Interview Note Sheet
Bartender

Applicant Information

Name: Marco Garcia	Interviewer: S/YSC
Date: 12/23/19	Rate of Pay: $12
Position (s) Applied for: Server/bar*	Referred by: Indeed

Test Scores

Position	Score	%	Position	Score	%
Server	24/35	%	Bartender	23/30 (35)	%
Prep Cook	/15	%	Barista	/10	%
Grill Cook	/40	%	Cashier	/10	%
Dishwasher	/10	%	Housekeeping	/16	%

Seeking:
Full-Time

Part-Time

Relevant Experience & Summary of Strengths

Total of _____ Experience in Food Service/Hospitality

A wine glass falls on the floor and smashes. What do you do next?	How do you keep yourself busy during a slow shift?	Describe a time you needed to cut off serving a customer, how did you handle that?	Notes:
Clean	restocking, cleaning	came in drunk. truthful & offered food or coffee	- Marie Calendars 4yrs - cashier/host - 4yrs serving/2 bar - Starbucks (emo - C180 restaurant busser - 6yrs exp.

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

Transportation
yes

Regions Available to work:
open

Certifications (if any)
Food handler link

Availability
open

Uniforms Owned:

___ Bistro White	___ Chef Coat
___ Black Bistro	___ Chef Pants
___ Tuxedo	___ Knives
___ 1/2 Tuxedo	___ Black Pants
___ Black Vest	✓ Non-Slip Shoes
___ Long Black Tie	___ Bow Tie
Other:	

Recommendations:
___ Acrobat Academy

___ Lead Academy

Other Languages Spoken:

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 MARCO GARCIA   Date: 12/23/19

Home Telephone (N4) _____   Other Telephone (619) 253-4649

Present Address 164 Murray Street

Permanent Address, if different from present address: _____

Email Address 164 Murray Street

EMPLOYMENT DESIRED

Position applying for: Bartender   Salary desired: 12 – 14

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 _____   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?

december 25

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

14750 NW 77th Court, Suite 100 | Miami Lakes, FL 33016
T 305.681.8800 • F 305.681.8804 • theservicecompanies.com

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?
Hilltop highschool	Chula vista		
National university	California	Yes	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."		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: CPR, EMT, Foodhandler, Bartending

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 _____

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: _____

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.

Name: _Audrey Kay_____　Telephone No. (619) 261-8569____

Address _____

Occupation: _____ Relationship: _____ Number of Years Acquainted: _____

Name: _Mike Ortiz_____　Telephone No. (619) 318-7893____

Address _____

Occupation: _____ Relationship: _____ Number of Years Acquainted: _____

Name: _Patty Vieyra_____　Telephone No. (619) 866-7447

Address _____

Occupation: _____ Relationship: _____ Number of Years Acquainted: _____

Please Read Carefully, Initial Each Paragraph and Sign Below

MG

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.

MG

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.

MG

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.

MG

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.

MG

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 12/23/19

The City of
SAN DIEGO

Earned Sick Leave and Minimum Wage Employee Notification Form

Legal Name of Hiring Employer:_____ S.E. Scher Corp
D/B/A of Hiring Employer (if different than Legal Name):_____ Acrobat Outsourcing
Employer's Address:_____ 2525 Camino Del Rio South Ste. 310, San Diego, CA 92108
Employer's Phone number:_____ 858-771-0010
Employee Name: **Marco Garcia**
Employee Start Date: **12/23/19**

As of July 11, 2016, all Employers must:

- Pay no less than $10.50 per hour and provide paid sick leave to all employees who perform at least two (2) hours of work in one work week within the geographic boundaries of the City of San Diego
- Allow employees to begin using accrued sick leave after the ninetieth (90) day of employment or after July 11, 2016, whichever is later
- Post the Earned Sick Leave and Minimum Wage notices published each year by the City in a conspicuous place at workplace or job site where employees work
- Create contemporaneous records documenting employees' wages earned and accrual and use of earned sick leave. These records must be provided to employees on a regular basis and retained by employer for at least three (3) years
- Allow Enforcement Official reasonable access to the workplace to inspect and interview witnesses in furtherance of an investigation

Employee rights:

- Employees who assert any rights provided in the Earned Sick Leave and Minimum Wage Ordinance are protected from retaliation
- Employees may file a civil lawsuit against their employers for any violation of the Ordinance or may file a complaint with the City of San Diego Enforcement Office

If you have questions, need additional information or believe your employer has violated any provision of this law, please contact your employer or visit the City of San Diego Minimum Wage Enforcement Office website at:

https://www.sandiego.gov/treasurer/minimum-wage-program

Acknowledgement of Receipt:

Elyse Colbert
(PRINT NAME of Employer representative)

(signature)
(SIGNATURE of Employer Representative)

12/23/19
(Date)

x Marco Garcia
(PRINT NAME of Employee)

x _(signature)_
(SIGNATURE of Employee)

x 12/23/19
(Date)

The employee's signature on this notice merely constitutes acknowledgement of receipt.

NOTICE TO EMPLOYEE
Labor Code section 2810.5

EMPLOYEE

Employee Name: Marco Garcia

Start Date: 12/23/19

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:

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:

Physical Address of Main Office:

Mailing Address:

Telephone Number:

WAGE INFORMATION

Rate(s) of Pay: $12   Overtime Rate(s) of Pay: $18

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

DLSE-NTE (rev 9/2014)

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)

Elyse Colbert

(PRINT NAME of Employer representative)

[signature]

(SIGNATURE of Employer Representative)

12/23/19

(Date)

Marco Garcia

(PRINT NAME of Employee)

[signature]

(SIGNATURE of Employee)

12/23/19

(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.

DLSE-NTE (rev 9/2014)

Multiple Choice

1) Food is served on what side with what hand?
   a) On the left side with the left hand
   b) On the left side with the right hand
   c) On the right side with the left hand
   d) On the right side with the right hand

_C_ 2) Drinks are served on what side with what hand?
   a) On the left side with the left hand
   b) On the left side with the right hand
   c) On the right side with the left hand
   d) On the right side with the right hand

-3

_C_ 3) Food and drinks are removed on what side with what hand?
   a) On the left side with the left hand
   b) On the left side with the right hand
   c) On the right side with the left hand
   d) On the right side with the right hand

_a_ 4) What part of a glass should you handle at all times?
   a) The stem
   b) The widest part of the glass
   c) The top

_D_ 5) When you are setting a dining room how should you set up your tablecloths?
   a) Neatly and evenly across the tables
   b) The creases should all be going in the same directions
   c) The chairs should be centered and gently touching the table cloth
   d) All of the above

_D_ 6) If you bring the wrong entrée to a guest what should you do?
   a) Go back into the kitchen and patiently wait in line behind the rest of the servers until it's your turn
   b) Inform the guests that you will bring the correct entrée once everyone else in the dinning room is served
   c) Try to convince the guests to eat what you brought them
   d) Go back into the kitchen to the front of the line and inform the expeditor that you need a different entrée

Match the Correct Vocabulary

D _E_ Scullery   -2
E _D_ Queen Mary
   _A_ Chaffing Dish
   _B_ French Passing
   _G_ Russian Service
   _F_ Corkscrew
   _C_ Tray Jack

A. Metal buffet device used to keep food warm by heating it over warmed water

B. Style of service where food is prepared or served individually at the dinner table to fit the customer's specific taste (i.e. providing dressing and pepper for salad or handing out bread to each patron)

C. Used to hold a large tray on the dining floor

D. Area for dirty dishware and glasses

E. Large metal shelving unit for prepared food to be held or for dirty trays to be stored

F. Used to open bottles of wine

G. Style of dining in which the courses come out one at a time

Name MARCO

Servers Test

Score /35
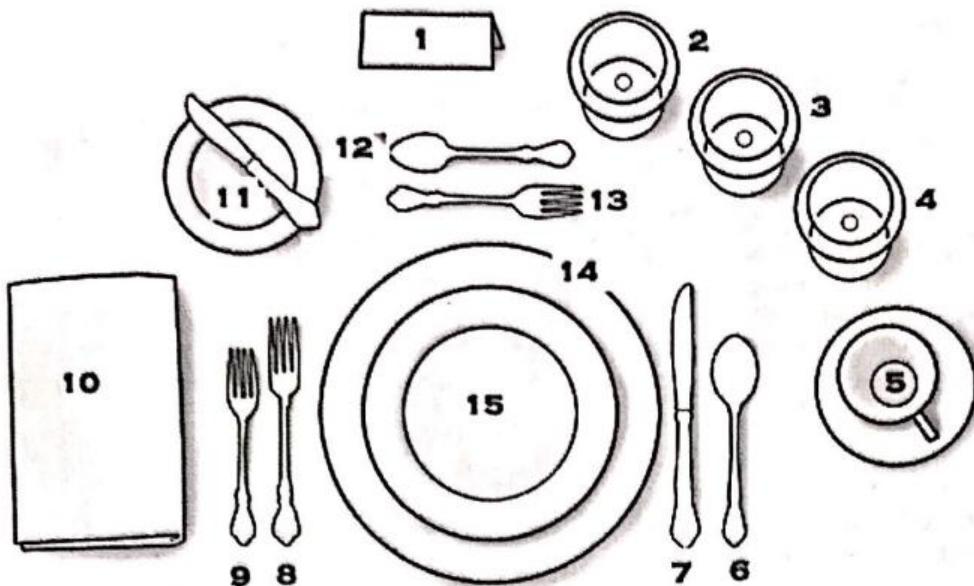
Match the Number to the Correct Vocabulary

10	Napkin	8	Dinner Fork
11	Bread Plate and Knife	5	Tea or Coffee Cup and Saucer
1	Name Place Card	7	Dinner Knife
X612	Teaspoon	2 3	Wine Glass (Red)
13	Dessert Fork	9	Salad Fork
6	Soup Spoon -2	14	Service Plate
15	Salad Plate	3 2	Wine Glass (White)
4	Water Glass		

Fill in the Blank

1. The utensils are placed ___3 inches___   -1 ___1 inch___ inch (es) from the edge of the table.

2. Coffee and Tea service should be accompanied by what extras? __honey and cream__.

3. Synchronized service is when: __N/A -1__

4. What is generally indicated on the name placard other than the name? __position   meal choice__ -1

5. The Protein on a plate is typically served at what hour on the clock? __8   6__   -1

6. If a guest asks for a specialty dinner (i.e. Gluten-Free or Vegetarian) you should do what immediately?
   __provide them with information about our Gluten-Free and vegan options.__

Bartenders Test   Score 23/ 35

Multiple Choice (6 points)

_a_ 1) Carbonation _____ the rate of intoxication.
  - (a) Slows down
  - (b) Speeds up
  - c) Does nothing to

_a b_ 2) What are the six most commonly used spirits?
  - (a) Sweet and Sour, Triple Sec, Grenadine, Midori, Lime Juice and Cranberry Juice
  - (b) Vodka, Whiskey, Gin, Bourbon, Rum and Tequila
  - c) Chardonnay, Cabernet Sauvignon, Champagne, Merlot, Sauvignon Blanc, Zinfandel
  - d) Kahlua, Vodka, Frangelico, Gin, Tequila, Spiced Rum

_b_ 3) You can accept an expired ID as long as all other information is correct.
  - a) True
  - (b) False

_a_ 4) If someone has had too much to drink, serving them coffee will help sober them up.
  - (a) True
  - (b) False

_D_ 5) What are the acceptable forms of ID for Alcohol Consumption?   _-2_
  - a) State or Governement Issued ID Card or Drivers License
  - b) Passport or Passport ID Card (as long as it lists the person's date of birth)
  - c) School ID or Birth Certificate
  - (d) A & B
  - e) A, B & C

_B_ 6) If there is no shaker tin available to scoop ice for a drink, it is okay to use a glass.
  - a) True
  - (b) False

Vocabulary (9 points)

Match the word to its definition   _-7_

C	D "Straight Up"	a.) Used to crush fruits and herbs for craft cocktail making
F	C Shaker Tin	b.) Used with the Shaker Tin to prevent solid material from entering a cocktail glass when poured
	i "Neat"	c.) To serve chilled liquor in a chilled stemmed cocktail glass with no ice
A	B Muddler	d.) To pour ½ oz of a liquor on top
B	h Strainer	e.) Used to measure the alcohol and mixer for a drink
E	a Jigger	f.) Used to mix cocktails along with a pint glass and ice
	g Bar Mat	g.) Used on the bar top to gather spills
D	e "Float"	h.) Requesting a separate glass of another drink
H	f "Back"	i.) Means to serve spirit room temperature in a rocks glass with no ice

Bartenders Test   Score / 35

Glassware (6 points)

Match the correct glass to the drink

Cabernet Sauvignon
Chardonnay
Tom Collins
Vodka Soda
Cosmopolitan
Champagne
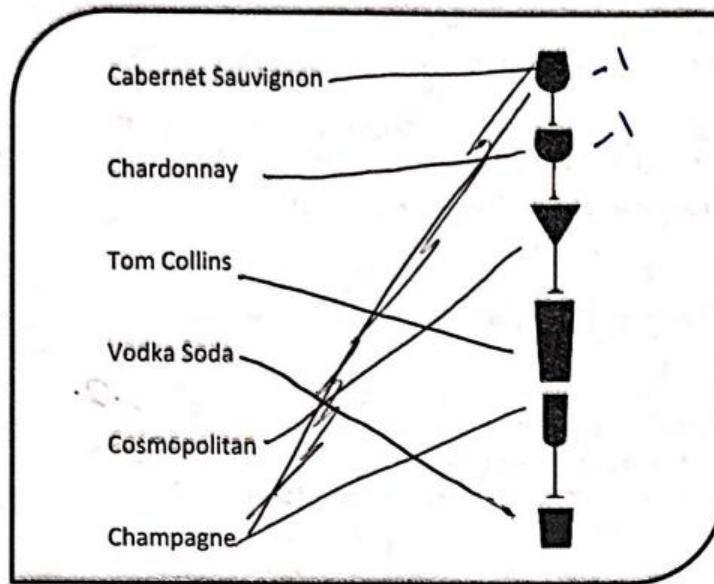
Answer and Question (14 points)

Provide examples of 3 brand name "top shelf" spirits (3 points): Sky Vodalla, Saphire gin, grey goose

What are the ingredients in a Manhattan? _____

What are the ingredients in a Cosmopolitan? Cranberry juice, vodalka, dry gin

What are the ingredients in a Long Island Iced Tea? Gin, Vodalka, Tequila, Rum, Sweet & sour, coke

What makes a margarita a "Cadillac"? extra shot of grand Mariner

What is simple syrup? a Sweatener

Is it legal to pour liquor from one bottle into another? What is this called? (2 points)

it is illegal I don't recall the term   -1

What should you do if you break a glass in the ice? remove the glass and scoop out the ice

When is it OK to have an alcoholic beverage while working? ~~xxxxx~~ Never

What does it mean when a customer orders their cocktail "dirty"? extra olive juice

What are the ingredients in a Margarita? triple sec, pepe lopez, sweet n sour, margrita mix