

Interview Note Sheet
Dishwasher

Applicant Information	
Name: <u>Uberto Delgado</u>	Interviewer: <u>Edmundo</u>
Date: <u>2/18/19</u>	Rate of Pay:
Position (s) Applied for: <u>Dishwashing</u>	Referred by:

Test Scores						Seeking:
Server	/35	%	Bartender	/30	%	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Prep Cook	/15	%	Barista	/10	%	
Grill Cook	/40	%	Cashier	/10	%	
Dishwasher	<u>10/10</u>	%	Housekeeping	/16	%	

Relevant Experience & Summary of Strengths			
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:
	2	not much experience	

P.O.S. Experience: Y / N details: _____			
Transportation		Regions Available to work:	
car			
Certifications (if any)		Availability	
Uniforms Owned:		Recommendations:	Other Languages Spoken:
<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"/> Chef Coat <input type="checkbox"/> Chef Pants <input type="checkbox"/> Knives <input checked="" type="checkbox"/> Black Pants <input type="checkbox"/> Non-Slip Shoes <input type="checkbox"/> Bow Tie	<input type="checkbox"/> Acrobat Academy <input type="checkbox"/> Lead Academy	Spanish

(No subject)

Valerie Delgado <valeriedelgado789@gmail.com>

Tue 2/18/2020 3:05 PM

To: HS San Diego <hssd@theservicecompanies.com>

**Valerie
J Delgado**

Phone: (619) 530-7662

Email:

valeriedelgado789@gmail.com

Objective

Actively

seeking a **customer service** position

where I can optimize my problem-solving and organizational skills to contribute to increased **customer** satisfaction. **Strong** multitasking

skills and learning ability to ensure quick contribution to the **customer service** team.

Ability

Summary

- Experience in interacting with customers to provide information in response to inquiries about products
- Skillful with remote access call center software
- Problem Sensitivity, able to tell when something is wrong or is likely to go wrong. It does not involve solving the problem, only recognizing there is a problem.
- Great active Listener, giving full attention to what other people are saying, taking time to understand the points being made, asking questions as appropriate, and not interrupting at inappropriate times.
- Ability to listen to and understand information and ideas presented through spoken words and sentences
-

so others can understand what I am saying

- Excellent reading and written comprehension
- Posses the ability to concentrate on a task over a period of time without being distracted.

Employment History

La

Central Market - Cashier

11/2019 - 01/2020

2001 National Ave, San Diego, CA

- Processed payments from customers purchasing goods.
- Greet customers.
- Scan customers' purchases.
- Accepted payments from customers and give change and receipts
- Bagged customers' purchases
- Counted the money in register at the end of each shift.
- Check the age of customers when selling age-restricted products
- Such as alcohol and tobacco
- Swept and mopped floors
- Taking out the trash
- Stock shelves



ACROBAT OUTSOURCING
TSC GROUP

Employment Application

HSSD@TheServiceCompanies.com

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 Valerie J Delgado Date: 02/18/2020
Home Telephone (619) 271-2953 Other Telephone (619) 530-7662
Present Address 1831 Tremaine Way San Diego, CA. 92154
Permanent Address, if different from present address: _____
Email Address valeriedelgado789@gmail.com

EMPLOYMENT DESIRED

Position applying for: _____ Salary desired: 13.00+ hr.

Are you currently registered with any staffing and/or employment agencies? If so, please list

Go-Staffing

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 _____ 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?

1-2 weeks or 02/21/2020

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		8:00	8:00	8:00	8:00	8:00	
PM		8:00	8:00	8:00	8:00	8:00	
Do you have any vacations or extended leaves planned in the next 12 months? If so, please list dates: <u>None</u>							

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?
UET	Chula Vista, CA	Medical Billing & Insurance Coding	Yes
Do you have any special licenses, certificates or special training? If so please list under "Special".		<input checked="" type="radio"/> YES	NO
Are you computer literate? If so, list software knowledge under "Special."		<input checked="" type="radio"/> YES	NO
Are you proficient with Point of Sales Systems? If, so please list which ones under "Special."		<input checked="" type="radio"/> YES	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."		<input checked="" type="radio"/> YES	NO

Special: Medical Billing and Insurance Coding Certificate.
Micro soft Word and excel, Vici Dial, Some data entry
Vantagepoint of Sales systems.

Ability to concentrate on a task over a period of time without being distracted.

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 La Central Market

Type of Business Convenient store Telephone No. (619) 232-0293 Supervisor's Name Sandra

Your Position and Duties Processed payments for customers purchased goods.

Dates of Employment: From 1/1/2019 To 1/1/2020

Reason for Leaving: Better Job Opportunities

Name and Address of Employer CMG - California Marketing Group

Type of Business Call Center Telephone No. (858) 279-5585 Supervisor's Name Allison

Your Position and Duties Provided information about products and services regarding up-dates and changes.

Dates of Employment: From 05/2019 To 05/2020

Reason for Leaving: Better Job Opportunities

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: Sandra Martinez Telephone No. (649) 457-4655

Address _____

Occupation: Cashier Relationship: Friend Number of Years Acquainted: 1

Name: Joyce Telephone No. (919) 874-7094

Address _____

Occupation: Customer Service Rep Relationship: Friend Number of Years Acquainted: 3

Name: Margie Colvillo Telephone No. (727) 203-9827

Address _____

Occupation: Team Leader Relationship: Friend Number of Years Acquainted: 2

Please Read Carefully, Initial Each Paragraph and Sign Below



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.



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.



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.



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.



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 02/18/2020

- 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
- D 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
- B 4) If you need to move a heavy load, you should PULL and not PUSH the object.
a) True
b) False
- E 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
- 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 dry cloth towel
d) Nothing
- A ~~B~~ 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

EMPLOYEE

Employee Name: Valerie Delgado
Start Date: 02/20/20

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: _____
Physical Address of Main Office: _____
Mailing Address: _____
Telephone Number: _____

WAGE INFORMATION

Rate(s) of Pay: \$ 13.00 Overtime Rate(s) of Pay: \$ 19.50

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)

Eduardo Pristamante
(PRINT NAME of Employer representative)

(SIGNATURE of Employer Representative)

(Date)

2/20/2020

Valerie Delgado
(PRINT NAME of Employee)

Valerie Delgado
(SIGNATURE of Employee)

(Date)

02/20/20

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.



Earned Sick Leave and Minimum Wage Employee Notification Form

Legal Name of Hiring Employer: S.E. Scher Corp
D/B/A of Hiring Employer (if different than Legal Name): Acrobat Outsourcing
Employer's Address: 2525 Camino Del Rio South Ste. 310, San Diego, CA 92108
Employer's Phone number: 858-771-0010
Employee Name: Valerie Delgado
Employee Start Date: 02/20/20

As of July 11, 2016, all Employers must:

- Pay no less than \$10.50 per hour and provide paid sick leave to all employees who perform at least two (2) hours of work in one work week within the geographic boundaries of the City of San Diego
- Allow employees to begin using accrued sick leave after the ninetieth (90) day of employment or after July 11, 2016, whichever is later
- Post the Earned Sick Leave and Minimum Wage notices published each year by the City in a conspicuous place at workplace or job site where employees work
- Create contemporaneous records documenting employees' wages earned and accrual and use of earned sick leave. These records must be provided to employees on a regular basis and retained by employer for at least three (3) years
- Allow Enforcement Official reasonable access to the workplace to inspect and interview witnesses in furtherance of an investigation

Employee rights:

- Employees who assert any rights provided in the Earned Sick Leave and Minimum Wage Ordinance are protected from retaliation
- Employees may file a civil lawsuit against their employers for any violation of the Ordinance or may file a complaint with the City of San Diego Enforcement Office

If you have questions, need additional information or believe your employer has violated any provision of this law, please contact your employer or visit the City of San Diego Minimum Wage Enforcement Office website at:

<https://www.sandiego.gov/treasurer/minimum-wage-program>

Acknowledgement of Receipt:

Elise Colbert
(PRINT NAME of Employer representative)

[Signature]
(SIGNATURE of Employer Representative)

2/20/2020
(Date)

Valerie Delgado
(PRINT NAME of Employee)

Valerie Delgado
(SIGNATURE of Employee)

02/20/20
(Date)

The employee's signature on this notice merely constitutes acknowledgement of receipt.