

# Acrobat

outsourcing  
Your Hospitality Staffing Professionals

Name: Carlos Galindo

Taborca ID: 55403

Date of Hire: 1/8/2020

Date of Re-Act:     /    /    

## New employee set up

- ☒ E-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



**Carlos  
Galindo**

Submission Date  
January 8, 2020 13:38

First Name	Carlos
Last Name	Galindo
E-mail Address	carlosgind5@gmail.com
Phone	303-999-5677
Address	700 Parnassus Ave
Unit or Number	1
City, State	San Francisco ca.
Zip Code	94122
What region(s) are you applying to work within?	San Francisco San Jose
Which position(s) are you applying for?	Bartender
Are you applying for:	Part-Time
When can you start?	Jan 11, 2020
Can you work overtime?	Yes
How did you hear about us?	Craigslist
What days/times can you work? Select all that apply:	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
Are you able to perform the essential functions of the job for which you are applying?	Yes
Name of School	University of Denver UCD
City & State	Denver Colo.
Grade/Degree	12 diploma
Graduated?	Yes
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")	No
Do you have any experience, training, qualifications or special skills? (If so, label under "Special")	Yes
Special:	Property manager Artist Construction
Are you currently employed?	Yes
Can we contact your current employer?	No
Name and Address of Employer	Angstenberger & Co. 700 Parnassus, San Francisco
Type of Business	Property management
Phone Number	303-999-5677
Your Position & Duties	Resident property manager Manager of 3 properties
Date of Employment (from/to):	6-1-18 to now



Reason for Leaving Still there need to make extra money  
Still Employed: Yes  
Name and Address of Employer Angstenberger & Co.  
700 Parnassus  
San Francisco CA  
94122  
Type of Business Property owners  
Phone Number 415-316-9893  
Your Position & Duties Property Management of 3 buildings  
Date of Employment (from/to): 6/1/18  
Reason for Leaving Still there  
Still Employed: No  
First Name Jason  
Last Name Bandera  
E-mail Address banderaco@gmail.com  
Phone 510-684-4778  
Relationship: Friend and ex Boss  
Years Acquainted: 10

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 contained in the application, or conveyed

(Checked box indicates acknowledgement)



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):

Carlos Galindo

Date:

Jan 8, 2020



**NOTICE TO EMPLOYEE**

Labor Code section 2810.5

**EMPLOYEE**

Employee Name: Carlos Galindo  
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 CompaniesPhysical Address of Main Office: 1371 The Alameda Ste 110 San Jose, CA 95126Mailing Address: 1371 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: 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]  
(SIGNATURE of Employer Representative)

1/8/2020  
(Date)

Carlos GALINDO  
(PRINT NAME of Employee)

[Signature]  
(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.

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outsourcing

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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: Carlos Balanda Date: 1-8-2020

Signature: Carlos Balanda

