

ACROBAT OUTSOURCING
TSC GROUP

Anwar Wilfrido Perez Rojas

Taborca ID: 52913

Date of Hire: 8 / 2 / 2019

Date of Re-Act: / /

- ☒ E-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

Interview Note Sheet

Applicant Information	
Name: <u>Anwar Wilfrido Perez Rojas</u>	Interviewer: <u>Ngoc Ho</u>
Date: <u>8/12/2019</u>	Rate of Pay: <u>\$24/hr</u>
Position (s) Applied for: <u>Cook</u>	Referred by:

Test Scores					
Server	/35	%	Bartender	/35	%
Prep Cook	/20	%	Barista	/15	%
Grill Cook	/40	%	Cashier	/15	%
Dishwasher	/10	%	Housekeeping	/14	%

Seeking:
Full-Time
Part-Time

Relevant Experience & Summary of Strengths

Total of 10 yrs in Food Service/Hospitality

- line cook San Jose Country Club

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

Transportation

(Car) Public Transit Carpool (Rider / Driver)

Regions Available to Work

LA OC South Bay

Certifications (if any)

TIPS Serv-Safe LEAD (Other) PHC (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:



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 Anwar wileido Date: 08-02-19
Home Telephone (669) 278 8776 Other Telephone (408) 376-1649
Present Address 1685 whitewood Ln Apt 2 Campbell CA 95008
Permanent Address, if different from present address: _____
Email Address anwar1883a@gmail.com

EMPLOYMENT DESIRED

Position applying for: _____ 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 craigslist 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?

08-07-19

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	<u>X</u>	<u>6AM-4PM</u>	<u>6AM-4PM</u>	<u>6AM-4PM</u>	<u>6AM-4PM</u>	<u>6AM-4PM</u>	<u>X</u>
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 COMPLETED	DID YOU GRADUATE?
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:			

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 Premier health Care

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

Your Position and Duties Caregiver

Dates of Employment: From 2014 To present

Reason for Leaving: _____

Name and Address of Employer San Jose Country Club

Type of Business golf course Telephone No. (____) _____ Supervisor's Name Jose Cadenas

Your Position and Duties cook

Dates of Employment: From 2008 To 2012

Reason for Leaving: _____

Name and Address of Employer Castlewood Country Club

Type of Business golf course Telephone No. (____) _____ Supervisor's Name Tracy Flores

Your Position and Duties line cook

Dates of Employment: From 2013 To 2015

Reason for Leaving: _____

Name and Address of Employer Moffet Field Country Club

Type of Business Golf Course Telephone No. (____) _____ Supervisor's Name GARY

Your Position and Duties _____

Dates of Employment: From 2016 To 2017

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 ☒

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: Ruby Mora Telephone No. (408) 376-1649

Address _____

Occupation: _____ Relationship: Friend 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

A

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.

A

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.

A

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.

A

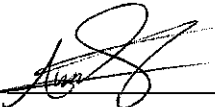
I understand that if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 form in this regard within three days of my hire date.

A

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

08-02-19

NOTICE TO EMPLOYEE**Labor Code section 2810.5****EMPLOYEE**

Employee Name: Anwar Wilfrido Perez Rojas
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: " "

Telephone Number: 408 844 0772

WAGE INFORMATION

Rate(s) of Pay: \$21/hr Overtime Rate(s) of Pay: \$31.5/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 Ha
(PRINT NAME of Employer representative)

[Signature]
(SIGNATURE of Employer Representative)

8/2/2019
(Date)

Amir
(PRINT NAME of Employee)

[Signature]
(SIGNATURE of Employee)

08/02/19
(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.



Your Hospitality Staffing Professionals

Attendance Policy

The cost of absenteeism and lateness is difficult to estimate, no one can calculate the cost of the burden this puts on others who have to do the absent person's work. Most people will be late or sick at one time or another. But when short-term absences become more frequent, they might signal personal, medical, or job-related problems.

It is your responsibility to notify your supervisor at least 24 hours prior to your shift of any anticipated tardiness or absence. All tardiness or absences should be reported to the Emergency Line at 800.236.2276 x220. You should provide the general reason for your absence, and understand that excessive absences and lateness will lead to disciplinary action.

Below is a breakdown of how infractions will be measured. Any employee who accumulates more than **three** points in a 90-day period can result in termination of employment.

Tardy -- Anybody not signed/ clocked-in by their start time. 1 Point

Call Off -- Needing to be taken off a shift after schedules are sent out. It is your responsibility to request any desired time off in advance. 1 Point

LM Call-Out -- Failing to provide Acrobat with 24-hour notice before missing a shift. 1 Points

No Call No Show -- Failing to provide Acrobat with any notice before missing a shift. 3 Points

Name:

Anwar

Date:

08/02/19

Signature:

A handwritten signature in black ink, appearing to be "Anwar", written over a horizontal line.

Multiple Choice Test (1 point each)

1) How much time should you take to wash your hands with soap?

- a) 1 minute
- b) 20 seconds
- c) Time does not matter, water temperature does
- d) 5 minutes

2) The recommended temperature for your refrigerator is...

- a) 45°F
- b) 50°F
- c) 40°F
- d) 20°F

3) Food handlers must always wash their hands

- a) Before starting work
- b) Switching between handling raw and ready-to-eat food
- c) After going to the restrooms
- d) All of the above

4) The most important reason for having food handlers wear hair restraints is to

- a) Prevent food from getting into food handlers' hair
- b) Prevent food handlers from contaminating their hands by touching their hair
- c) Keep the food handlers' hair in place
- d) None of the above

5) Which of these conditions requires immediate corrective action?

- a) Packaged food items are stored at least 6 inches above the floor
- b) Ice is being used to cool beef stew in a shallow pan
- c) Raw meats are stored on a shelf above ready-to-eat egg salad in the walk-in cooler
- d) Raw fish is stored above raw chicken in the walk-in freezer

6) Bacteria grow best in the temperature "danger zone" which includes temperatures between?

- a) 0°F and 100°F
- b) 32°F and 220°F
- c) 41°F and 135°F
- d) 39°F and 178°F

7) After cutting raw chicken, what should be done before the cutting board is used for slicing onions for salad?

- a) Clean the cutting board with a wet wiping cloth
- b) Turn the board over and use the other side
- c) Rinse the board with running water
- d) Wash, rinse, and sanitize the board prior to slicing the onions

8) Which of the following is NOT an approved method to thaw potentially hazardous foods?

- a) In a microwave oven
- b) During the cooking process
- c) Under cool running water
- d) On a clean counter, at room temperature

9) Wiping cloths stored submerged in a bucket of sanitizing solution are for:

- a) Wiping spills only
- b) Washing hands if the hand sinks are too far away
- c) Sanitizing the blade of utensils such as knives
- d) Maintaining moisture on the wiping cloth

Grill Cooks Test

10) Food-handling gloves must be changed frequently and also:

- a) After handling garbage
- b) After every break
- c) After picking things up off the floor
- d) Between handling raw and cooked foods
- ☒ e) All of the above

11) A Julienne is:

- a) to cut food into 1 inch X 1 inch cubes
- b) A cooking method using high heat
- ☒ c) To cut food into 1/8 X 1/8 slices
- d) A rough cutting method producing oblong shapes

12) A gallon is equal to _____ ounces

- a) 56
- b) 145
- c) 32
- ☒ d) 128

13) How many cups are in a quart?

- a) 2
- ☒ b) 4
- c) 6
- d) 8

14) A Chiffonade is:

- ☒ a) To slice an herb or leafy vegetable into thin ribbons
- b) To de bone a fish
- c) Another name for parchment paper
- d) To cook food in liquid, or at just below the boiling point

15) Potentially hazardous hot foods must be maintained at an internal temperature of 160 or higher to be safe

- a) 145° F
- ☒ b) 135° F
- c) 160° F
- d) 180° F

16) Which of the following explains the process of poaching?

- a) Poke poultry on the thickest part in order to make sure it's tender
- b) To cook food in an oven that has reached 350° F
- ☒ c) Cook gently in water that is hot but not boiling (160°-180°)
- d) Submerge protein in boiling liquid to speed cooking time

17) If a recipe calls for 16oz of mirepoix, how many ounces of onion, celery, and carrots do you need?

- a) 8 oz of celery, 4 oz of onion, 4 oz of carrot
- b) 4 oz of celery, 8 oz of carrot, 4 oz of onion
- ☒ c) 4 oz of celery, 8 oz of onion, 4 oz of carrot
- d) 2 oz of celery, 10 oz of carrot, 2 oz of onion

18) Which of the following best describes braising?

- a) To cook quickly in a pan on top of the stove until food is browned
- b) Process through which natural sugars in food become browned and flavorful while cooking
- ☒ c) Cooking method by which food is browned in fat, then cooked, tightly covered, in liquid at low heat
- d) To plunge food into boiling water briefly, then into cold water to stop the cooking process

Grill Cooks Test

19) Which of the following best describes the process of Caramelization?

- a) To cook quickly in a pan on top of the stove until food is browned
- ☒ b) Process through which natural sugars in food become browned and flavorful while cooking
- c) Cooking method by which food is browned in fat, then cooked, tightly covered, in liquid at low heat
- d) To plunge food into boiling water briefly, then into cold water to stop the cooking process

20) What temperature should chicken be cooked to?

- a) 145°F
- b) 155°F
- ☒ c) 165°F
- d) 175°F

21) What temperature should ALL ground meat be cooked to?

- a) 145°F
- ☒ b) 155°F
- c) 165°F
- d) 175°F

22) What temperature should fish be cooked to?

- ☒ a) 145°F
- b) 155°F
- c) 165°F
- d) 175°F

23) What is a roux and what is it used for? (2 points)

1 to make thicker the sauces

24) What is the process of making clarified butter, and why is clarified butter used? (3 points)

- 2 Clarified butter can be used on many recipes and mostly for line serving kitchen line such to make breads golden brown and has better flavor to

25) What are the 5 mother sauces? (5 points)

- 1. Alfredo
- 2. Marinara or tomato
- 3. Spagnolle
- 4. Hollandaise
- 5. Bechamel

26) What does it mean to season a grill and why is this process important? (3 points)

to prevent flavors for cleaning before

27) What are the ingredients in Hollandaise sauce? (5 points)

- 2 egg, worcestershire sauce, tabasco, paprika, butter

1. The first part of the document is a list of the names of the persons who were present at the meeting.

2. The second part of the document is a list of the names of the persons who were present at the meeting.

3. The third part of the document is a list of the names of the persons who were present at the meeting.

4. The fourth part of the document is a list of the names of the persons who were present at the meeting.

5. The fifth part of the document is a list of the names of the persons who were present at the meeting.



6. The sixth part of the document is a list of the names of the persons who were present at the meeting.

7. The seventh part of the document is a list of the names of the persons who were present at the meeting.

8. The eighth part of the document is a list of the names of the persons who were present at the meeting.

9. The ninth part of the document is a list of the names of the persons who were present at the meeting.



Name : Anwar Pérez
Cell phone : (669)2788756

OBJETIVE :

TO OBTAIN FULL TIME POSITION

SKILLS :

10 YEARS OF EXPERIENCE
GOOD COMMUNICATION AND FOLLOW RECIPES
FOOD HANDLER CERTIFICATE
WORK WELL UNDER PRESSURE
CAN HANDLE MORE THAN ONE TASK
QUICK LEARNER AND ABLE TO ADAPT

WORK EXPERIENCE :

Z TEJAS GRILL (2000)-2002) POSITION :prep

THE GLEN BILLARDS (2001)-(2002)POSITION: SALAD AND PREP

HAWGS SEAFOOD BAR (20001) -(2007) POSITION: SALD ,SAUTE,PREP

CAPERS LOFT AND BISTRO(2002)-(2008) POSITION: SALADS ,GRILL

SAN JOSECOUNTRY CLUB (2008)-(2012) POSITION: LINE COOK,GRILL
STATION
GRILL ,LINE COOK BANQUETS

Castle wood golf Club

Pantry,Banquets,Desserts

THE Moffet Field Golf Club at NASA 206/2017

All general Kitchen

Premier Health Care (2014)-(present)

