

# ACROBAT OUTSOURCING TSC GROUP

David Embry

Taborca ID: 58022

Date of Hire: 8 / 9 / 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

<b>Applicant Information</b>	
Name: <u>David Embry</u>	Interviewer: <u>Ngoc Ho</u>
Date: <u>8/9/2019</u>	Rate of Pay: <u>\$19/hr</u>
Position (s) Applied for: <u>Cashier/concessions</u>	Referred by: <u>CL</u>

12-5 Skills					
Server	/35	%	Bartender	/35	%
Prep Cook	/20	%	Barista	/15	%
Grill Cook	/40	%	Cashier	/15	%
Dishwasher	/10	%	Housekeeping	/14	%

<b>Seeking:</b>
Full-Time
Part-Time

<b>Relevant Experience &amp; Summary of Strengths</b>
Total of _____ in Food Service/Hospitality

P.O.S. Experience: Y / N details: \_\_\_\_\_

<b>Transportation</b>
Car Public Transit Carpool ( Rider / Driver )

<b>Regions Available to Work</b>
LA OC

<b>Certifications (if any)</b>
TIPS Serv-Safe LEAD Other _____ Will Submit

<b>Availability</b>
Open AM only PM only Weekdays only Weekends only

Details: \_\_\_\_\_

<b>Attire (if any)</b>
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  
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 DAVID L. EMBRY Date: 8-9-2019  
Home Telephone (408) 374- Other Telephone ( )  
Present Address 200 BIRNETH AVE #175 MORGAN HILL CA  
Permanent Address, if different from present address: 95037  
Email Address DAVID@TECH-YANCO.COM

### EMPLOYMENT DESIRED

Position applying for: \_\_\_\_\_ Salary desired: \_\_\_\_\_

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 CRAIG LIST 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 DAILY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM	ALL DAY						ALL DAY
PM							
		4.00	4.00	4.00	4.00	4.00	

Do you have any vacations or extended leaves planned in the next 12 months? If so, please list dates:  
NO



**PERSONAL INFORMATION**

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

Do you have friends or relatives working for Acrobat Outsourcing? Yes\_\_\_ No X If yes, please state name and relationship \_\_\_\_\_

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

If hired, can you present evidence of your legal right to live and work in this country? Yes X 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 X 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?
Peterson H.S.	Southvale CA	4	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."		<u>YES</u>	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."		<u>YES</u>	NO
Special: working on ANY office equipment			





**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 STANDARD BUSINESS MACHINES

Type of Business OFFICE EQUIPMENT Telephone No. (408) 275-8888 Supervisor's Name    

Your Position and Duties SR. FIELD TECH

Dates of Employment: From 2/2006 To PRESENT

Reason for Leaving: STILL EMPLOYED IT'S MY FULL TIME JOB

Name and Address of Employer MBA

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

Your Position and Duties FIELD TECH

Dates of Employment: From 6/1999 To 8/2001

Reason for Leaving: BOT ANOTHER JOB

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: 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: \_\_\_\_\_ 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**

DE

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.

DE

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.

DE

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.

GE

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.

DE

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

Daniel R. Or

Date

2/2/19



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

Employee Name: David L. Embry  
Start Date: 8/9/2019

**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: \$19/hr Overtime Rate(s) of Pay: \$28.5/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, 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): \_\_\_\_\_

## ACKNOWLEDGEMENT OF RECEIPT

*(Optional)*

Napco Hc  
(PRINT NAME of Employer representative)

[Signature]  
(SIGNATURE of Employer Representative)

8/9/2019  
(Date)

DAVID L. EMBRY  
(PRINT NAME of Employee)

[Signature]  
(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.





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 x2207.** 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:

DAVID L EMBRY

Date:

8/9/19

Signature:

A handwritten signature in dark ink, appearing to read "David L Embry", written over a horizontal line.



# Acrobat

outsourcing

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

First and Last Name: DAVID FURBER  
Email: DAVID.FURBER@1stjob.com  
Phone number: (415) 334-6074

## Working Experience:

Company Name: STANDARD BUSINESS MACHINES

Dates of Employment: 7/2001 TO NOW

Job Responsibility:

- - Field Tech
- -
- -
- -

Company Name: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Job Responsibility:

- -
- -
- -
- -

Company Name: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Job Responsibility:

- -
- -
- -
- -

## Skills

- -
- -
- -
- -

