

## 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 Michael Wilson Date: \_\_\_\_\_  
Home Telephone (415) 272-637 Other Telephone (\_\_\_\_) \_\_\_\_\_  
Present Address 111 Taylor St, San Francisco CA, 94102  
Permanent Address, if different from present address: \_\_\_\_\_  
Email Address MichaelWilson@ymail.com

### EMPLOYMENT DESIRED

Position applying for: Server, Cashier, Host Salary desired: \_\_\_\_\_

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 Robert Castillo 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? 2/4/19

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

Robert Castillo, Friend

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 44. 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 \_\_\_

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 any and all Fair Chance Ordinances, we will consider for employment qualified applicants with arrest and conviction records.**

## EDUCATION & SKILLS

NAME OF SCHOOL	CITY & STATE	GRADE OR DEGREE COMPLETED	DID YOU GRADUATE?
Valley Christian Academy	Citrus Heights, CA	HS Diploma	YES
Do you have any special licenses, certificates or special training? If so please list under "Special".		<input checked="" type="radio"/> YES	NO
Are you computer literate? If so, list software knowledge under "Special."		<input checked="" type="radio"/> YES	NO
Are you proficient with Point of Sales Systems? If, so please list which ones under "Special."		<input checked="" type="radio"/> 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	<input checked="" type="radio"/> NO
Special: Food <del>serving</del> certificate, No wait, Microsoft, Health care,			

## EMPLOYMENT HISTORY

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

Type of Business \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Your Position and Duties \_\_\_\_\_

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

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

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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:

**MILITARY SERVICE**

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

**JOB RELATED REFERENCES**

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**

  *mw*   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.

  *mw*   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.

  *mw*   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.

  *mw*   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.

  *mw*   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**

  *mw*  

**Date**

  1/30/19

Name Michael Wilson

**Servers Test**

Score 29 / 35

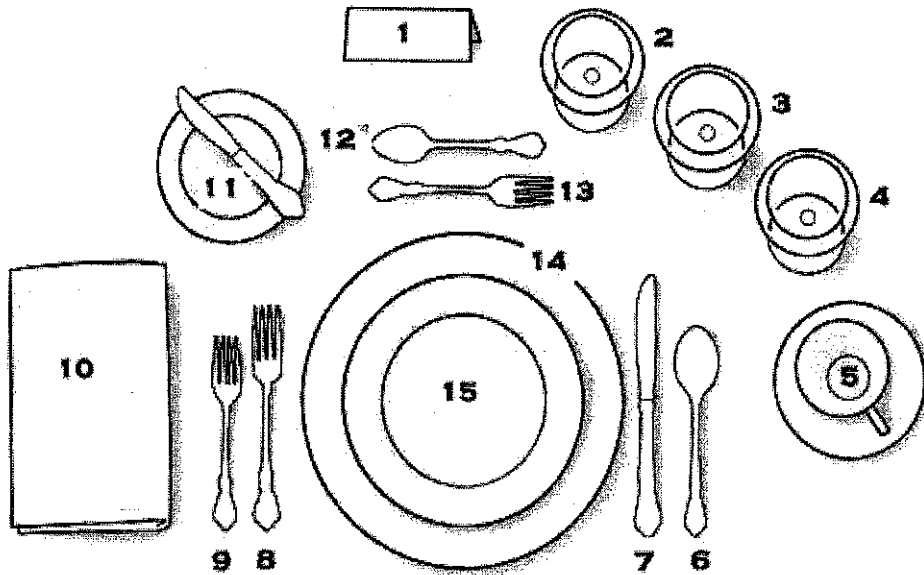
**Multiple Choice**

- 1 1) Food is served on what side with what hand?  
 a) On the left side with the left hand  
b b On the left side with the right hand  
~~c~~ On the right side with the left hand  
 d) On the right side with the right hand
- 2 2) Drinks are served on what side with what hand?  
 a) On the left side with the left hand  
b b On the left side with the right hand  
~~c~~ On the right side with the left hand  
 d) On the right side with the right hand
- 3 3) Food and drinks are removed on what side with what hand?  
 a) On the left side with the left hand  
b b On the left side with the right hand  
 c) On the right side with the left hand  
 d) On the right side with the right hand
- 4 4) What part of a glass should you handle at all times?  
 a) The stem  
b b The widest part of the glass  
 c) The top
- 5 5) When you are setting a dining room how should you set up your tablecloths?  
 a) Neatly and evenly across the tables  
 b) The creases should all be going in the same directions  
 c) The chairs should be centered and gently touching the table cloth  
d d All of the above
- 6 6) If you bring the wrong entrée to a guest what should you do?  
 a) Go back into the kitchen and patiently wait in line behind the rest of the servers until it's your turn  
 b) Inform the guests that you will bring the correct entrée once everyone else in the dining room is served  
 c) Try to convince the guests to eat what you brought them  
d d Go back into the kitchen to the front of the line and inform the expeditor that you need a different entrée

**Match the Correct Vocabulary**

- d Scullery  
e ~~B~~ Queen Mary  
A Chaffing Dish  
G French Passing  
B Russian Service  
F Corkscrew  
C Tray Jack

- A. Metal buffet device used to keep food warm by heating it over warmed water  
 B. Style of service where food is prepared or served individually at the dinner table to fit the customer's specific taste (i.e. providing dressing and pepper for salad or handing out bread to each patron)  
 C. Used to hold a large tray on the dining floor  
 D. Area for dirty dishware and glasses  
 E. Large metal shelving unit for prepared food to be held or for dirty trays to be stored  
 F. Used to open bottles of wine  
 G. Style of dining in which the courses come out one at a time



Score / 35

**Match the Number to the Correct Vocabulary**

- 8 Dinner Fork  
 5 ~~4~~ Tea or Coffee Cup and Saucer  
 7 Dinner Knife  
 2 ~~3~~ Wine Glass (Red)  
 9 Salad Fork  
 14 Service Plate  
 3 Wine Glass (White)

- 10 Napkin  
 11 Bread Plate and Knife  
 1 Name Place Card  
 12 Teaspoon  
 13 Dessert Fork  
 6 Soup Spoon  
 15 Salad Plate  
 4 Water Glass

**Fill in the Blank**

- The utensils are placed 1 inch (es) from the edge of the table.
- Coffee and Tea service should be accompanied by what extras? Cream & Sugar
- Synchronized service is when: everyone is served at the same time.
- What is generally indicated on the name placard other than the name? Food served
- The Protein on a plate is typically served at what hour on the clock? 12 /
- If a guest asks for a specialty dinner (i.e. Gluten-Free or Vegetarian) you should do what immediately?  
Notify the Chef

# Acrobat

outsourcing

Your Hospitality Staffing Professionals  
665 Third St., Suite 415 • San Francisco, CA 94107

First and Last Name: Michael Wilson  
Email: MichaelWilson@YMail.com  
Phone number: 415-222-1037

## Working Experience:

Company Name: Bulbin Group  
Dates of Employment: 8/2018 - Present  
Job Responsibility:

- - Server
- - Food running
- - Bussing
- - Host

Company Name: Law of John S. Diklich  
Dates of Employment: 4/2013 - 5/2014  
Job Responsibility:

- - Financial collecting of clients accounts
- - Process server
- - General office work, Answered phone calls, Faxed paperwork
- - ~~File~~

Company Name: Kaiser Permanente  
Dates of Employment: 2008 - ~~2011~~ 2013  
Job Responsibility:

- - Receptionist
- - Collected payments
- - checked medical eligibility
- - Date entry

## Skills

- - Great communication skills
- - Team player
- - Customer service experience
- - Positive attitude





# NOTICE TO EMPLOYEE

Labor Code section 2810.5

## EMPLOYEE

Employee Name: Michael Wilson

Start Date: 02/05/19

## 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: TSR \$16.25/Sr \$16.25 <sup>cash \$16</sup> <sup>SPR \$25</sup> 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.

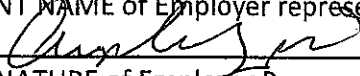
The following applies to the employee identified on this notice: *(Check one box)*

- ☐ 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

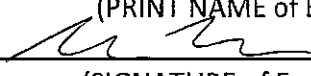
*(Optional)*

Angelina Tekas  
(PRINT NAME of Employer representative)

  
(SIGNATURE of Employer Representative)

2/5/19  
(Date)

Michael Wilson  
(PRINT NAME of Employee)

  
(SIGNATURE of Employee)

2/5/19  
(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.