

Name: Octavio Bauza (walkin)

Taborca ID: 52475

Date of Hire: 6/25/19

Date of Re-Act:   /  /  

#### New employee set up

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

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

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

Total of _____ in Food Service/Hospitality		P.O.S. Experience: Y / N		Details:	
Car		Public Transit		Carpool ( Rider / Driver )	
East		South		West	
Tips		Serv-Safe		LEAD Other	
Open		AM only		PM only Weekdays only Weekends only	
Details:		Will Submit		Other	
Academy?		Would you recommend this applicant for Acrobat		Convention Candidate?	
Bistro		Chef Coat Chef Pants Knives Black Pants		Non-Slip Shoes Bow Tie Other	
Would you recommend this applicant for Acrobat		Convention Candidate?		Other Languages Spoken:	
Academy?		Would you recommend this applicant for Acrobat		Other Languages Spoken:	

Part-Time	14%	Housekeeping	10%	Dishwasher
Full-Time	35%	Bar tender	20%	Prep Cook
Full-Time	35%	Barista	40%	Grill Cook
Full-Time	15%	Cashier	15%	

Name: <u>Octavio Bautista Rodriguez</u>	Interviewer: <u>Señor.</u>
Date: <u>01/05/19</u>	Rate of Pay: <u></u>
Position(s) Applied for: <u>Señor.</u>	Referred by: <u></u>



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First and Last Name: Octavio Buvye  
Email: octavio.buvye@gmail.com  
Phone number: 470 3015030

**Working Experience:**

Company Name: La Promesa Bakery  
Dates of Employment: 2019  
Job Responsibility:

- Kitchen helper
- -
- -
- -

Company Name: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Job Responsibility:

- -
- -
- -
- -

Company Name: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Job Responsibility:

- -
- -
- -
- -

**Skills**

- -
- -
- -
- -
- -

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T 877.750.5772 \* F 866.889.8433 \* [theservicecompanies.com](http://theservicecompanies.com)



## Prep Cooks Test

Score / 20

### Multiple Choice (1 point each)

- 1) A gallon is equal to \_\_\_\_ ounces
  - a. 56
  - b. 145
  - c. 32
  - d. 128
- 2) Mesclun are what type of vegetable?
  - a. Roots
  - b. Beans
  - c. Salad Greens
  - d. Spices
- 3) What does the term braise mean?
  - a. Sear quickly on both sides
  - b. Slowly cook in covered pan with little liquid
  - c. Cook on high heat and quickly
  - d. Slowly cook in simmering water
- 4) At what internal temperature must chicken be cooked so that it is safe to eat?
  - a. 155 degrees F
  - b. 165 degrees F
  - c. 175 degrees F
  - d. 185 degrees F
- 5) How do you blanche vegetables?
  - a. Immerse for a short time in boiling water
  - b. Cook lightly in butter over med heat
  - c. Soak in cold water overnight
  - d. Rub with salt before cooking
- 6) Which of the following ingredients would you pack before measuring?
  - a. Olive Oil
  - b. Salt
  - c. Brown Sugar
  - d. White Sugar
- 7) What is Al Dente?
  - a. Firm but not hard
  - b. Soft to the touch
  - c. Very hard
  - d. Very soft
- 8) Food should be left out no more than
  - a. 2 hours
  - b. 3 hours
  - c. 4 hours
  - d. 5 hours



**Prep Cooks Test**

9) Which is the improper way to thaw frozen food?

- a. In the fridge
- b. In a sink with cold water
- c. On the counter
- d. In the microwave

10) Which of the following can you use to put out a grease fire?

- a. Baking Soda
- b. Baking Powder
- c. Flour
- d. Water

11) What is the temperature range of the danger zone?

- a. 25-135
- b. 40-140
- c. 50-160
- d. 30-130

12) Which of the following is listed from smallest to largest?

- a. Dice, chop, mince
- b. Mince, chop, dice
- c. Chop, dice, mince
- d. Mince, dice, chop

13) Which direction should pan handles be turned while cooking on the stove?

- a. Over the fire at all times
- b. Turned towards you for better control
- c. Turned towards the right or left at all times
- d. Over the countertop at all times

14) When you poach something, you cook it with what?

- a. Noodles
- b. Vegetables
- c. Liquid
- d. Oil

15) Which spoon is used to remove fat from soups and stews?

- a. Basting Spoon
- b. Ladle
- c. Slotted Spoon
- d. Portion Spoon

16) Which of the following means to cook in a small amount of fat?

- a. Season
- b. Sauté
- c. Broil
- d. Boil
- e. Fry



## Prep Cooks Test

17) What is a Julien cut?

- a. Food cut into long thin strips, matchstick
- b. Food cut into long thin strips then turned and cut into a 1/8' dice
- c. Food diced into finely chopped and uniform pieces
- d. Cutting and peeling into oblong seven sided football like shapes

18) To cook a food in a pan without browning over low heat until the item softens and releases moisture.

- a. Sweat
- b. Boil
- c. Roast
- d. Grill

Fill-in the Blank (1 point each)

19) Salt & pepper are the basic seasoning ingredients for all savory recipes.

20) Chop: to cut into very small pieces when uniformity of size and shape is not important.





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## 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 Octavio Jesus Bauga Bocaranda Date: 06/25/19  
Home Telephone (    )    Other Telephone ( 470 ) 3015030  
Present Address 5897 MaryJo Lane, Norcross, GA, 30093  
Permanent Address, if different from present address: \_\_\_\_\_  
Email Address Octavio.buga@gmail.com

### EMPLOYMENT DESIRED

Position applying for: Server/Kitchen helper Salary desired: \$12

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 Zulay Pereira 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?

06/26/2019

*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							
PM	<u>2:00</u>	<u>2:00</u>	<u>2:00</u>	<u>All Day</u>	<u>All Day</u>	<u>2:00</u>	<u>2:00</u>

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

Special: I have in similar Companies

NO	YES	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."
NO	YES	Are you proficient with Point of Sales Systems? If so, please list which ones under "Special."
NO	YES	Are you computer literate? If so, list software knowledge under "Special."
NO	YES	Do you have any special licenses, certificates or special training? If so please list under "Special".

EDUCATION & SKILLS

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

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.)

Are you able to perform the essential functions of the job for which you are applying? Yes  No

Legal age to work.

If hired, can you present evidence of your legal right to live and work in this country? Yes  No

If hired, would you have a reliable means of transportation to and from work? Yes  No

Do you have friends or relatives working for Acrobat Outsourcing? Yes  No  If yes, please state name and relationship Zuly Perera (aunt) Jose Martinez (uncle)

Have you ever applied to or worked for Acrobat Outsourcing before? Yes  No  If yes, when?

PERSONAL INFORMATION

The Service Companies

Page 2 of 5

### 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 La Promesa Bakery 16230 5 Norcross Turner, RD STE B  
Tucker, GA 30084

Type of Business Bakery Telephone No. (678) 4060563 Supervisor's Name Rafael Rodriguez  
Your Position and Duties Kitchen helper

Dates of Employment: From 02/01/14 To Currently

Reason for Leaving: 4353 Tilly Mill rd #250

Name and Address of Employer Elegant Staffing 14353 Tilly Mill rd #250  
Atlanta GA 30360

Type of Business Server Telephone No. (800) 807 8507 Supervisor's Name Chesca Castillo  
Your Position and Duties Server / kitchen helper

Dates of Employment: From 2019 To Currently

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 \_\_\_\_\_

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

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

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

Occupation: Server Relationship: Friend Number of Years Acquainted: 3  
Address: 3202 Old De Kalb way Apt 1a (3008)  
Name: Hector Lopez Telephone No. (604) 287 1427

Occupation: Assistant Relationship: Friend Number of Years Acquainted: 2y  
Address: 1950 Ares Mills road, Atlanta 30339  
Name: Tony Torres Telephone No. (404) 948 8361

Occupation: Receptionist Relationship: Friend Number of Years Acquainted: 10  
Address: 1814 Land Park Drive Gainesville GA  
Name: Libia Mujica Telephone No. (321) 314 7650

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

#### JOB RELATED REFERENCES

If so, describe:

Have you obtained any special skills or abilities as the result of service in the military? Yes ND

#### MILITARY SERVICE

Have you ever been fired from any previous place of employment? If so, please explain:

Reason for Leaving: \_\_\_\_\_  
Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Please Read Carefully, Initial Each Paragraph and Sign Below

OB 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.

OB 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.

OB 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.

OB 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.

OB 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 Octavio Baugz Date 06/25/19



*Levy*

## Non-Profit Associate, Subcontractor and Temporary Employee HEALTH REPORTING AGREEMENT\*

\* Applies to all associates of Non-Profit Group, Subcontractor or Temporary Employee  
This form must be completed at least once every 12 months.

*The purpose of this agreement is to ensure that you notify the Levy manager or other person in charge when you experience any of the conditions listed so that management can take appropriate steps to prevent the transmission of foodborne illness.*

I AGREE TO REPORT TO THE MANAGER OR OTHER PERSON IN CHARGE:

### FUTURE SYMPTOMS AND CONDITIONS:

*IMPORTANT: It is not necessary to report symptoms, such as diarrhea, associated with chronic medical conditions or illnesses.*

1. Diarrhea
2. Vomiting
3. Jaundice (yellowing of the skin and/or eyes)
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cuts, wounds, or lesions are not properly covered (such as boils and infected wounds, however small)

### FUTURE MEDICAL DIAGNOSIS:

1. Any diagnosis of foodborne illness
2. Diagnosis of being ill with **Norovirus, Typhoid Fever (Salmonella Typhi), Shigellosis, Salmonellosis, E. coli O157:H7 or other EHEC/STEC infection, Hepatitis A infection or (California only) Amebiasis.**

### FUTURE HIGH-RISK EXPOSURES:

1. Exposure to or suspicion of causing any confirmed outbreak of foodborne illness
2. A household member diagnosed with a foodborne illness
3. A household member attending or working in a setting experiencing a confirmed outbreak of foodborne illness

I HAVE READ (OR HAD EXPLAINED TO ME) AND UNDERSTAND MY RESPONSIBILITIES UNDER THIS AGREEMENT TO COMPLY WITH:

1. Reporting requirements specified above involving symptoms, conditions, diagnoses, and high-risk exposures
2. Work restrictions or exclusions that are imposed upon me
3. Good hygienic practices

I UNDERSTAND THAT FAILURE TO COMPLY WITH THE TERMS OF THIS AGREEMENT MAY LEAD TO DISCIPLINARY ACTION UP TO ANY INCLUDING TERMINATION OF EMPLOYMENT WITH LEVY.

Name (please print): Octavio Jesus Bauza Bocaranda

Signature: Octavio Bauza Date: 06/25/19

Levy Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(or other person in charge)



## STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME

Octavio Jesus Buzza Bocanada

2a. HOME ADDRESS (Number, Street, or Rural Route)

5897 Mary Jo Lane

1b. YOUR SOCIAL SECURITY NUMBER

204-45-2488

2b. CITY, STATE AND ZIP CODE

Norcross, GA, 30093

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3 - 8

## 3. MARITAL STATUS

(If you do not wish to claim an allowance, enter "0" in the brackets beside your marital status.)

A. Single: Enter 0 or 1.....[0]

4. DEPENDENT ALLOWANCES

[0]

B. Married Filing Joint, both spouses working:

Enter 0 or 1.....[0]

5. ADDITIONAL ALLOWANCES

[0]

C. Married Filing Joint, one spouse working:

Enter 0 or 1 or 2.....[0]

D. Married Filing Separate:

Enter 0 or 1.....[0]

E. Head of Household:

Enter 0 or 1.....[0]

6. ADDITIONAL WITHHOLDING

\$

## WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES

(Must be completed in order to enter an amount on step 5)

1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION:

Yourself:  Age 65 or over  BlindSpouse:  Age 65 or over  Blind Number of boxes checked \_\_\_\_\_ x 1300.....\$ \_\_\_\_\_

2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:

A. Federal Estimated Itemized Deductions (if Itemizing Deductions).....\$ \_\_\_\_\_

B. Georgia Standard Deduction (enter one): Single/Head of Household \$4,600  
Each Spouse \$3,000

C. Subtract Line B from Line A (If zero or less, enter zero).....\$ \_\_\_\_\_

D. Allowable Deductions to Federal Adjusted Gross Income.....\$ \_\_\_\_\_

E. Add the Amounts on Lines 1, 2C, and 2D.....\$ \_\_\_\_\_

F. Estimate of Taxable Income not Subject to Withholding.....\$ \_\_\_\_\_

G. Subtract Line F from Line E (if zero or less, stop here).....\$ \_\_\_\_\_

H. Divide the Amount on Line G by \$3,000. Enter total here and on Line 5 above.....\$ \_\_\_\_\_

(This is the maximum number of additional allowances you can claim. If the remainder is over \$1,500 round up)

7. LETTER USED (Marital Status A, B, C, D, or E) A TOTAL ALLOWANCES (Total of Lines 3 - 5) 0  
(Employer: The letter indicates the tax tables in Employer's Tax Guide)

8. EXEMPT: (Do not complete Lines 3 - 7 if claiming exempt) Read the Line 8 instructions on page 2 before completing this section.

a) I claim exemption from withholding because I incurred no Georgia income tax liability last year and I do not expect to have a Georgia income tax liability this year. Check here 

b) I certify that I am not subject to Georgia withholding because I meet the conditions set forth under the Servicemembers Civil Relief Act as amended by the Military Spouses Residency Relief Act as provided on page 2. My state of residence is \_\_\_\_\_

My spouse's (servicemember) state of residence is \_\_\_\_\_. The states of residence must be the same to be exempt. Check here 

I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.

Employee's Signature Octavio BuzzaDate 06/25/14

Employer: Complete Line 9 and mail entire form only if the employee claims over 14 allowances or exempt from withholding. If necessary, mail form to: Georgia Department of Revenue, Withholding Tax Unit, P.O. Box 49432, Atlanta, GA 30359.

9. EMPLOYER'S NAME AND ADDRESS:

EMPLOYER'S FEIN: \_\_\_\_\_

EMPLOYER'S WH#:

Do not accept forms claiming additional allowances unless the worksheet has been completed. Do not accept forms claiming exempt if numbers are written on Lines 3 - 7.

