

**Acrobat**  
outsourcing  
Your Hospitality Staffing Professionals

Name: Robert Agpalasin

Taborca ID: 55330

Date of Hire: 1 / 6 / 2020

Date of Re-Act:      /      /     

New employee set up

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

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>Robert Agpalasin</u>	Interviewer: <u>Ngoc</u>
Date: <u>1/6/2020</u>	Rate of Pay: <u>\$19/hr</u>
Position (s) Applied for: <u>Cashier/Concessions</u>	Referred by: <u>CL</u>


Test Scores						Scheduling  Full-Time  Part-Time <u>Events</u>
Server	/35	%	Bartender	/30	%	
Prep Cook	/15	%	Barista	/10	%	
Grill Cook	/40	%	Cashier	/10	%	
Dishwasher	/10	%	Housekeeping	/16	%	

Relevant Experience & Summary of Strengths			
Total of <u>0</u> 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:
At previous jobs, has to do several things at once	Communicate and if that doesn't work, talk to supervisor	Pay attention to them	

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

Transportation	Residence Available to work
<u>Car</u>	<u>South Bay</u>
Qualifications (any)	Availability
<u>N/A</u>	<u>Weekends</u>
Uniforms Owned	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 Language Spoken	



SPECIFY HOURS AVAILABLE DAILY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	OPEN	AVAILABILITY					
AM							
PM							

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 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?
<b>NORTH SALINAS HIGH</b>	<b>SALINAS, CA</b>	<b>12TH</b>	<b>YES</b>
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."		<u>YES</u>	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:			

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 TRUST ADMINISTRATOR - SELF

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

Your Position and Duties \_\_\_\_\_

Dates of Employment: From 1-2016 To PRESENT

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. **< SEE ATTACHED >**

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: \_\_\_\_\_



**ROBERT "BOB" AGPALASIN**

7007-C Rodling Dr.  
San Jose, California 95138  
408.205.8024  
rja1921@gmail.com

- |   |   |
|---|---|
| 1. <b>Steve Essoyan</b><br>President – Pacific Region<br>Knife River Corporation<br>655 W. Clay St.<br>Stockton, California 95206<br>209.969.5870 (Cell)<br>sessoyan@comcast.com              | Relationship: Personal Friend<br>August 1980 to Present |
| 2. <b>Brad Hoge</b><br>Assistant Project Superintendent - SFO<br>Hensel-Phelps<br>226 Airport Parkway, Ste. 150<br>San Jose, California 95110<br>408.422.0457 (Cell)<br>bradleyhoge@gmail.com | Relationship: Personal Friend<br>2010 to Present        |
| 3. <b>Travis Beeson, Major</b><br>United States Marine Corp – Quantico, Virginia<br>3 Irving Ct.<br>Stafford, Virginia 22556<br>252.626.1965<br>rtravisbeeson@gmail.com                       | Relationship: Personal Friend<br>2012 to Present        |



Please Read Carefully, Initial Each Paragraph and Sign Below

RA 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.

RA 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.

RA 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.

RA 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.

RA 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

RA

Date

1.3.2020



**NOTICE TO EMPLOYEE**

Labor Code section 2810.5

**EMPLOYEE**Employee Name: Robert AgpalasinStart Date: 1/6/2020**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: Acrobat Outsourcing - The Service CompaniesPhysical 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) 884-0772**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: York Risk Services

Address: 1390 Willow Pass Road, Concord, CA. 94520

Telephone Number: 866.391.9615

Policy No.: NSWCC-0000101

☐ 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

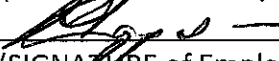
*(Optional)*

Ngoc Ho  
(PRINT NAME of Employer representative)

  
(SIGNATURE of Employer Representative)

1/6/2020  
(Date)

ROBERT A. PALASIN  
(PRINT NAME of Employee)

  
(SIGNATURE of Employee)

1.6.2020  
(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.





# Acrobat

outsourcing

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: ROBERT AGAPALAS Date: 1.6.2020

Signature: 