

## Interview Note Sheet

Applicant Information	
Name: <u>Sara Sandberg</u>	Interviewer: <u>Keenan</u>
Date: <u>1/17/18</u>	Rate of Pay: <u>\$ 12.50</u>
Position (s) Applied for: <u>Barista</u>	Referred by: <u>CL</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>Banza</u> <u>Philz - Nov - Jan - 19</u> <u>Tump (Boat)</u> <u>Bartender</u> <u>Cashier</u> <u>Peet's Coffee</u> <u>4 AM Noon</u> <u>Concessionaire</u> <u>writing Artist</u>	<u>Total of _____ in Food Service/Hospitality</u> <u>Cook</u> <u>Dish: 3 Sink or Machine</u> <u>very personable</u> <u>great communication</u> <u>skills.</u> <u>House Keeper</u>
P.O.S. Experience: Y / N details: _____	
Transportation	
Car	<u>Public Transit</u>
Carpool ( Rider / Driver )	
Regions Available to work:	
<u>SF City</u>	SF North
San Jose	South San Jose
SF Peninsula	East Bay
SJ Peninsula	Outer East Bay
Certifications (if any)	
TIPS	<u>Serv-Safe</u>
LEAD	Other _____
Will Submit	
Availability	
<u>Open</u>	AM only
PM only	Weekdays only
Weekends only	
Details: _____	
Uniforms Owned:	
<u>Bistro</u>	Black Bistro
Tuxedo	1/2 Tuxedo
Black Vest	Long Black Tie
Chef Coat	Chef Pants
Knives	<u>Black Pants</u>
Non-Slip Shoes	Bow Tie
Other: _____	
Would you recommend this applicant for Acrobat Academy?	Convention Candidate?
Other Languages Spoken:	

## 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)*

K.M. Sowells

(PRINT NAME of Employer representative)

KMS

(SIGNATURE of Employer Representative)

01/17/19

(Date)

SARA SANDBERG

(PRINT NAME of Employee)

[Signature]

(SIGNATURE of Employee)

01-17-19

(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.

## 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 SARA SANDBERG Date: 01.17.19

Home Telephone (415) 948 9118 Other Telephone ( )

Present Address PO BOX 1791 OAKLAND CA 94604

Permanent Address, if different from present address:

Email Address

### EMPLOYMENT DESIRED

Position applying for: IN HOUSE BARISTA Salary desired: \$17

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

EPIC PERSONNEL

Are you applying for: Full-time work? Yes X 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 X No   If hired, on what date could you start working?

*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		<u>7</u>	<u>7</u>	<u>7</u>	<u>7</u>	<u>7</u>	
PM		<u>ANY</u>	<u>ANY</u>	<u>ANY</u>	<u>ANY</u>	<u>ANY</u>	

Do you have any vacations or extended leaves planned in the next 12 months? If so, please list dates: NO

### 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   No X If yes, please state name and relationship

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  . 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

Reason for Leaving: NEW JOB OPPORTUNITY

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

Type of Business \_\_\_\_\_  
Your Position and Duties \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

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

Have you ever been fired from any previous place of employment? If so, please explain: NO

#### MILITARY SERVICE

Have you obtained any special skills or abilities as the result of service in the military?  
If so, describe: \_\_\_\_\_

Yes \_\_\_\_\_ No X

#### JOB RELATED REFERENCES

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

Name: CHRIS IVERSON Telephone No. (415) 248 6944

Address \_\_\_\_\_

Occupation: EXECUTIVE ASSISTANT Relationship: FORMER CO-WORKER Number of Years Acquainted: 10

Name: STEPHANIE ROBBINS Telephone No. (650) 291 6093

Address \_\_\_\_\_

Occupation: MARKETING MANAGER Relationship: FRIEND Number of Years Acquainted: 25

Name: STEPHEN KLAUS Telephone No. (415) 981 4550

Address \_\_\_\_\_

Occupation: STORE MANAGER Relationship: FORMER MANAGER Number of Years Acquainted: 15  
PEETS COFFEE