



ACROBAT OUTSOURCING
TSC GROUP

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 LAWRENCE CHUNG Date: 6/12/2019
Home Telephone (202) 203-0632 Other Telephone ()
Present Address 3100 VICENTE STREET Apt. #304 SAN FRANCISCO, CA 94116
Permanent Address, if different from present address: _____
Email Address LAWRENCE.LCD@GMAIL.COM

EMPLOYMENT DESIRED

Position applying for: SUSHI CHEF Salary desired: _____

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

NO

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?

6/17/2019

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	XXXX	S-S	S-S	S-S	S-S	S-S	XXXX
PM	XXXX						XXXX

Do you have any vacations or extended leaves planned in the next 12 months? If so, please list dates:
I HAVE JULY 4TH TO THE 8TH OFF FOR A VACATION

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 _____

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 ___

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?
KAROLANE ^{Community College}	HAWAII	A.S.	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: CULINARY ARTS SUSHI EXPERIENCE			

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 ☒

SAN FRANCISCO
CA, 94129

Name and Address of Employer NOURISH INC, 319 South Maple Ave.

Type of Business Employee CAFE Telephone No. (415) 310-6734 Supervisor's Name RICK DeBERARD

Your Position and Duties SUSHI CHEF

Dates of Employment: From 12/2017 To 6/2019

Reason for Leaving: CLOSING The SUSHI STATION FOR THE SUMMER

Name and Address of Employer Compass Group 1585 BROADWAY, NY, NY 10036

Type of Business Employee CAFE Telephone No. (212) 762-0170 Supervisor's Name JACK PAYNE

Your Position and Duties SUSHI CHEF

Dates of Employment: From 10/2013 To 8/2017

Reason for Leaving: MOVING TO SAN FRANCISCO

Name and Address of Employer THE SOURCE 575 PENNSYLVANIA AVE. WASHINGTON DC 20565

Type of Business RESTAURANT Telephone No. () Supervisor's Name SCOTT DRENN

Your Position and Duties IN CHARGE of the SUSHI STATION

Dates of Employment: From 1/2010 To 12/2012

Reason for Leaving: MOVING to NYC

Name and Address of Employer PING 4060 CAMPBELL AVE, ARLINGTON, VA 22206

Type of Business RESTAURANT Telephone No. (703) 671-4900 Supervisor's Name ROCK FU

Your Position and Duties _____

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? Yes _____ No X

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: RICK DeBeaord Telephone No. (415) 310-6734
Address 1 LEHMAN DRIVE BLDG. A ⁹⁴¹²⁹ FRANCISCO, CA
Occupation: EXECUTIVE Relationship: MANAGER Number of Years Acquainted: 1 1/2 years
CHEF

Name: JACK PAYNE Telephone No. (212) 762-0170
Address 1585 BROADWAY NY, NY 10036
Occupation: REGIONAL Relationship: MANAGER Number of Years Acquainted: 5 years
CHEF

Name: PAUL HOOPER Telephone No. (212) 761-4043
Address 1585 BROADWAY NY, NY 10036
Occupation: Executive Relationship: MANAGER Number of Years Acquainted: 5 years
DINING ROOM DIRECTOR

Please Read Carefully, Initial Each Paragraph and Sign Below

 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.

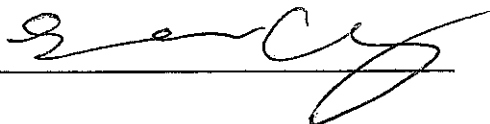
 I hereby authorize Acrobat Outsourcing to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related 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.

 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.

 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.

 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  Date 6/12/2019

NOTICE TO EMPLOYEE
Labor Code section 2810.5

EMPLOYEE

Employee Name: LAWRENCE CHUNG

Start Date: 6/12/19

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: DBX STAGE #17 Overtime Rate(s) of Pay: 1.5 X

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

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)

SARCO SABLAN
(PRINT NAME of Employer representative)

(PRINT NAME of Employee)

[Signature]
(SIGNATURE of Employer Representative)

(SIGNATURE of Employee)

6/12/19
(Date)

(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.

NOTICE TO EMPLOYEE
Labor Code section 2810.5

EMPLOYEE

Employee Name: Laurence Chung

Start Date: 6/12/19

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

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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.)

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 - requesting or using accrued sick days;
 - attempting to exercise the right to use accrued paid sick days;
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ACKNOWLEDGEMENT OF RECEIPT

(Optional)

Angela Leray

(PRINT NAME of Employer representative)

[Signature]

(SIGNATURE of Employer Representative)

6/12/19

(Date)

LAWRENCE CHUNG

(PRINT NAME of Employee)

[Signature]

(SIGNATURE of Employee)

6/12/2019

(Date)

The employee's signature on this notice merely constitutes acknowledgement of receipt.

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