

Name: Katherine McDaniel

Taborca ID: 49454

Date of Hire: 11 / 4 / 18

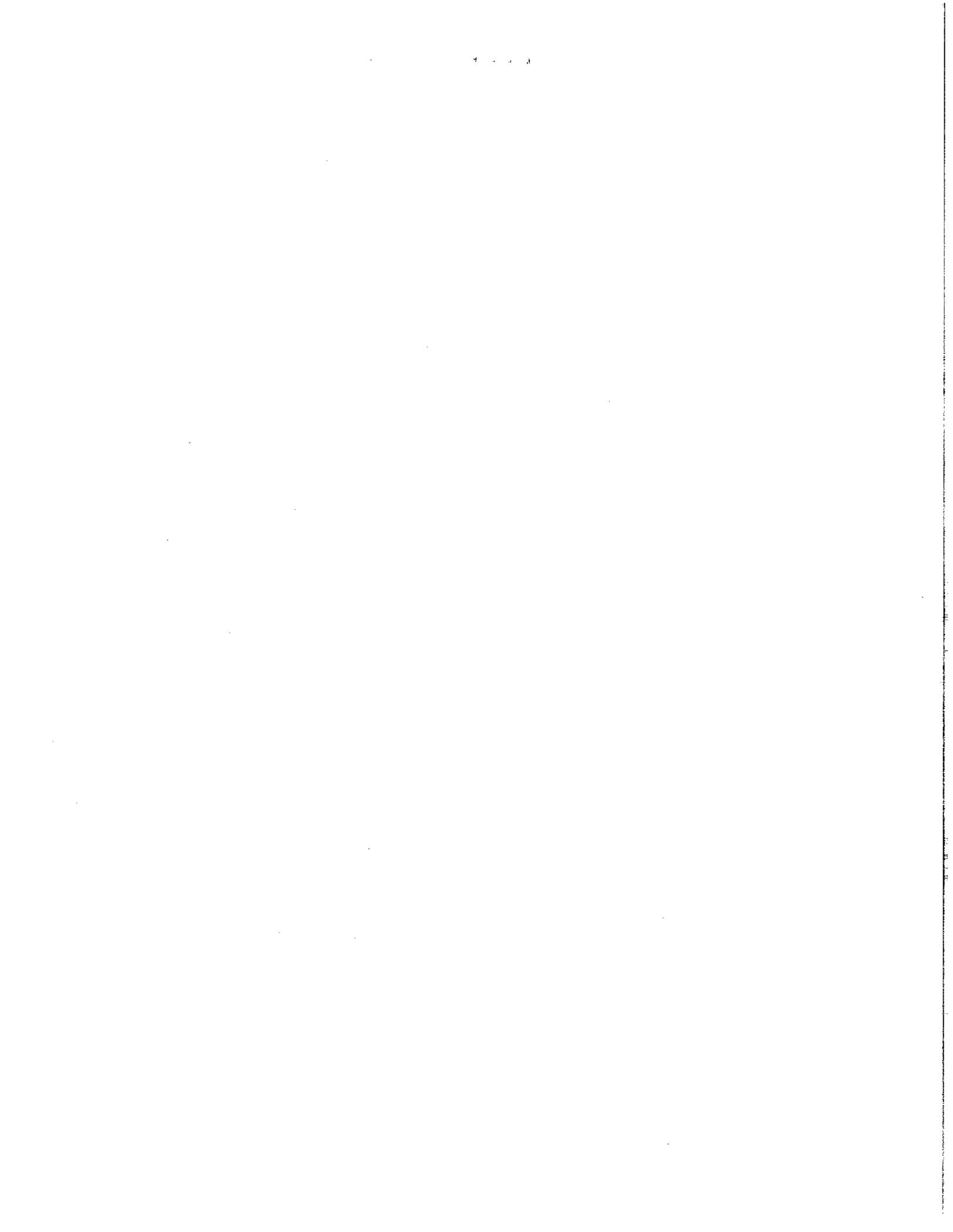
Date of Re-Act:   /  /  

New employee set up

- E-verify
- Hire Right EE
- Hire Right Internal (upload any list A docs)
- Direct Deposit (Scan to Payroll) and/or Global Cash Card – complete the form & have EE sign
- Notice to Employee Completed
- Added to Orientation Time Sheet
- Attended New Hire Orientation
- Background Check (Asurint)
- New Hire List (All fields)
- Check Taborca Profile (All fields)
- Upload Resume and Skills Tests (one doc)
- Upload Food Handler's Card

Re Act employee set up (See Re Act Process for more detail)

- File and I9 pulled (new one created/done in Hire Right if old ones are gone)
- Re Act onboarding if initially hired before 1/1/16
- Check W4
- Check all demographic info and availability
- Check for skills tests, app, FHC, and resume (get new app, new resume if hired more than 1 year ago)
- Complete Notice to Employee with updated pay if necessary
- Verify pay option and take steps to Re Act any old pay options still current
- Run new BGC if more than 1 year since last shift worked
- New orientation/place on time sheet if it's been over a year since last shift
- New Hire List (all fields)
- Delete employee from the INA/TER spreadsheet if they are on it



# Interview Note Sheet

Applicant Information	
Name: <u>Katherine McDanel</u>	Interviewer: <u>Christyann Mauliper</u>
Date: <u>11/4/18</u>	Rate of Pay: <u>\$17.00</u>
Position (s) Applied for: <u>Part Time</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
<u>Part-Time</u>

## Relevant Experience & Summary of Strengths

Knife Skills

Total of \_\_\_\_\_ in Food Service

Concess and convention center

Cuisines

- 1
- 2
- 3

Stations:

- 1
- 2
- 3

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: FHS     
  Will Submit

Availability

Open     
  AM only     
  PM only     
  Weekdays only     
  Weekends only

Details: events only

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:





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

**GLOBAL CASH CARD FORM**

New  Replacement  Cancel

Today's Date

-  - 20

One Time Deposit?

Yes  No

Last Name

First Name

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)

-  -  -

Branch Office: \_\_\_\_\_

Completed By: \_\_\_\_\_

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](http://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.

Print Name

Employee Signature

Date

Print Name \_\_\_\_\_

Employee Signature \_\_\_\_\_

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.

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 3:00 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.

Please agree to the following:

This form (and check) may be faxed to the SF Corporate Office at 415-431-1580  
 Please attach a VOIDED check

Routing Number										Account Number																			
Bank Name										<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other																			
Social Security Number										Date of Birth																			
City										State										Zip Code									
Address										Apartment #																			
First Name										Last Name																			
Today's Date										<input type="checkbox"/> Yes <input type="checkbox"/> No																			
<input type="checkbox"/> One Time Deposit? Cancel										<input type="checkbox"/> New																			

DIRECT DEPOSIT FORM

Acrobot Outsourcing  
 Corporate Headquarters  
 685 Third Street, Suite 415, San Francisco, CA 94107  
 Phone: 415-431-8826 | Fax: 415-431-1580  
 www.acrobotoutsourcing.com

**Acrobot**  
 OUTSOURCING  
 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 Katherine McDaniel Date: 11/4/2018  
 Home Telephone (707) 301-7045 Other Telephone ( ) \_\_\_\_\_  
 Present Address 111 Bean Creek Rd Unit 168, Scotts Valley, CA 95066  
 Permanent Address, if different from present address: \_\_\_\_\_  
 Email Address Katm.mcdaniel@gmail.com

Position applying for: Cashier Salary desired: \$17/hr  
 Are you currently registered with any staffing and/or employment agencies? If so, please list  
Adelante Live  
 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 \_\_\_\_\_ 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? 11/5/2018

*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	All						All
PM	Day						Day

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

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 \_\_\_\_\_  
 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?
UC Davis	Davis, CA	BS Computer Engineer BS Electrical Engineer	Yes
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: CA Food Handler Card, Cashier exp, food sales exp			

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 SSL

Type of Business Aerospace Telephone No. ( ) \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Your Position and Duties Software manager

Dates of Employment: From 2006 To Present Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name and Address of Employer Healthy Bites

Type of Business Food Demo Telephone No. ( ) \_\_\_\_\_ Supervisor's Name Helen Herrera

Your Position and Duties Food Demonstrator

Dates of Employment: From 2017 To 2018 Weekly Pay: Starting \$20/hr Ending \_\_\_\_\_

Reason for Leaving: Too many assigned shifts

Name and Address of Employer \_\_\_\_\_

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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: No

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

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

Name: \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_

Please Read Carefully, Initial Each Paragraph and Sign Below

KM 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.

KM 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.

KM 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.

KM 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.

KM 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 Bethy McDaniel Date 11/4/2018

NOTICE TO EMPLOYEE

Labor Code section 2810.5

EMPLOYEE

Employee Name: Katherine McDaniels  
Start Date: 11/4/18

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):  
\_\_\_\_\_

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

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

Mailing Address: \_\_\_\_\_

Telephone Number: 408 314 9545

WAGE INFORMATION

Rate(s) of Pay: \$17.00 per event 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, 9<sup>th</sup> 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)*

~~Katherine McDaniel~~

(PRINT NAME of Employer representative)

CHRISTYANN MAULUPE

(SIGNATURE of Employer Representative)

(Date)

11-4-18

Katherine McDaniel

(PRINT NAME of Employee)

Kathy McDaniel

(SIGNATURE of Employee)

(Date)

11/4/2018

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.