

Acrobat

outsourcing
Your Hospitality Staffing Professionals

Name: Peter Romero

Taborca ID: 55309

Date of Hire: 1 / 3 / 2020

Date of Re-Act: / /

New employee set up

- ☒ E-verify
- ☒ Hire Right EE
- ☒ Hire Right Internal (upload any list A docs)
- ☒ 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)
- ☒ Upload Food Handler's Card
- ☐ Direct Deposit (Scan to Payroll) and/or Global Cash Card — complete the form & have EE sign
- ☐ Notice to Employee Completed

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 if initially hired before 1/1/16
- ☐ Check W4
- ☐ Check all demographic info and availability
- ☐ 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 (notify payroll) and take steps to Re Act any old pay options still current
- ☐ 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 (all fields)
- ☐ Delete employee from the INA/TER spreadsheet if they are on it

Interview Note Sheet
General

Applicant Information	
Name: <u>Peter Romero</u>	Interviewer: <u>Ngoc</u>
Date: <u>1/3/2020</u>	Rate of Pay: <u>\$19/hr</u>
Position (s) Applied for: <u>Cashier/Concessions</u>	Referred by: <u>CL</u>

Test Scores						Seeking:
Server	/35	%	Bartender	/30	%	Full-Time
Prep Cook	/15	%	Barista	/10	%	
Grill Cook	/40	%	Cashier	/10	%	Part-Time
Dishwasher	/10	%	Housekeeping	/16	%	

Please describe the nature of your skills			
Total of _____ Experience in Food Service/Hospitality			
Describe a time when you had to multitask, or work under pressure?	How would you handle a disagreement/argument with a coworker?	What do you do to go above and beyond and exceed your customer's expectations?	Notes:
<u>Had to work under pressure at previous job</u>	<u>Talk it out, communicate</u>	<u>Provide superior customer service</u>	

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

Transportation	Regions Available to work
<u>Car</u>	<u>South Bay</u>
Certifications (if any)	Availability
<u>N/A</u>	<u>Open</u>
Uniforms/Options	Recommendations
<input type="checkbox"/> Bistro White <input type="checkbox"/> Black Bistro <input type="checkbox"/> Tuxedo <input type="checkbox"/> 1/2 Tuxedo <input type="checkbox"/> Black Vest <input type="checkbox"/> Long Black Tie <input type="checkbox"/> Other: _____	<input type="checkbox"/> Acrobat Academy <input type="checkbox"/> Lead Academy
Other Uniforms/Options	Other Languages Spoken
<input type="checkbox"/> Chef Coat <input type="checkbox"/> Chef Pants <input type="checkbox"/> Knives <input type="checkbox"/> Black Pants <input type="checkbox"/> Non-Slip Shoes <input type="checkbox"/> Bow Tie <input type="checkbox"/> Cut Glove	

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 Peter Romero Date: 1-3-19
Home Telephone (408) 661-1234 Other Telephone ()
Present Address 3023 Fenwick Way
Permanent Address, if different from present address: _____
Email Address _____

EMPLOYMENT DESIRED

Position applying for: Cashier Salary desired: 19.00 hr.

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's 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	Open						
PM	Open						

Do you have any vacations or extended leaves planned in the next 12 months? If so, please list dates:

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?
<u>San Jose High</u>	<u>San Jose CA</u>		<u>4.0 Yes</u>
Do you have any special licenses, certificates or special training? If so please list under "Special".		YES	<u>NO</u>
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	<u>NO</u>
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:			

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: Steven Torres Telephone No. (408) 841-2644

Address _____

Occupation: Warehouse Relationship: Friend/Colleague Number of Years Acquainted: 20yrs.

Name: Claudia Ortiz Telephone No. (408) 218-6320

Address _____

Occupation: Card Dealership Relationship: Friend Number of Years Acquainted: 8yrs.

Name: Elizabeth G. Telephone No. (408) 693-1140

Address _____

Occupation: Social Worker Relationship: Sister Number of Years Acquainted: 4-5yrs.

Please Read Carefully, Initial Each Paragraph and Sign Below

R 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.

R 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.

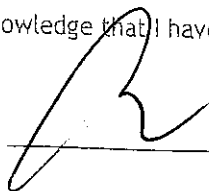
R I hereby authorize Acrobat Outsourcing and its authorized representatives to solicit information regarding my background, which may include but not be limited to, information about my employment, education, and/or criminal history, which may be in the files of any federal, state, or local criminal justice and law enforcement agency and general public records history.

R 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.

R 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

1-3-20

NOTICE TO EMPLOYEE

Labor Code section 2810.5

EMPLOYEEEmployee Name: Peter RomeroStart Date: 1/3/2020**EMPLOYER**Legal Name of Hiring Employer: S.E ScherIs 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: The Service Companies - Acrobat OutsourcingPhysical Address of Main Office: 1871 The Alameda Ste 110 San Jose, CA 95126Mailing Address: 1871 The Alameda Ste 110 San Jose, CA 95126Telephone Number: (408) 844-0772**WAGE INFORMATION**Rate(s) of Pay: \$19/hr Overtime Rate(s) of Pay: \$28.5/hrRate 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 ☐ NoIf 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)

Ngoc Ho
(PRINT NAME of Employer representative)

[Signature]
(SIGNATURE of Employer Representative)

1/3/2020
(Date)

Peter Roman
(PRINT NAME of Employee)

[Signature]
(SIGNATURE of Employee)

1-3-2020
(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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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:

Peter Lumen

Date:

1/3/2020

Signature:

[Signature]

