



Name: Crystal Fernandez

Taborca ID: 49281

Date of Hire: 10/25/18

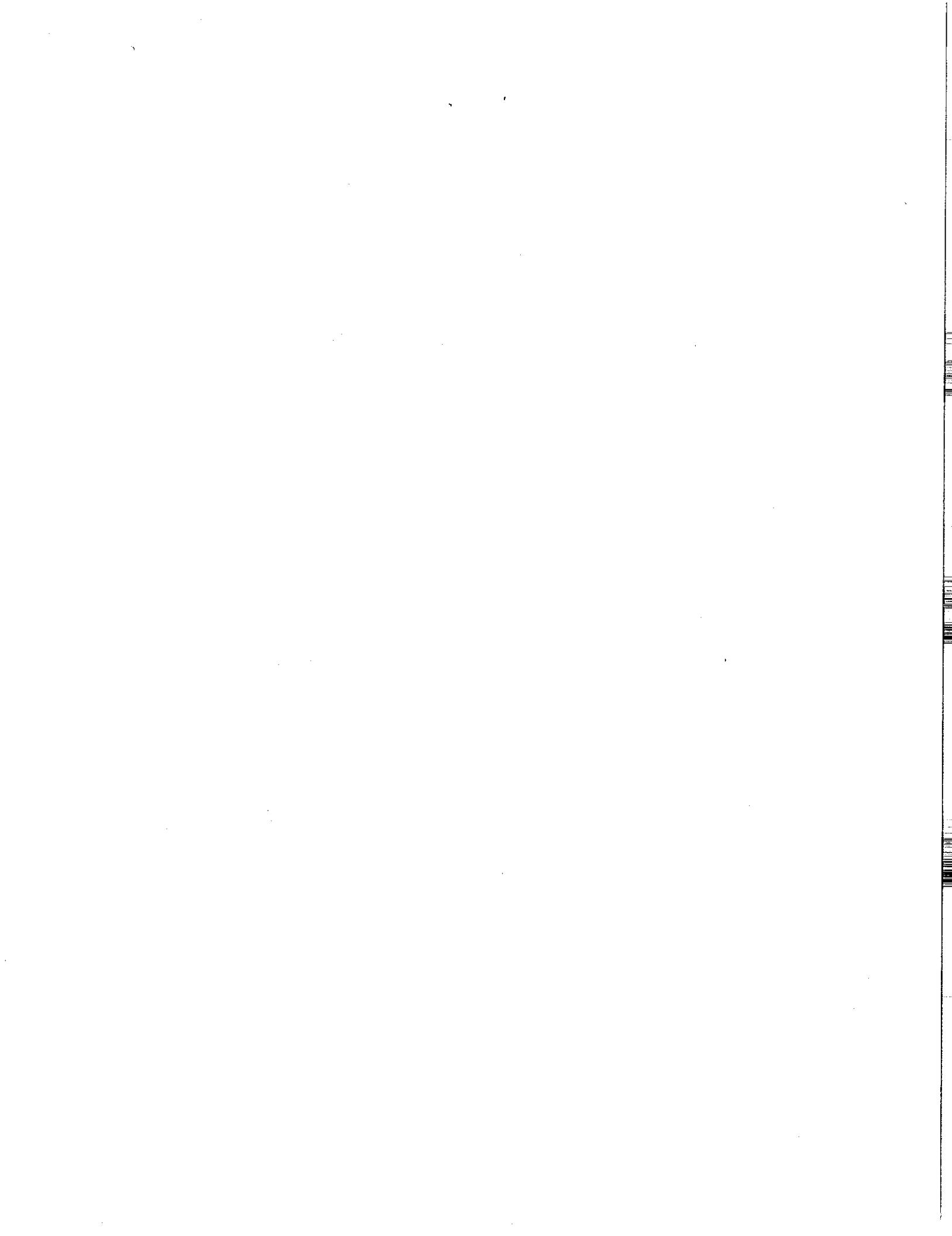
Date of Re-Act: / /

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: <u>Crystal fernandez</u>	Interviewer: <u>Maura</u>
Date: <u>10/25/2018</u>	Rate of Pay:
Position (s) Applied for: <u>Cashier/concessions</u>	Referred by: <u>Monica Ayala</u>

Test Scores

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

Full-Time
Part-Time

Relevant Experience & Summary of Strengths

Knife Skills

Total of _____ in Food Service

Macy's - cashier

~ seasonal worker

Jan - Oct

Cuisines

Fallus - cashier

~ 6 months

Left ~~store~~ due to low pay

Stations:

Panda Express - cashier

~ 4 months - seasonal

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

FHC

Will Submit

Availability

Open

AM only

PM only

Weekdays only

Weekends only

OK

Details: _____

Uniforms Owned

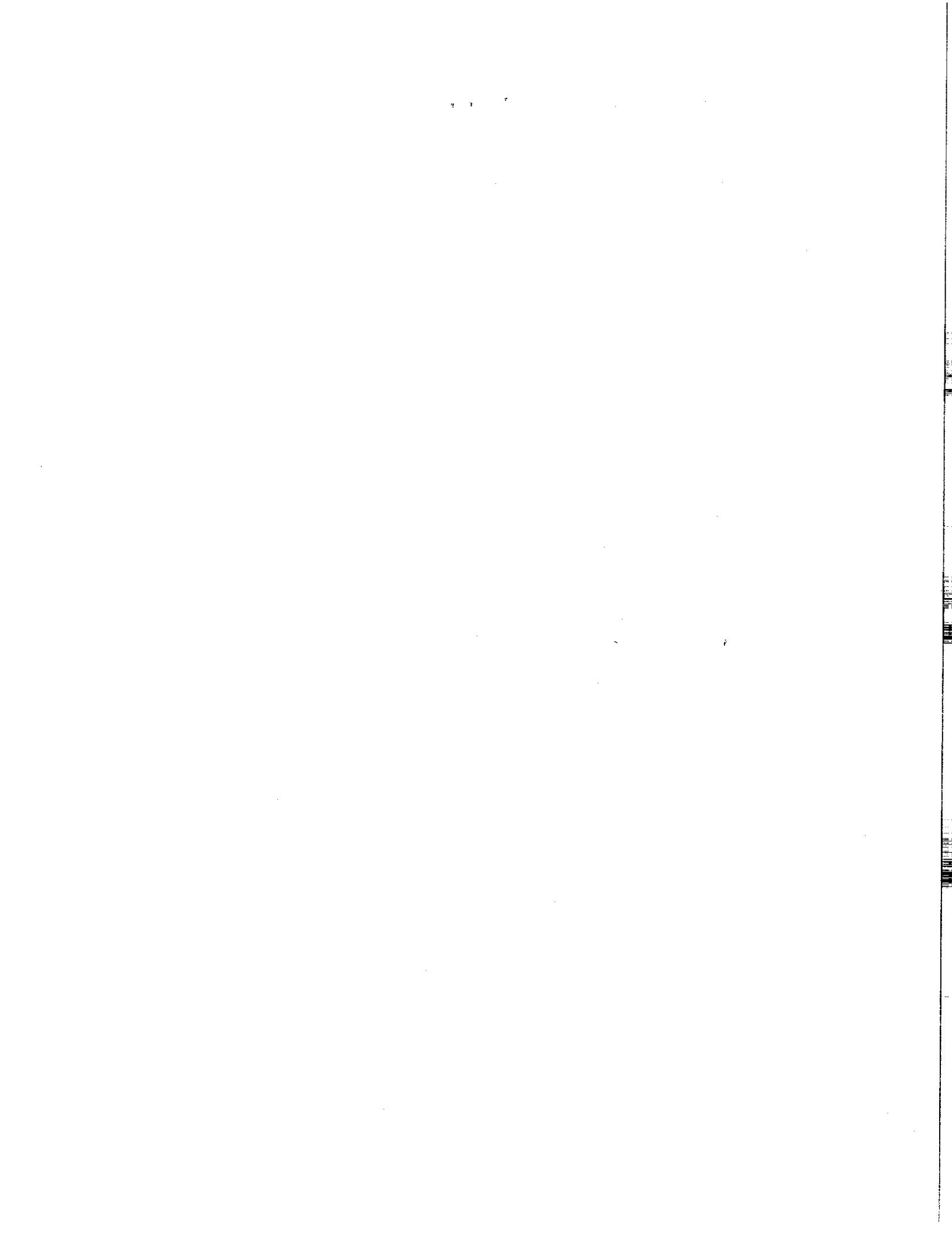
Bistro Black Bistro Tuxedo 1/2 Tuxedo Black Vest Long Black Tie

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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Your Hospitality Staffing Professionals

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 Crystal Fernandez Date: 10/25/18
Home Telephone (661) 251-5618 Other Telephone ()
Present Address 159 South Claremont Ave
Permanent Address, if different from present address:
Email Address Crystal.Fernandez017@gmail.com

EMPLOYMENT DESIRED

Position applying for: Cashier Salary desired: 18

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 Miguel Bravo 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? ASAP

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							

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

Monica Ayala, aunt, Miguel Bravo, uncle

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.

NAME OF SCHOOL	CITY & STATE	GRADE OR DEGREE COMPLETED	DID YOU GRADUATE?
OVERNIGHT	San Jose CA	4	Y
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:			

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 Macys

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

Your Position and Duties Sales, Cashier

Dates of Employment: From Jan To Oct Weekly Pay: Starting 16 Ending _____

Reason for Leaving: Another Job

Name and Address of Employer Fallas

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

Your Position and Duties Sales, Cashier

Dates of Employment: From 16/8/04 To 14/8/04 Weekly Pay: Starting 14 Ending _____

Reason for Leaving: Another Job

Name and Address of Employer _____

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Your Hospitality Staffing Professionals

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: _____

MILITARY SERVICE

Have you obtained any special skills or abilities as the result of service in the military? Yes No
If so, describe: _____

WORK RELATED REFERENCES

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name: Stephanie Telephone No. (408) 709-9462

Address _____

Occupation: _____ Relationship: Frind Number of Years Acquainted: 6

Name: Bania Telephone No. (408) 514-8206

Address _____

Occupation: _____ Relationship: Frind Number of Years Acquainted: 6

Name: Alusia Telephone No. (209) 597-1244

Address _____

Occupation: _____ Relationship: Frind Number of Years Acquainted: 6

Please Read Carefully, Initial Each Paragraph and Sign Below

Cf 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.

Cf 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.

Cf 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.

Cf 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.

Cf 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

Gyplat Kenan

Date 10/25/18

DIRECT DEPOSIT FORM

New

Cancel



One Time Deposit?

Yes

No

Today's Date

10 - 25 - 2018

Last Name

Fernandez

MI

First Name

Crustal

Apartment #

Address

159 South Claremont Ave

State

CA

Zip Code

95127

City

San Jose

Social Security Number

605-13-9477

Date of Birth

03-27-1999

Bank Name

Chase

Checking

Savings

Other

Routing Number

322771627

Account Number

253001835

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.

Crustal Fernandez

Print Name

Crustal Fernandez

Employee Signature

10/25/18

Date

Print Name

Employee Signature

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.

I also acknowledge that any Bank Transit Number that begins with the number 5 is NOT a valid 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 information that it may delay or prevent my payroll funds being deposited to my accounts. I also acknowledge that when payroll receives the funds back through the banking system it will be paid on the next available pay date.

By selecting this box, you have agreed to the following statement: I authorize my employer, or its service provider, to deposit my net pay directly into my account each pay date. It funds to which I am not entitled are deposited into my account, I authorize my employer, or its service provider, to deposit my net pay directly into my account each pay date.

By selecting this box, 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 Acrobat Outsource the following information to establish my Global Cash Card Prepaid ATM Card is issued. I agree to the terms and conditions under which Global Cash Card Prepaid ATM Card is issued.

Payroll Statements can be viewed online at: www.globalcashcard.com

Global Cash Card | 7 Corporate Park, Suite 130 | Irvine, CA 92606 | CSR: 1-888-220-4477

Completed By:

Branch Office:

ACCOUNT NUMBER (16-digits)

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

Social Security Number

City Zip Code State

Address Apartment#

First Name MI

Last Name

Today's Date One Time Deposit#

New Replacement Cancel

Acrobat Outsource
Corporate Headquarters
665 Third Street, Suite 426, San Francisco, CA 94107
Phone: 415-432-8826 | Fax: 415-431-1580
www.acrobotoutsource.com

Your Highest Quality Screening Processors
Outsource

GLOBAL CASH CARD FORM

NOTICE TO EMPLOYEE

Labor Code section 2810.5

EMPLOYEE

Employee Name: CRYSTAL fernandez

Start Date: 10/25/2018

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: ACROBAT OUTSOURCING SAN JOSE

Physical Address of Main Office: 1585 The Alameda, San Jose, CA 95126

Mailing Address:

Telephone Number: 408-453-4271

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 / DMO @ CJSU

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

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.

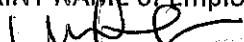
4. The employee is exempt from paid sick leave protection by Labor Code §245.5. (State exemption and specific subsection for exemption):

ACKNOWLEDGEMENT OF RECEIPT

(Optional)

Alma M. Chilney

(PRINT NAME of Employer representative)



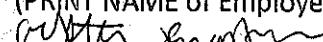
(SIGNATURE of Employer Representative)

10/25/2018

(Date)

Crystal Reman

(PRINT NAME of Employee)



(SIGNATURE of Employee)

10/15/19

(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.