

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

**EMPLOYEE**

Employee Name: Roussac, Naiya

Start Date: 8/9/19

**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: Cashier: \$16.00 Overtime Rate(s) of Pay: 1.5X

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, 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): \_\_\_\_\_

#### ACKNOWLEDGMENT OF RECEIPT

*(Optional)*

K.M. Sowell  
(PRINT NAME of Employer representative)

KMS  
(SIGNATURE of Employer Representative)

8/9/19  
(Date)

Naiya Rougean  
(PRINT NAME of Employee)

Naiya Rougean  
(SIGNATURE of Employee)

8/9/19  
(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.



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 Naiya Monet Rougeau Date: 08-9-19  
Home Telephone (925) 305-3864 Other Telephone (925) 305-3864  
Present Address 922 Ferry St. Apt. 2 Martinez, CA, 94553  
Permanent Address, if different from present address: \_\_\_\_\_  
Email Address luchycharm1227@gmail.com

### EMPLOYMENT DESIRED

Position applying for: Cashier Salary desired: \$13

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

SVS Group

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 N/A 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?

08/17

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
	All DAY					All DAY	All DAY
AM		X	X	X	X		
PM		X	X	X	X		
Do you have any vacations or extended leaves planned in the next 12 months? If so, please list dates: <u>N/A</u>							

**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?
Diablo Valley College	Pleasant Hill CA	2 <sup>nd</sup> year completed	Not yet
Do you have any special licenses, certificates or special training? If so please list under "Special."		<u>YES</u>	NO
Are you computer literate? If so, list software knowledge under "Special."		<u>YES</u>	NO
Are you proficient with Point of Sales Systems? If, so please list which ones under "Special."		<u>YES</u>	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	<u>NO</u>
Special: CPR certified, Excel, presentations			

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 Sears at Sunvalley Mall, Concord, CA

Type of Business Retail Telephone No. (925) 246-1900 Supervisor's Name \_\_\_\_\_

Your Position and Duties Cashier & MCA (Merchandising & ~~Customer~~ Consulting Associate) ~ basic recovery (cleaning out fitting rooms & making sure store is neat)

Dates of Employment: From April 2018 To June 2019

Reason for Leaving: Lack of hours & looking for new environment

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 \_\_\_\_\_

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 \_\_\_\_\_

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.

(Susana)  
Name: Raine Dougan Telephone No. (955) 969-2161  
Address DVC Pleasant Hill ~ 321 Golf Club Rd. Pleasant Hill, GA  
Occupation: Professor / Counselor Relationship: Professor Number of Years Acquainted: 2

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**

NR

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.

NR

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.

NR

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.

NR

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.

NR

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

Naiya Korgere

Date

08-9-19



17/15

**Cashier Test**

**Score / 15**

B

1) A roll of quarters is worth? ✓

- a) \$5.00
- b) \$10.00
- c) \$15.00
- d) \$20.00

A

2) A roll of dimes is worth? ✓

- a) \$5.00
- b) \$4.00
- c) \$3.00
- d) \$2.00

D

3) A roll of nickels is worth? ✓

- a) \$8.00
- b) \$6.00
- c) \$4.00
- d) \$2.00

C

4) A roll of pennies is worth? ✓

- a) \$1.00
- b) \$0.75
- c) \$0.50
- d) \$0.25

C

5) What does POS stand for? ✓

- a) Patience over standards
- b) Percentage of sales
- c) Point of sales
- d) People over service

6) What is the current sales tax rate in your city \$9.25?

C

7) A customer buys a bowl of soup for \$1.25, an apple \$0.90 and a soda is \$0.79. If you are given \$10.00 how much change should you give back? ✓

- a) \$4.06
- b) \$2.06
- c) \$7.06
- d) \$5.06

B

8) A customer buys two shirts for 10.50 each and two ball caps for \$7.25 each. If you are given \$50.00 how much change should you give back? 21 + 14.5 ✓

- a) \$19.50
- b) \$14.50
- c) \$9.50
- d) \$4.50

D

9) A customer buys soda for \$3.75 and a hot dog for \$4.25. If you are given \$20.00 how much change should you give back? ✓

- a) \$6.00
- b) \$8.00
- c) \$10.00
- d) \$12.00

A

10) A customer buys two hamburgers at \$3.75 each, two bags of chips at \$1.25 each, two cookies at \$2.50 each and two sodas at \$3.25 each. If you are given \$100.00 how much change should you give back? ✓

- a) \$78.50
- b) \$58.50
- c) \$38.50
- d) \$28.50

7.5 + 2.5 + 5 + 6.5  
100 - 21.5

A

11) Counterfeit pens should be used on which three denominations? ✓

- a) \$20, \$50, \$100
- b) \$10, \$20, \$50
- c) \$5, \$50, \$100
- d) \$10, \$20, \$50

B

12) How many times should you count change when giving it to the customer? ✓

- a) one
- b) two
- c) three
- d) no need to count

Question & Answer:

13) What is the minimum age for legal alcohol purchases? 21 ✓

14) What are the acceptable forms of ID for alcohol purchases? State ID / Drivers License ✓

15) How many \$20 bills are in a bank band? 100 ✓

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

**EMPLOYEE**

Employee Name: \_\_\_\_\_

Start Date: \_\_\_\_\_

**EMPLOYER**

Legal Name of Hiring Employer: S.E Scher

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**WAGE INFORMATION**

Rate(s) of Pay: \_\_\_\_\_ Overtime Rate(s) of Pay: \_\_\_\_\_

Rate by (check box): ☐ Hour ☐ Shift ☐ Day ☐ Week ☐ Salary ☐ Piece rate ☐ Commission

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Policy No.: LDC4042609 AOS

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### ACKNOWLEDGMENT OF RECEIPT

*(Optional)*

\_\_\_\_\_  
(PRINT NAME of Employer representative)

\_\_\_\_\_  
(PRINT NAME of Employee)

\_\_\_\_\_  
(SIGNATURE of Employer Representative)

\_\_\_\_\_  
(SIGNATURE of Employee)

\_\_\_\_\_  
(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.