

Interview Note Sheet

Applicant Information	
Name: <u>Chynae</u>	Interviewer: <u>[Signature]</u>
Date: <u>10/26</u>	Rate of Pay: <u>\$8.75</u>
Position (s) Applied for: <u>1</u>	Referred by: <u>John New.</u>

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

Seeking:
Full-Time
Part-Time

Relevant Experience & Summary of Strengths	
<u>Server</u> <u>Dillet</u> <u>Cashier</u> <u>Gap 2 Pdsam</u> <u>Concessionaire</u> <u>Barista</u> <u>Porter</u>	Total of _____ in Food Service/Hospitality Cook Dish: 3 Sink or Machine House Keeper
P.O.S. Experience: <u>Y</u> / <u>N</u> details: _____	
Transportation	
Car	Public Transit
Carpool (Rider / Driver)	
Regions Available to work:	
SF City	SF North
San Jose	South San Jose
SF Peninsula	East Bay
	SJ Peninsula
Outer East Bay	
Certifications (if any)	
TIPS	Serv-Safe
LEAD	Other _____
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:	

NOTICE TO EMPLOYEE*Labor Code section 2810.5***EMPLOYEE**Employee Name: Amonaé MurphyStart Date: 10/26/18**EMPLOYER**Legal Name of Hiring Employer: S.E ScherIs hiring employer a staffing agency/business (e.g., Temporary Services Agency; Employee Leasing Company; or Professional Employer Organization [PEO])? ☐ Yes ☐ NoOther Names Hiring Employer is "doing business as" (if applicable):
Acrobat OutsourcingPhysical Address of Hiring Employer's Main Office:
303 Hegenberger Road Suite 300, Oakland, CA. 94621Hiring 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 INFORMATIONRate(s) of Pay: ASH \$16 Barista \$16 Porter \$16 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 ☐ NoIf yes, are all rate(s) of pay and bases thereof contained in that written agreement? ☐ Yes ☐ NoAllowances, 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)

10/26/18
(Date)

Amonae Murphy
(PRINT NAME of Employee)

Amonae Murphy
(SIGNATURE of Employee)

10/26/18
(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.