

ACROBAT OUTSOURCING

TSC GROUP

Marina Galdamez

Taborca ID: (52909)

Date of Hire: 8/2/2019

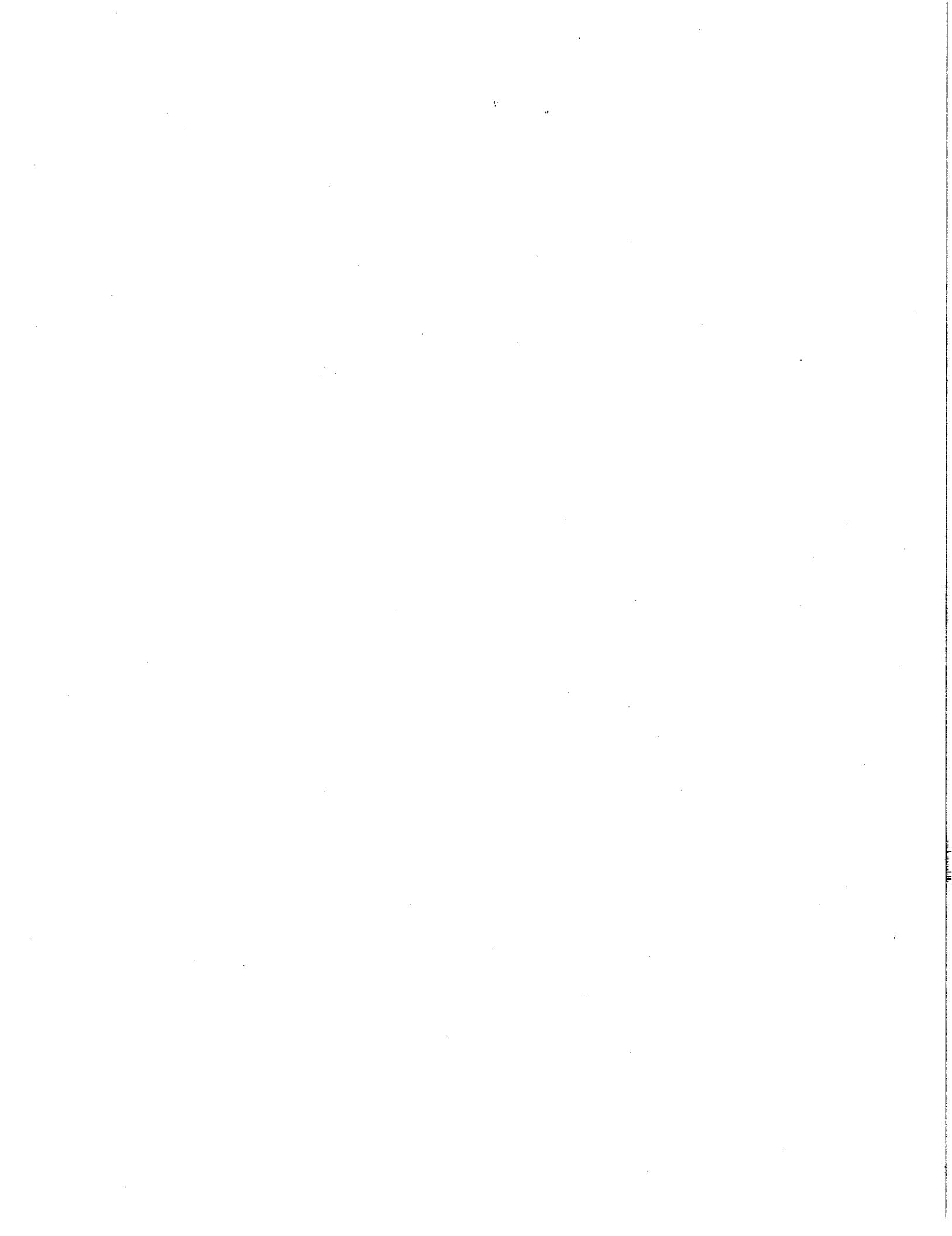
Date of Re-Act: / /

- Verify
- Hire Right EE
- Hire Right Internal (upload any list A docs)
- Notice to Employee Completed
- Added to Orientation Time Sheet
- Background Check

- New Hire List (All fields)
- Check Taborca Profile (All fields)
- Upload Resume and Skills Tests (one doc)
- Upload Food Handler's Card
 - Presented
 - Emailed

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

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





ACROBAT OUTSOURCING
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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 MARINA Haidamcz Date: August / 2019
Home Telephone (650) 669 6768 Other Telephone (510) 731
Present Address 825 Kelly Blvd. apt. 27, Sta. Clara, CA - 95051
Permanent Address, if different from present address: _____
Email Address DAVID OLIVAS 16@yahoo.com

EMPLOYMENT DESIRED

Position applying for: Housekeeper Salary desired: \$20.00 - Open

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?

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	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DAILY		X	X	X	X	X	
AM		AM	AM	AM	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 _____

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 <u>COMPLETED</u>	DID YOU GRADUATE? <u>Yes</u>
E.S.C. Nac. Americana	El Salvador		
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:	<i>I have experience of housekeeper about 30 years</i>		

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 X If so, may we contact your current employer? Yes No

Name and Address of Employer Man power

Type of Business Handicrafts Telephone No. () ? Supervisor's Name

Your Position and Duties cleaning, vacuum, mopping, dusting etc.

Dates of Employment: From 2011 To 2017

Reason for Leaving: a better job

Name and Address of Employer Stamford Hospital

Type of Business Household Telephone No. () ? Supervisor's Name Lily

Your Position and Duties vacuum, cleaning beds, mopping, cleaning bathroom, shower

Dates of Employment: From 2011 To 2014

Reason for Leaving: Better pay

Name and Address of Employer Self emp CGC

Type of Business Housekeeping Telephone No. (670) 6694768 Supervisor's Name Marina

Your Position and Duties Cleaning, dusting, vacuum, mopping, cleaning bathroom, shower; replace paper towel, etc.

Dates of Employment: From 2017 To Until now

Reason for Leaving: _____

Name and Address of Employer _____

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

Page 4 of 5
The Service Companies

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: _____

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

m y 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.

m y 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.

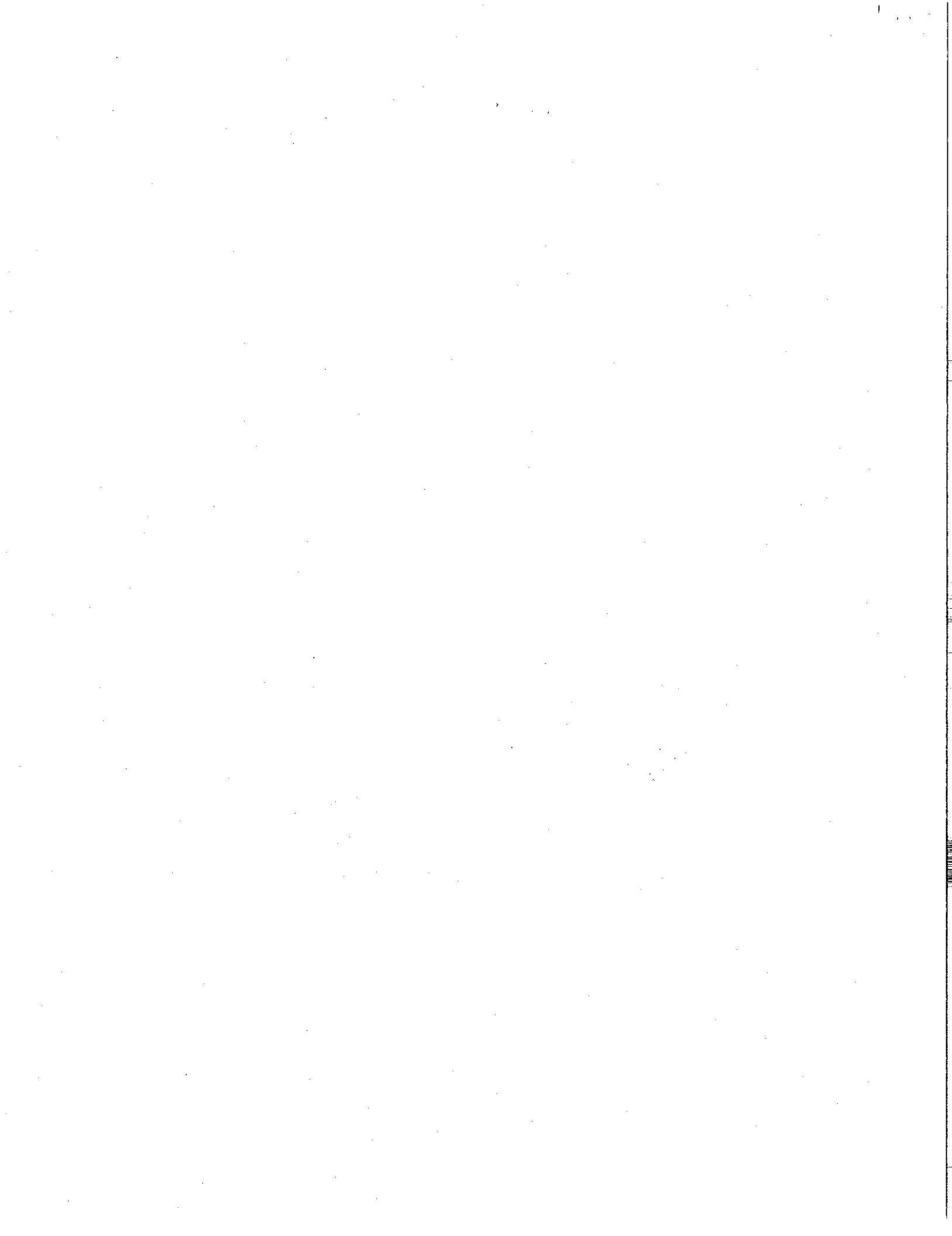
m y I hereby authorize Acrobat Outsourcing and its authorized representatives to solicit information regarding my background, which may include but not be limited to, information about my employment, education, and/or criminal history, which may be in the files of any federal, state, or local criminal justice and law enforcement agency and general public records history.

m y 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.

m y 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 Marina Lachance Date 8-1-2019



Interview Note Sheet

Name: <u>Maria Galda mez</u>	Interviewer: <u>Ngoe Ho</u>
Date: <u>8/2/2019</u>	Rate of Pay: <u>\$18/hr</u>
Position(s) Applied for: <u>House keeping</u>	Referred by: <u>Craigslist</u>

Position	#	%	Position	#	%
Server	/35	%	Bartender	/35	%
Prep Cook	/20	%	Barista	/15	%
Grill Cook	/40	%	Cashier	/15	%
Dishwasher	/10	%	Housekeeping	9 /14	60 %

Full-Time
Part-Time

Total of _____ in Food Service/Hospitality

-25 yrs exp. housekeeping
-has worked in hospitals, school, Stanford

P.O.S. Experience: Y / N details: _____

<input checked="" type="radio"/> Car	Public Transit	Carpool (Rider / Driver)
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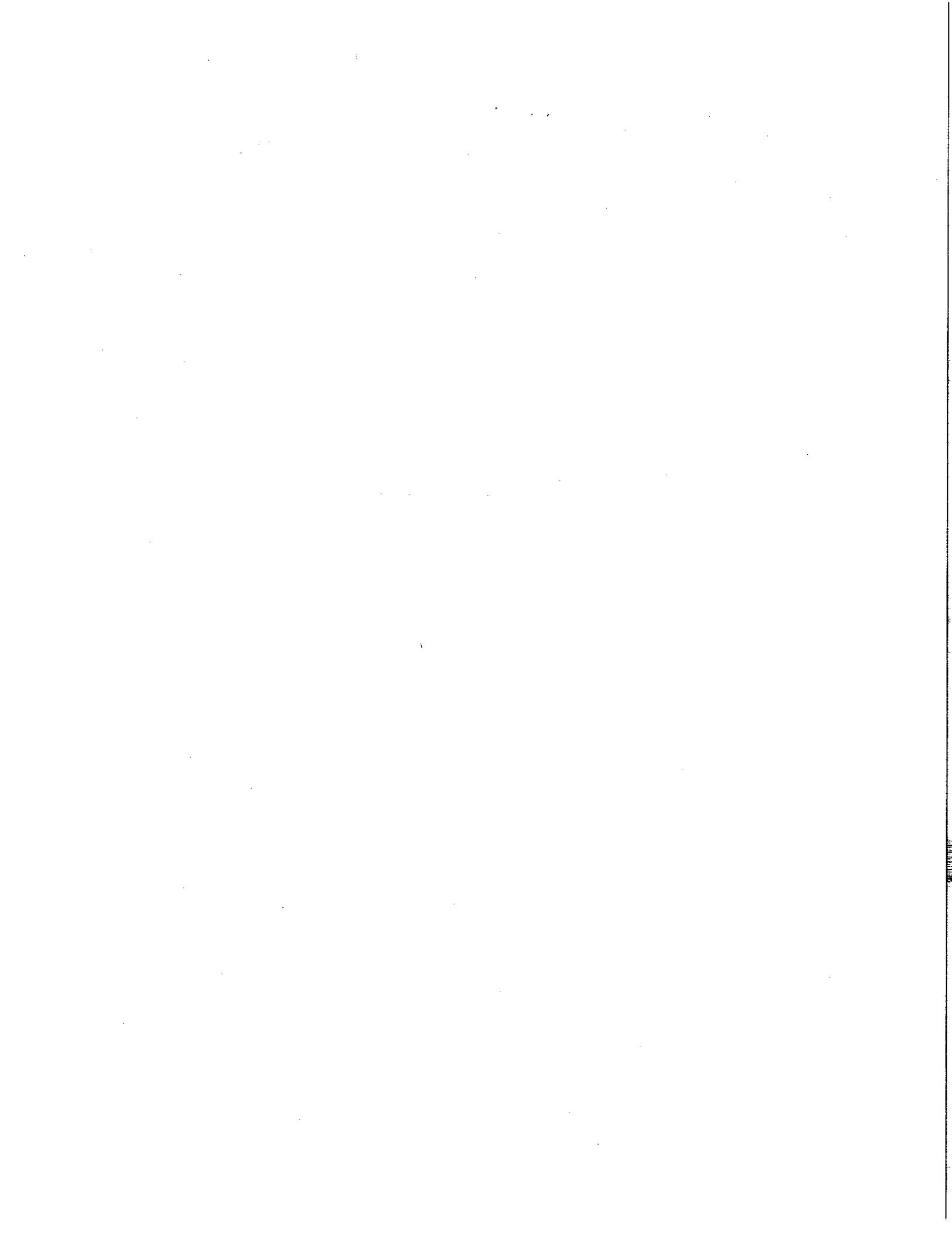
LA	OC	
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TiPS	Serv-Safe	LEAD	Other	Will Submit
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<input checked="" type="radio"/> Open	AM only	PM only	Weekdays only	Weekends only
---------------------------------------	---------	---------	---------------	---------------

Details: _____

Bistro	Black Bistro	Tuxedo	1/2 Tuxedo	Black Vest	Long Black Tie
Chef Coat	Chef Pants	Knives	Black Pants	<input checked="" type="radio"/> Non-Slip Shoes	Bow Tie
Would you recommend this applicant for Acrobat Academy?			Convention Candidate?		Other Languages Spoken: _____



NOTICE TO EMPLOYEE

Labor Code section 2810.5

EMPLOYEE

Employee Name: Marina Galdamez
Start Date: 8/2/2019

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:

665 Third St. Suite 415, San Francisco, CA. 94107

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: Acrobat Outsourcing

Physical Address of Main Office: 1871 The Alameda, Suite 110 San Jose

Mailing Address: 11 "

Telephone Number: 408 844 0772

WAGE INFORMATION

Rate(s) of Pay: \$18

Overtime Rate(s) of Pay: \$27/hr

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)

Ngoc Ho

(PRINT NAME of Employer representative)

Ngoc Ho

(SIGNATURE of Employer Representative)

8/2/2019

(Date)

MARINA Goldammer

(PRINT NAME of Employee)

MARINA Goldammer

(SIGNATURE of Employee)

8-2-2019

(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.

Acrobat

outsourcing

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

First and Last Name: Yelizmox Marina
Email: DAVIDOLIVAS16@yahoo.com
Phone number: 650-669-6768

Working Experience:

Company Name: My self employee
Dates of Employment: 2017 - 2019
Job Responsibility:

- -
- -
- -
- -

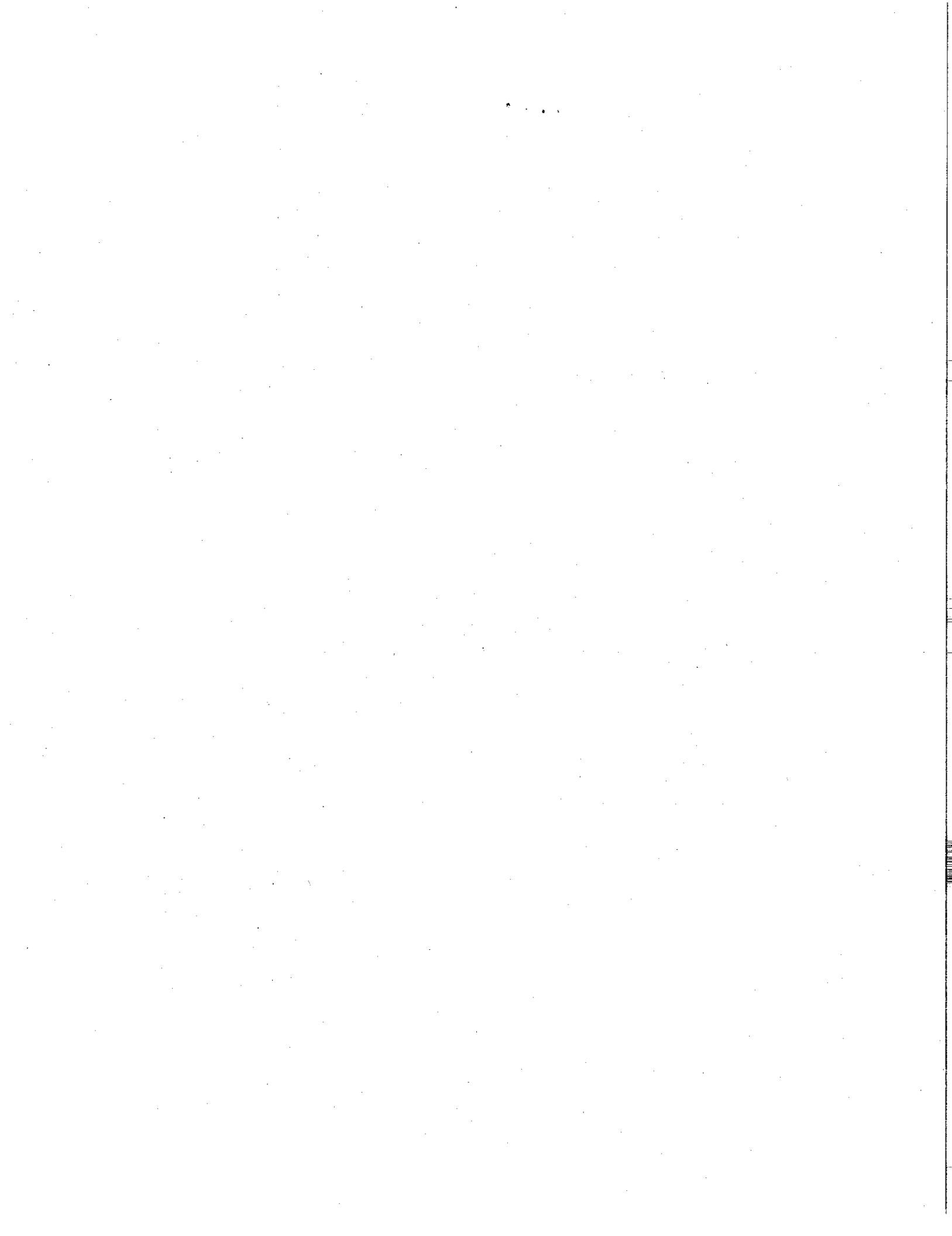
Company Name: MAN POWER
Dates of Employment: 2011 - 2014
Job Responsibility:
• Cleaning Stanford University
• rooms, cleaning bathroom
• supplies - replace toilet paper
• Pick up trash and replace bag

Company Name: MAN power
Dates of Employment: _____
Job Responsibility:

- The Same above
- -
- -
- -

Skills

- -
- -
- -
- -



Examen de Housekeeping

1. Cual de las siguientes situaciones debe usted usar guantes?

- a) Al manipular soluciones desinfectantes
- b) Al limpiar las zonas del bano?
- c) Al manipular la ropa sucia?
- d) Cuando manipule o eliminacion de los residuos
- e) Todo lo de arriba

60%

2. Cuales de las siguientes debe limpiarse diariamente?

- a) Sillas, lamparas, y mesas
- b) Tableros de mesa, camas, y pasamanos
- c) Barras de apoyo,, luces, superior de las puertas y encimeras
- d) Pisos, fregaderos, inodoros y letrinas
- e) Todo lo de arriba

3. Verdadero o Falso: No es necesario separar el pano para la limpieza de banos?

4. Verdadero o Falso: Quitar el polvo es mas comunmente utilizando para limpiar las paredes, techos, puertas, ventanas, y muebles.

5. Debe limpiarse a diario o semanalmente los siguientes? Circule uno.

- a) Pisos Diario/ Semanal
- b) Inodoros and letrinas Diario/ Semanal
- c) Carpetas en habitaciones de huespedes Diario/ Semanal
- d) Carpetas en oficinas Diario/ Semanal
- e) Ropa Sucia Diario/ Semanal

6. La mejor manera de limpiar el piso es:

- a) Depuracion/fregar
- b) Barrer en seco y quitar el polvo
- c) Barrer, trapear y quitar el polvo
- d) De limpieza humedo

7. Que debe hacer si se derrama el liquido o ve un derrame de liquido?

- a) Lo deja para otra persona que lo limpie
- b) Esperar al final de su turno para limpiarlo
- c) Limpiarlo inmediatamente y seguir procedimientos
- d) No muy seguro

8. El correcto procedimiento para limpiar derrames de sangre y otros fluidos corporales es?

- a) Usando guantes, limpiar con un pano empapado en una solucion de cloro y el seguimiento con solucion desinfectante
- b) Buscar el consergue de turno y preguntarle que el lo limpie
- c) Buscar cualquier cosa y limpiar inmediatamente, y marcar "Riesgo Biologico"
- d) Nada

9. Cual es el procedimientos si se llega a encontrar con chinches de cama? no se

10. Cual es el procedimiento si se llega encontrar con articulos perdidos? devolverlos

11. Describe la diferencia entre el desinfectante y solucion de limpieza?

para desinfectar area y solucion limpia para quitar suciedad

