

## Applicant Information

Name: <u>Gregory Morse</u>	Interviewer: <u>Keenan</u>
Date: <u>01/23/19</u>	Rate of Pay:
Position(s) Applied for: <u>Dish, Prep Cook</u>	Referred by: <u>LL Taylor St.</u>

## Test Scores

Server	/35	%	Bartender	/30	%
Prep Cook	<u>5/20</u> /15	%	Barista	/10	%
Grill Cook	/40	%	Cashier	/15	%
Dishwasher	10 /10	%	Housekeeping	/16	%

Seeking:

Full-Time

Part-Time

## Relevant Experience &amp; Summary of Strengths

Server

Total of 10 yrs in Food Service/Hospitality

Cook

Singe Prep Bartender  
Secondary Cook/line

Dish: 3 Sink or Machine

Pots/ pants

Bartender

Cashier

Concessionaire

House Keeper

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 \_\_\_\_\_

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:

yes

yes

yes



## NOTICE TO EMPLOYEE

Labor Code section 2810.5

### EMPLOYEE

Employee Name: Moise, Gregory

Start Date: 02/04/19

### 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:

303 Hegenberger Road Suite 300, Oakland, CA. 94621

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: \_\_\_\_\_

Physical Address of Main Office: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

### WAGE INFORMATION

Rate(s) of Pay: Dish: \$15.50 / \$17.00 Overtime Rate(s) of Pay: 1.5X

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, 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)

KM Sonnens

(PRINT NAME of Employer representative)

KMS

(SIGNATURE of Employer Representative)

(Date)

Gregory Mors

(PRINT NAME of Employee)

Greg M

(SIGNATURE of Employee)

02-04-19

(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.

FCI OTISVILLE  
Otisville, New York  
10963

To whom it may concern :

I am writing this letter of recommendation on behalf of Gregory Morse as his cooksupervisor over the past 5 years.

Gregory was always a hard working man . He has a determination and desire to always improve he takes every challenge and meets it .

Gregory takes a leadership role, while working he goes above and beyond his duties. He will start work early and if needed will work on his scheduled days off . He does this through dedication ,reliability and his eagerness to always strive forward and learn and proves to be a role model for his co workers a leader worthy of following. He will pre prep everything feasible this makes my job easier and ensures our product is of its highest quality when served.

Gregory would be an asset to any employer who would hire him. Gregory will excell in any of his selective undertakings . I his prior supervisor would recommend him with high regard.

Cook supervisor

Clare w. Clune Jr.

FCI OTISVILLE

# (845)386-6700



# CERTIFICATE OF COMPLETION

This is to certify that

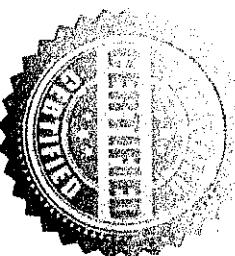
## GREGORY MORSE

Has successfully completed the requirements for the Food Safety First for food handler training program provided by Drexel University, EducationPrograms.com and FCI Otisville.  
Skill sets include: • What is food safety; Food storage; Food preparation and service; Who is responsible; Contamination of Food; Microbiology; Personal hygiene; Temperature control; Cleaning and sanitizing; Pest control

*On this 12<sup>th</sup> day of July 2016*



K. Davitt  
A.C.E. Coordinator



**FOOD  
SAFE™**



# Food Safety First

## Certificate of Training

This certifies that on 7/12/2016

Gregory Morse

Trainee's Name

completed a 9 hour foodhandler training program  
written by Drexel University and provided by Education Programs.

### Topics covered:

- What is food safety?
- Food storage
- Food preparation and service
- Who is responsible?
- Contamination of Food
- Microbiology
- Personal hygiene
- Temperature control
- Cleaning and sanitizing
- Pest control

 **Education Programs**

*Since 1990*

  
\_\_\_\_\_  
Certified Food Manager Signature



# CERTIFICATE OF COMPLETION



This is to certify that

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Skill sets include: •What is food safety; Food storage; Food preparation and service; Who is responsible; Contamination of Food; Microbiology; Personal hygiene; Temperature control; Cleaning and sanitizing; Pest control

On this 12<sup>th</sup> day of July 2016

A handwritten signature in black ink, appearing to read "K. Davitt".

K. Davitt  
A.C.E. Coordinator

