SIGNATURE of Employer Representative)

10 / 05 / 2018

(Date)

(PRINT NAME of Employee)

Garrett James Porter

(SIGNATURE of Employee)

(signature)

(Date) 10 / 05 / 2018

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.

DLSE-NTE (rev 9/2014)

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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: Garrett J Porter   Date: 1/2/19

Signature: Garrett P

Acrobat
outsourcing
Your Hospitality Staffing Professionals

Acrobat Outsourcing
Corporate Headquarters
665 Third Street, Suite 415, San Francisco, CA 94107
Phone: 415-431-8826 | Fax: 415-431-1680
www.acrobatoutsourcing.com

GLOBAL CASH CARD FORM

New ☐   Replacement ☒   Cancel ☐

Today's Date 1 0 - 1 9 - 2 0 1 8

One Time Deposit?
Yes ☐   No ☒

Last Name
P O R T E R

First Name
G A R R E T T   MI

Address   Apartment #

City   State   Zip Code

Social Security Number   **Date of Birth**

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

ACCOUNT NUMBER (16-digits)

1 4 3 4 - 0 0 0 2 - 4 6 8 5 - 2 0 5

Branch Office: San Jose   Completed By: Alaura

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

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.

Garrett J Porter
Print Name

Employee Signature   Date

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Acrobat Outsourcing
Corporate Headquarters
666 Third Street, Suite 415, San Francisco, CA 94107
Phone 415-431-8826 | Fax 415-431-1580.
www.acrobatoutsourcing.com

DIRECT DEPOSIT FORM

☐ New ☐ Cancel

Today's Date [ ][ ] - [ ][2][0] - [ ]

One Time Deposit? ☐ Yes ☐ No

Last Name

First Name

MI

Address

Apartment #

City

State

Zip Code

Social Security Number

Date of Birth

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, into my account, 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.

Print Name _____ Employee Signature _____ Date _____