Acrobat outsourcing
Your Hospitality Staffing Professionals

Name: Daniel Castaneda

Taborca ID: 54547

Date of Hire: 11/11/2019

Date of *Re-Act*: ___/___/___

New employee set up

- ✓ E-verify
- ✓ Hire Right EE
- ✓ Hire Right Internal (upload any list A docs)
- ~~o Direct Deposit (Scan to Payroll) and/or Global Cash Card – complete the form & have EE sign~~
- ✓ Notice to Employee Completed
- ✓ Added to Orientation Time Sheet
- ✓ Attended New Hire Orientation
- ✓ Background Check
- ✓ New Hire List (All fields)
- ✓ Check Taborca Profile (All fields)
- ✓ Upload Resume and Skills Tests (one doc)
- o Upload Food Handler's Card

Re Act employee set up (See Re Act Process for more detail)

- o File and I9 pulled (new one created/done in Hire Right if old ones are gone)
- o Re Act onboarding if initially hired before 1/1/16
- o Check W4
- o Check all demographic info and availability
- o Check for skills tests, app, FHC, and resume (get new app, new resume if hired more than 1 year ago)
- o Complete Notice to Employee with updated pay if necessary
- o Verify pay option (notify payroll) and take steps to Re Act any old pay options still current
- o Run new BGC if more than 1 year since last shift worked
- o New orientation/place on time sheet if it's been over a year since last shift
- o New Hire List (all fields)
- o Delete employee from the INA/TER spreadsheet if they are on it

Interview Note Sheet
Dishwasher

Applicant Information

Name: Daniel Castaneda	Interviewer: Nguc Ho
Date: 11/11/2019	Rate of Pay: $17/hr
Position (s) Applied for: Dishwasher	Referred by: CL

Test Scores

Server	/35	%	Bartender	/30	%
Prep Cook	/15	%	Barista	/10	%
Grill Cook	/40	%	Cashier	/10	%
Dishwasher	7/10	70 %	Housekeeping	/16	%

Seeking

(Full-Time)

Part-Time

Relevant Experience & Summary of Strengths

Total of 10 yrs *Experience in Food Service/Hospitality*

Can you describe what each of the sections of a 3-compartment sink are intended for?	Have you done any work with delicate glassware or other fragile dishes?	Describe a time you helped a co-worker finish a job on time.	Notes:
1 - prewash 2 - wash 3 - sanitize	Yes, wine glasses		4 yrs

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

Transportation

Car

Regions Available to Work

Fremont

Certifications (if any)

N/A

Availability

Open

Uniforms Owned

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

Recommendations

- ___ Acrobat Academy
- ___ Lead Academy

Other Languages Spoken

Spanish

Employment Application San Jose

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.

Your Contact Information

First Name	Daniel
Last Name	Castaneda
E-mail Address	ds41314@gmail.com
Phone	2096186444
Address	2378 Gonzaga st
Unit or Number	2378
City, State	east palo alto
Zip Code	94303
What region(s) are you applying to work within?	San Jose
Which position(s) are you applying for?	Busser Dishwasher
Are you applying for:	Full-Time

When can you start? Tuesday, November 5, 2019

Can you work overtime? Yes

How did you hear about us? Craigslist

What days/times can you work? Select all that apply: Monday AM, Tuesday AM, Wednesday AM, Thursday AM, Friday AM, Saturday AM

Do you have any planned vacations or extended leave in the next 12 months? (If no, leave blank)

no

Have you ever applied to or worked for Acrobat before? No

Do you have any friends or relatives working for Acrobat? If so, please let us know who:

no

If hired, would you have reliable means of transportation to and from work? Yes

If hired, can you present evidence of your legal right to live and work in this country? Yes

Are you able to perform the essential functions of the job for which you are applying? Yes

Pursuant to any and all Fair Chance Ordinances, we will consider for employment qualified applicants with arrest and conviction records.

Education & Skills

Please Indicate Highest Level Achieved

Name of School
los altos high

City & State
los altos ca

Grade/Degree
n

Graduated?	No
Do you have any special licenses? (If so, label under "Special")	No
Are you computer literate? (If so, label which programs under "Special")	Yes
Are you proficient with Point of Sale systems? (If so, label which under "Special")	Yes
Do you have any experience, training, qualifications or special skills? (If so, label under "Special")	No

Employment History

Are you currently employed?	No
Can we contact your current employer?	Yes

Most Recent Employers

Name and Address of Employer
cabana grill

Type of Business	catering
Phone Number	209 6579832

Your Position & Duties

dish washer prep

Date of Employment (from/to):

2010--2015

Reason for Leaving

move to patterson

Still Employed: No

Military Service

Job Related References

References

First Name	fortino
Last Name	cisneros
E-mail Address	lcast1369@gmail.com
Phone	408-420 8490
Relationship:	co worker
Years Acquainted:	5yrs
First Name	moises
Last Name	lara
Phone	209 8099316
Relationship:	co worker
Years Acquainted:	5yrs
First Name	juan
Last Name	munoz
Phone	209 6836745
Relationship:	co worker
Years Acquainted:	7yrs

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

(Checked box indicates acknowledgemen t)

discharge if I am employed, regardless of the time elapsed before discovery.

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.

(Checked box indicates acknowledgement)

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.

(Checked box indicates acknowledgement)

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.

(Checked box indicates acknowledgement)

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

(Checked box indicates acknowledgement)

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. (Checked box indicates acknowledgement)

By signing the document below and clicking the "Submit" button, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement.

Applicant Digital Signature (Type Name): Daniel Castaneda

Date: Friday, November 1, 2019

Please attach your resume here, if you do not attach it, please bring a hard copy of your resume to the in-person interview.

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

First and Last Name: Daniel Castaneda
Email: _____
Phone number: 209-618-6444

Working Experience:

Company Name: Agency
Dates of Employment: 02-14 -- 12-15
Job Responsibility:

- Dishwasher
-
-
-

Company Name: Village pub Rest
Dates of Employment: 03-10 - 01-14
Job Responsibility:

- Busboy
-
-
-

Company Name: _____
Dates of Employment: _____
Job Responsibility:

-
-
-
-

Skills

-
-
-
-

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Dishwasher Test

Score 7/10

70%

1) **After washing your hands, which item should be used to dry them?**
   a) Clean apron
   b) Sanitized wiping cloth
   (c) Single use paper towel
   d) Common used cloth

2) **While washing dishes by hand, which item should you wear?**
   a) Cutting glove
   b) Oven Mitt
   c) Rubber glove
   (d) Nothing

3) **When should you wash your hands?**
   a) Before you start work
   b) After handling non-food items (garbage, money, cleaning chemicals)
   (c) After using the restroom
   (d) All of the above

4) **If you need to move a heavy load, you should PULL and not PUSH the object.**
   a) True
   (b) False

5) **Which of the following could you be at risk for getting burned from?**
   a) Steam from boiling pots
   b) Hot liquids (coffee, soup, tea)
   (c) Hot equipment (ovens, pots, chaffing dishes)
   d) Harsh chemicals
   e) All of the above

6) **All work-related injuries, accidents or illnesses should be reported immediately to the supervisor on duty.**
   (a) True
   b) False

7) **What should you do if you spill liquids or see a liquid spill?**
   a) Leave it for someone else to clean-up
   b) Wait until the end of your shift to clean it
   (c) Flag the spill and clean it immediately
   d) Not sure

8) **When handling hot items you should?**
   a) Wear rubber gloves
   b) No need to wear anything
   (c) Use an oven mitt or dry cloth towel
   d) Nothing

9) **If you are using a three-compartment sink for cleaning and sanitizing, the second sink is used for?**
   (a) Rinsing
   b) Scraping
   (c) Washing
   (d) Sanitizing

10) **What is the proper method for cleaning and sanitizing stationary equipment?**
   a) Spray with a strong cleaning solution and wipe with a sanitized cloth
   (b) Spray with a sanitizing solution, then rinse with clean water and dry
   c) Wash and rinse, then wipe or spray with a chemical-sanitizing solution
   d) Brush off loose soil with a clean cloth, then wipe with a sanitizing solution

NOTICE TO EMPLOYEE

Labor Code section 2810.5

EMPLOYEE

Employee Name: Daniel Castaneda

Start Date: 11/11/2019

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 Ste 810 San Jose, CA

Mailing Address: 1871 The Alameda Ste 110 San Jose, CA

Telephone Number: (408)844-0773

WAGE INFORMATION

Rate(s) of Pay: $17/hr Overtime Rate(s) of Pay: $25.5/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)

Nyoc Ho
(PRINT NAME of Employer Representative)

(SIGNATURE of Employer Representative)

11/11/2019
(Date)

Daniel Castaneda
(PRINT NAME of Employee)

(SIGNATURE of Employee)

11-11-19
(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.

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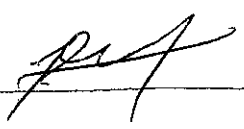
Attendance Policy

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: Daniel Castaneda Date: 11-11-19

Signature: