



Name: Herman Leamette

Taborca ID: 55398

Date of Hire: 1/18/2020

Date of Re-Act: 1/1/2020

New employee set up

- Verify
- Hire Right EE
- Hire Right Internal (upload any list A docs)
- 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)
- 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

Dishwasher

Name: Herman Leamette	Interviewer: Ngoc
Date: 1/10/2020	Rate of Pay: \$20/hr
Position (s) Applied for: Dishwasher	Referred by: CL
Server /35 %	Bartender /30 %
Prep Cook /15 %	Barista /10 %
Grill Cook /40 %	Cashier /10 %
Dishwasher 9/10 90 %	Housekeeping /16 %
<input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	

Total of _____ 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 - Wash 2 - Rinse 3 - Sanitize	Yes, wine glasses		

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

Carpool		Fremont
N/A		Open but prefer evenings
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:	Cut Glove	
		Acrobat Academy
		Lead Academy

First Name	Herman
Last Name	Leamette jr
E-mail Address	domenanti@gmail.com
Phone	3236087222
Address	644 n Fuller Ave
Unit or Number	414
City, State	Los Angeles
Zip Code	94607
What region(s) are you applying to work within?	San Jose
Which position(s) are you applying for?	Dishwasher
Are you applying for:	Full-Time
When can you start?	Jan 9, 2020
Can you work overtime?	Yes
How did you hear about us?	Craigslist
What days/times can you work? Select all that apply:	Monday AM Monday PM Tuesday AM Tuesday PM Wednesday AM Wednesday PM Thursday AM Thursday PM Friday AM Friday PM Saturday AM Saturday PM Sunday AM Sunday PM
Have you ever applied to or worked for The Service Companies (TSC) before?	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
State age if under 18. If you are under 18, hire is subject to verification that you are of minimum age to work.	Ca
Are you able to perform the essential functions of the job for which you are applying?	Yes
Name of School	Island high school
City & State	Alameda ca
Grade/Degree	12th
Graduated?	Yes
Do you have any special licenses? (If so, label under "Special")	Yes
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")	Yes
Special:	Machine operator trouble shooting
Are you currently employed?	No
Can we contact your current employer?	Yes
Name and Address of Employer	Island high school

Type of Business	Chocolate manufacturer
Phone Number	N/A
Your Position & Duties	Team lead machine operation training supervising
Date of Employment (from/to):	July / 2016 - February 2019
Reason for Leaving	Relocation to Los Angeles CA
Still Employed:	No
Name and Address of Employer	3000 Edgewater Oakland CA
First Name	Imara
Last Name	Shabazz
E-mail Address	imarashabazz@gmail.com
Phone	4156199074
Relationship:	Maneger
Years Acquainted:	2
First Name	Jasmine
Last Name	Cooksey
Phone	4154243761
Relationship:	Maneger
Years Acquainted:	3

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.

(Checked box indicates acknowledgement)

I hereby authorize The Service Companies (TSC) 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 The Service Companies (TSC) 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)

The Service Companies (TSC) is an at-will employer. I understand that nothing

(Checked box indicates acknowledgement)

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.

(Checked box indicates acknowledgement)

Applicant Digital Signature (Type Name):

Herman leamette jr

Date:

Jan 7, 2020

Dishwasher Test

Score 9/10

90%

C 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

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

C 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

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

C 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, chafing dishes)
d) Harsh chemicals
e) All of the above

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

C 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

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

a 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

C 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

EMPLOYER

Employee Name: Herman Leamette

Start Date: 1/8/2020

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 - The Service Companies

Physical Address of Main Office: 1871 The Alameda Ste 110 San Jose, CA 95126

Mailing Address: 1871 The Alameda Ste 110 San Jose, CA 95126

Telephone Number: (408) 944-0772

WAGE INFORMATION

Rate(s) of Pay: \$20/hr FB Only Overtime Rate(s) of Pay: \$30/hr FB Only

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: 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)

Nguyen

(SIGNATURE of Employer Representative)

1/8/2020

(Date)

Herman D Leamette Jr

(PRINT NAME of Employee)

Herman

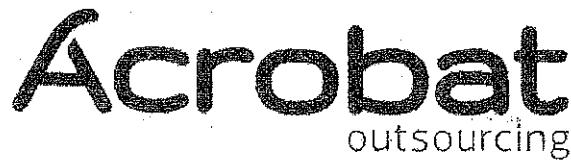
(SIGNATURE of Employee)

1/8/2020

(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.



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: Herman Leamette Jr Date: 18/20

Signature: Herman