



## 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.

Full Name Michael Bahr Date: 8-19-19  
Home Telephone (813) 352-5938 Other Telephone ( )  
Present Address 15263 Hesperian Blvd, San Leandro 94578  
Permanent Address, if different from present address: \_\_\_\_\_  
Email Address mbahr7777@gmail.com

Position applying for: Line Cook Salary desired: 19.50  
Are you currently registered with any staffing and/or employment agencies? If so, please list  
The Cheesecake Factory 4-12 shifts  
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?  
ASAP

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.

<u>SPECIFY HOURS AVAILABLE DAILY</u>	<u>SUNDAY</u>	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>	<u>SATURDAY</u>
<u>AM</u>	<u>6-2:30</u>	<u>6-2:30</u>	<u>6-2:30</u>	<u>6-2:30</u>	<u>6-2:30</u>	<u>6-2:30</u>	<u>6-2:30</u>
<u>PM</u>							

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



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**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** The Cheesecake Factory, San Mateo

Type of Business Restaurant Telephone No. (415) 640-6989 Supervisor's Name Chef Rocky  
Your Position and Duties Broiler, charbroiler, prep, cleaning

Dates of Employment: From 7/29 To still

Reason for Leaving: \_\_\_\_\_

Name and Address of Employer Uccelles Italian Ristorante - Standale, Walker, Michigan

Type of Business Restaurant Telephone No. (211) 903-2080 Supervisor's Name Chef Brandon  
Your Position and Duties Line Cook - pizzas, prep, grill, sauté.

Dates of Employment: From 3/19 To 7/19

Reason for Leaving: moved to Bay Area

Name and Address of Employer New Hotel Mertens - 35 Oaks St. SE

Type of Business Restaurant Telephone No. (616) 419-7030 Supervisor's Name Chef Jackie  
Your Position and Duties grill cook, prep, sauté, Garde Manger

Dates of Employment: From 8/18 To 3/19

Reason for Leaving: Worker's compensation denied, reported to ~~OSHA~~, quit, then paid hospital bill

**Name and Address of Employer** \_\_\_\_\_

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



**Please Read Carefully, Initial Each Paragraph and Sign Below**

MB 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.

MB 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.

MB 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.

MB 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.

MB 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 Michael Bahr Date 8/19/19



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

Employee Name: Michael Bahr  
Start Date: 8/19/19

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: Stage \$17/hr Overtime Rate(s) of Pay: X 1.5

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: \_\_\_\_\_

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

Jaime Barnhart

(PRINT NAME of Employer representative)

Jaime B

(SIGNATURE of Employer Representative)

8/19/19

(Date)

Michael Bahr

(PRINT NAME of Employee)

Michael Bahr

(SIGNATURE of Employee)

8/19/19

(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.

