

Employment Application (SAN FRANCISCO / NEW JERSEY)

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 Georgia Silva Date: Nov. 11, 2014
 Home Telephone (415) 521 8053 Other Telephone ()
 Present Address 4912 Springwood Ct Fairfield, CA 95345
 Permanent Address, if different from present address: _____
 Email Address exeanalyst1@gmail.com

EMPLOYMENT DESIRED

Position applying for: Server, Back Kitchen, Dish Salary desired: 14.00

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

no

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? Nov. 13, 2014

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	<u>6</u>	<u>—————</u>	<u>—————</u>	<u>—————</u>	<u>—————</u>	<u>—————</u>	<u>—————</u>
PM	<u>10</u>	<u>—————</u>	<u>—————</u>	<u>—————</u>	<u>—————</u>	<u>—————</u>	<u>—————</u>

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? 2011

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 the San Francisco Fair Chance Ordinance, 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?
Sagevia High	Redwood City Calif	12	Yes
University of San Francisco	San Francisco CA	Certificate	Yes
Do you have any special licenses, certificates or special training? If so please list under "Special".		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Are you computer literate? If so, list software knowledge under "Special."		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Are you proficient with Point of Sales Systems? If, so please list which ones under "Special."		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
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 <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
Special: MS Office Suites, Excel, Word, Project Management, general office equipment, phones.			

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 _____ Weekly Pay: Starting _____ Ending _____

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 _____ Weekly Pay: Starting _____ Ending _____

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 _____ Weekly Pay: Starting _____ Ending _____

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 _____ Weekly Pay: Starting _____ Ending _____

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: Bathy Unger Telephone No. (415) 518 0023

Address: ARIZONA

Occupation: Real Estate Relationship: Friend Number of Years Acquainted: 24

Name: Wupe Galvan Telephone No. (925) 437 3261

Address: Antioch, CA

Occupation: Medical Billing Relationship: Friend Number of Years Acquainted: 24

Name: Lee Terry Telephone No. (928) 350 8498

Address: ARIZONA

Occupation: Owner Relationship: Friend Number of Years Acquainted: 20

Please Read Carefully, Initial Each Paragraph and Sign Below

JS 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.

JS 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.

JS 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.

JS 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.

JS 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

G Silva

Date

NOV. 11. 2014

Date

NOV 11 2014

Name

Georgia Silva

Address

4412 Springwood Ct
Fairfield, CA 94534

Offer Letter & Acknowledgment

Acrobat Outsourcing is pleased to offer you a position as: Barista, Prep Cook, D/U, Server

- Position at the rate(s) of \$ 11.00 per hour starting on 11/11/2014.
13.00
12.00

This offer is contingent upon satisfactory completion of the background check process. By accepting this offer, you also agree to comply with the policies set forth by the company and acknowledge the guidelines that are shared with you at the time of hire.

ACCEPT Job Offer

By signing and dating this letter below, I, G Silva Georgia Silva, accept this job offer of _____ by Acrobat Outsourcing.

Signature

G Silva

Date

11.11.14

OR

DECLINE Job Offer

By signing and dating this letter below, I, _____, accept this job offer of _____ by Acrobat Outsourcing.

Signature

Date

By accepting a job with Acrobat Outsourcing, you agree that you have done so voluntarily and acknowledge that there is no specified length of employment. Your employment is at will and either Acrobat Outsourcing or you may terminate the relationship with or without cause and with or without notice at any time. Prompt reporting of all work-related injuries and/or illnesses is a requirement of employment and you agree to report such injuries and/or illnesses as required. Acrobat Outsourcing reserves the right to change the hours, wages, and working conditions at any time based on business necessity. Policies are subject to change and revised information may supersede, modify, or eliminate existing policies. Any questions, please feel free to consult with the Human Resources Manager contact Acrobat Outsourcing.

Unlawful Harassment and Sexual Harassment Policy

Acrobat Outsourcing is committed to providing a work environment free of unlawful harassment. Company policy prohibits sexual harassment and harassment based on pregnancy, childbirth or related medical conditions, race, religious creed, color, gender, national origin or ancestry, physical or mental disability, medical condition, marital status, registered domestic partner, age, sexual orientation, gender identity or any other basis protected by federal, state, or local law or ordinance or regulation. All such harassment is unlawful.

Acrobat Outsourcing anti-harassment policy applies to all persons involved in the orientation of Acrobat Outsourcing, and its subsidiaries, and prohibits unlawful harassment by any employee, including supervisors, coworkers and any other persons. It also prohibits unlawful harassment based on the perception that anyone has any of those characteristics, or is associated with a person who has or is perceived as having any of those characteristics.

Prohibited unlawful harassment includes, but is not limited to, the following behavior:

- Verbal conduct such as epithets, derogatory jokes or comments, swearing or cursing, slurs or unwanted sexual advances, invitations, or comments about an individual's body; sexually degrading words used to describe an individual; or suggestive or obscene letters, notes, e-mails or invitations;
- Visual displays such as derogatory and/or sexually oriented posters, photography, cartoons, drawings, or gestures;
- Prolonged staring or leering which might be constructed as sexual or threatening in nature;
- Physical conduct including assault, unwanted touching, intentionally blocking normal movement or interfering with work because of sex, race, or any other protected basis;
- Threats and demands to submit to sexual requests as a condition of continued employment, or to avoid some other loss, and offers of employment benefits in return of sexual favors;
- Intimidation, and objectionable conduct directed at another person;
- Stalking, electronic communications harassment, impeding a person's movement, sexual battery or other improper activities as provide for under state criminal law;
- On-line harassment such as e-mail or attachments, materials posted about a person, chat room discussions, and viewing/downloading of on-line pornography, sexual offensive material, or discriminating materials;
- Suggestive or obscene clothing, to include designs and printed matter;
- Suggestive or obscene tattoos and body art, suggestive or obscene piercing; and
- Retaliation for reporting or threatening to report harassment.

If you believe that you have been unlawfully harassed, submit a written complaint or speak to any Company supervisor or the Human Resources Department as soon as possible after the incident. Your

complaint should include details of the incident or incidents, names of the individuals involved, and names of any witnesses. Supervisors will refer all harassment complaints to the Human Resources Department.

Acrobat Outsourcing will immediately undertake an effective, thorough, and objective investigation of the harassment allegations.

If Acrobat Outsourcing determines the unlawful harassment has occurred, effective remedial action will be taken in accordance with the circumstances involved. Any employee determined by Acrobat Outsourcing to be responsible for unlawful harassment will be subject to appropriate disciplinary action, up to, and including termination. A company representative will advise all parties concerned of the results of the investigation. Acrobat Outsourcing will not be retaliation by you or any witness for filing a complaint and will not tolerate or permit retaliation by management, employees or coworkers.

Acrobat Outsourcing encourages all employees to report any incidents of harassment forbidden by this policy *immediately* so that complaints can be quickly and fairly resolved. You also should be aware that the Federal Equal Employment Opportunity Commission and the California Department of Fair Employment and Housing investigates and prosecute complaints of prohibited harassment employment. If you think you have been harassed or that you have been retaliated against for resisting or complaining, you may file a complaint with the appropriate State or federal agency.

It is imperative, once the investigation is stated that all involved employees including witnesses and the alleged perpetrator completely and honestly assist the investigation. This would include, but not limited to, providing honest and accurate statements, being available for interviews, and assisting in the successful completion of the investigation. Failure to do so on any involved employee's part may be cause for disciplinary action, up to and including termination.

I have read the above policy and understand that Acrobat Outsourcing is committed to providing a work environment free of unlawful harassment. Company policy prohibits sexual harassment and harassment based on pregnancy, childbirth or related medical conditions, race, religious creed, color, national origin or ancestry, physical or mental disability, medical condition, marital status, age, sexual orientation, or any other basis protected by federal, state, or local law or ordinance or regulation. *All such harassment is unlawful.* Presidio Financial Partners anti-harassment policy applies to all persons involved in the operations of Acrobat Outsourcing, and its subsidiaries, and prohibits unlawful harassment by any other employee, including supervisors and coworkers.

I have read the above policy and understand that Acrobat Outsourcing is committed to providing a work environment that is free of unlawful harassment. Presidio financial Partners anti-harassment policy applies to all persons involved in the operation of Acrobat Outsourcing and prohibits unlawful harassment by any employees.

Employee Signature

G Silva

Print Name

George Silva

Date

11/11/14



NOTICE TO EMPLOYEE

Labor Code section 2810.5

Effective January 1, 2012, California Labor Code section 2810.5(a) requires that the following information be provided to each employee at the time of hire in the language the employer normally uses to communicate employment-related information. Exceptions to this requirement are indicated on the next page. This notice is available in other languages at www.dir.ca.gov/DLSE.

EMPLOYEE

Employee Name:

Georgia Silva

Hire Date:

11 11 14

EMPLOYER

Name of Employer:

ACROBAT OUTSOURCING

Check all that apply): ☐ Sole Proprietor ☒ Corporation ☐ Limited Liability Company ☐ General Partnership

☐ Other type of entity: _____

☒ Staffing agency (e.g., temp agency or PEO)

Other Name Employer is doing business as (if applicable): _____

Physical Address of Main Office: 665 THIRD STREET, SUITE 415 SAN FRANCISCO, CA 94107

Employer's Mailing Address: 665 THIRD STREET, SUITE 415 SAN FRANCISCO, CA 94107

Employer's Telephone Number: (415) 431-8826

If the worksite employer uses any other business or entity to hire employees or administer wages or benefits, complete the information above for the worksite employer, complete the information below for the other business, and complete the remaining sections. If there is no other business or co-employer, or if the only other business is a recruiting service or a payroll processing service, skip the rest of this section, and complete the remaining sections.

Name of Other Business: _____ This

other business is a:

☐ Professional Employer Organization (PEO) or Employee Leasing Company or a Temporary Services Agency

☐ Other: _____

Physical Address of Main Office: _____ Mailing

Address: _____

Telephone Number: _____

WAGE INFORMATIONRate(s) of Pay: 11-13 Overtime Rate(s) of Pay: _____Rate by (check box): ☒ Hour ☐ Shift ☐ Day ☐ Week ☐ Salary ☐ Piece rate ☐ Commission☐ Other (provide specifics): _____Employment agreement is (check box): ☐ Oral ☒ WrittenAllowances, if any, claimed as part of minimum wage (including meal or lodging allowances):

Regular Pay Day: _____ WEEKLY/EVERY FRIDAY

WORKERS' COMPENSATIONInsurance Carrier's Name: ARCH INSURANCE GROUPAddress: 300 Plaza Three, Jersey City, NJ 07311-1107Telephone Number: 1-800-817-3252

Policy No.: _____

☐ Self-Insured (Labor Code 3700) and Certificate Number for Consent to Self-Insure: _____**ACKNOWLEDGMENT OF RECEIPT**Noor Aliawad
(PRINT NAME of Employer representative)Noor Aliawad
(SIGNATURE of Employer representative)11/11/14
(Date provided to employee & signed by representative)Georgina Silva
(PRINT NAME of Employee)Georgina Silva
(SIGNATURE of Employee)11 11 14
(Date received by employee & signed by employee)

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.

This Notice is NOT required if (a) you are directly employed by the state or any political subdivision thereof, (b) you are an employee who is exempt from the payment of overtime wages by statute or wage order, or (c) you are covered by a collective bargaining agreement that expressly provides for wages, hours of work and working conditions, and provides for premium wage rates for all overtime worked.

The full text of Labor Code section 2810.5 may be found at www.leginfo.ca.gov/calaw.html. Check "Labor Code" and search for "2810.5" in quotes.

The employee's signature on this notice merely constitutes acknowledgement of receipt. In accordance with an employer's general recordkeeping requirements under the law, it is the employer's obligation to ensure that the employment and wage-related information provided on this notice is accurate and complete. Furthermore, the employee's signature acknowledging receipt of this notice 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.

Confidentiality and Non-Disclosure Agreement

I, the undersigned employee, understand that in the course of my employment with Acrobat Outsourcing, I may have access to and become acquainted with information of a confidential, proprietary or secret nature which is or may be either applicable or related to the present or future business of Acrobat Outsourcing, its research and development, or the business of its customers. Such trade secret information includes, but is not limited to, software, inventions, processes, compilations of information, records, specifications and information concerning customers and/or vendors.

I agree that I will not disclose any of the above mentioned trade secrets, directly or indirectly, or use them in any way, either during the term of my employment or at any time thereafter, except as required in the course of my employment with Acrobat Outsourcing.

I also understand that client lists of Acrobat Outsourcing, for which I have, or may have, access to during my employment, are trade secrets and shall be solely the property of Acrobat Outsourcing. I agree that I shall neither directly nor indirectly solicit business as to products or services competitive with those of [Acrobat Outsourcing] based on information from the client lists.

Finally, I understand that I am an at-will employee of Acrobat Outsourcing and that this agreement is not to be construed as constituting a promise of continued employment.

Georgina Silva
Name of Employee (Please Print)

G Silva 11/11/14
Signature of Employee Date

Noor Aljawad
Name of Witness (Please Print)

Noor Aljawad 11/11/14
Signature of Witness Date

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

As part of our hiring background and investigation, we may obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights under the Fair Credit Reporting Act.

- ☐ California, Oklahoma, and Minnesota residents only: If you are a current resident of CA, OK, and MN, you have the right to receive a copy of any consumer report pertaining to you that is obtained by us from a consumer reporting agency. If you would like a free copy of any report that is obtained or prepared, please check the box.

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit **Acrobat Outsourcing** to obtain a consumer report and/or an investigative consumer report which may include the following:

1. My employment records;
2. Records concerning any driving, criminal history, credit history, civil record, workers' compensation (post-offer only) and drug testing;
3. (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past 2 years;
4. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as an original.

I further direct and authorize such third parties who may be the custodians of or who may be in possession of requested records or information to disclose such information or records to **Acrobat Outsourcing** or their representatives and agents, in connection with this authorization and release.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as **Acrobat Outsourcing** from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize **Acrobat Outsourcing** to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application. I voluntarily provide my date of birth in order to obtain, and verify records obtained in, the background check. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment.

Full Name

(Please print name clearly.)

Date

Full Name

Signature

*****THE INFORMATION SUPPLIED BELOW WILL ONLY BE USED TO REQUEST AND VERIFY RECORDS****

Current Address: _____

Maiden Names/Prior Names: _____

Social Security Number: _____ DOB: _____

DL: _____ DL State: _____ Exp Date: _____

ABSENTEEISM AND TARDINESS POLICY

All Acrobat Outsourcing employees are expected to be at their client site prepared to work at the scheduled time. Regardless of the reason, absenteeism and tardiness are subject to disciplinary action.

Absenteeism: is defined as failure to report for work without prior approval of the Acrobat Outsourcing Staffing Supervisor

Tardiness: is defined as arriving late for work or returning late from breaks/meals, or early departure from work.

POLICY

Calling off/Absent

If you are not able to make it to your scheduled shift, ***you are required to give us 24-hour notice for a cancellation.***

Illness

If you are sick, ***you are required to contact your Staffing Manager at Acrobat Outsourcing no less than 3 hours before your scheduled shift.***

NO CALL/NO SHOW

Grounds for automatic termination

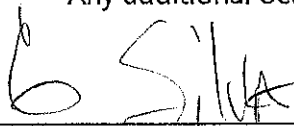
DISCIPLINARY ACTION

▪ **First Occurrence:**

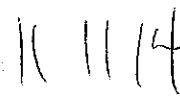
- Employee receives verbal counseling from Staffing Manager.

▪ **Second Occurrence**

- Employee will receive a written counseling form and placed on suspension. Any additional occurrences may result in further disciplinary action.



Employee Signature



Date

Department of Homeland Security
E-Verify

Report Prepared: 11/14/2014
Page: 1 of 1

Case Verification Number: 2014318190323MD

Case Information:**Employee Information:**

Last Name:	Silva	First Name:	Georgia
Middle Initial:	R	Other Names Used:	
Social Security Number:	*** ** 3303	Date of Birth:	03/03/1958
Citizenship Status:	A citizen of the United States	Email Address:	

Document Information:

List B Document:	Driver's license or ID card issued by a U.S. state or outlying possession	List C Document:	Social Security Card
Document Name:	Driver's license	Document State:	California
Driver's License or ID Card Number:		Document Expiration Date:	03/03/2018
Alien Number:		I-94 Number:	

Additional Information:

Hire Date:	11/11/2014	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	NALJ2135	Submitted On:	11/14/2014

Initial Case Result:

Case Result: Employment Authorized

Employee Referred to SSA:

Referred By: Referred On:

Case Result from SSA (after SSA Tentative Nonconfirmation):

Case Result: Response Date:

Resubmitted to SSA (after Review and Update Employee Data):

Last Name:	First Name:
Middle Initial:	Other Names Used:
Social Security Number:	Date of Birth:
Resubmitted By:	Resubmitted On:

Case Result from SSA (after Resubmission):

Case Result:

Request Name Review:

Comments: Submitted On:

Case Result from DHS (after DHS Verification in Process):

Case Result: Response Date:

Employee Referred to DHS:

Referred By: Referred On:

Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result: Response Date:

Photo Matching Results:

Determination:

Employee Referred to DHS (Additional):

Referred By:

Referred On:

Case Result from DHS (after Additional DHS Tentative Nonconfirmation):

Case Result:

Response Date:

Case Closure:

Closure Statement:

The employee continues to work for the employer after receiving an Employment Authorized result.

Closed By:

NALJ2135

Closed On:

11/14/2014

SENSITIVE BUT UNCLASSIFIED

IMAGE RELEASE FORM

I hereby grant Acrobat Outsourcing, its representatives, agents and or employees the right to take photographs of me in connection with my employment with Acrobat Outsourcing for internal use and identification purposes.

I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

G Silva
(Signature)

Georgina Silva
(Printed or Typed Name)

4912 Springdale Cr
Address

11 11 14
(Date)

415 527 8053
Phone

Fairfield CA 94534
City, State, Zip Code



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

Georgia Silva

Date:

5-24-11

Social Security #

XXX-XX-3303

Home Telephone ()

Other Telephone ()

Present Address

205 MCCARTHER BLVD, OAKLAND, CA 94610

Permanent Address, if different from present address:

4912 Springwood Ct. Fairfield CA

Email Address

bratsilva@gmail.com

94534

Employment Desired

Position applying for:

Salary desired:

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 fill in proper name of source):

Newspaper

Job Fair

Agency

Referral

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	11:00	6A	---	---	---	---	6A
PM	after 5pm	7pm	---	---	---	---	11 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 ☒

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.)

Have you ever been convicted of a felony within the past ten years other than a conviction for marijuana possession or that resulted in a referral to, and participation in, any pretrial or post trial diversion program? (Please note that

conviction of a crime is not an automatic bar to employment—all circumstances, including the nature, date and relevance of the offense to the position applied for will be considered.) Yes ☒ No ☐

Have any of these convictions as described above involved fraud, embezzlement, passing checks, forgery, and theft, including identity theft? If yes, please state the nature of the crime(s), when and where convicted and the disposition of the case. If yes, state nature of the crime(s), when and where convicted, and disposition of the case(s). _____

Education & Skills

NAME OF SCHOOL	CITY & STATE	GRADE OR DEGREE COMPLETED	DID YOU GRADUATE?
Sequoia High	REDWOOD CITY CA	12	yes
Do you have any special licenses, certificates or special training? If so please list under "Special".		YES	NO
Are you computer literate? If so, list software knowledge under "Special."		YES	NO
Are you proficient with Point of Sales Systems? If, so please list which ones under "Special."		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."		YES * *	NO
Special: MS office, PHOTOSHOP word excel power point			

Employment History

* HAVE BEEN SOFTWARE TRAINER
* ALSO TRAINED IN KITCHEN SAFETY

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. If attaching a resume, complete only sections not covered by the resume.

Are you currently employed? Yes ☐ No ☒ If so, may we contact your current employer? Yes ☐ No ☐

Name and Address of Employer THE SAN FRANCISCO RESTAURANT

Type of Business Restaurant

Telephone No. (925) 324 5719 Your Supervisor's Name LESLIE BROWN

Your Position and Duties back kitchen prep as backup, Thomas
Inventory Control, Kitchen inspector, scheduled for large events

Dates of Employment: From JAN 09 To DEC 10 Weekly Pay: Starting 18-hr Ending 18-hr

Reason for Leaving: Business closed

Name and Address of Employer THE RIGHT PEOPLE

Type of Business Recruiting Firm

Telephone No. (415) 518-0023 Your Supervisor's Name KATHY UNGER

Your Position and Duties Admin Asst: Payroll Purchasing, Inventory
Control, Shipping/Receiving, meetings scheduled

Dates of Employment: From Aug 07 To Jun 08 Weekly Pay: Starting 18-hr Ending 18-hr

Reason for Leaving: ONE Rincon Hill, Project Complete

Name and Address of Employer Anesthesiology Associates Inc.

Type of Business Anesthesiology Medical Billing

Telephone No. () Your Supervisor's Name Sepi Azari

Your Position and Duties Client Service Manager JR Analyst

Dates of Employment: From Jul 04 To Jan 07 Weekly Pay: Starting 55,000 Annual Ending 55,000 Annual

Reason for Leaving: Walnut Creek Office closed - moved to Oregon

Name and Address of Employer UCSF

Type of Business Medical Billing

Telephone No. 650 504-0122 Your Supervisor's Name Lupe Galvan

Your Position and Duties

Dates of Employment: From Jun 2000 To Jun 2004 Weekly Pay: Starting 57,000 Annual Ending 57,000 Annual

Reason for Leaving: WORK close to home

Note: Attach additional page(s) if necessary.

Have you ever been fired from any previous place of employment? If so, please explain: NO

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: Lupe Galvan Telephone No. 650 651 7235

Address 1892 NE Approach, CA

Occupation: Director Relationship: Friend or boss Number of Years Acquainted: 20

Name: Bethany Laver Telephone No. 415 518 0023

Address Scottsdale, AZ

Occupation: not working Relationship: Friend Number of Years Acquainted: 20

Name: Leslie Brown Telephone No. 925 224 5719

Address Walnut Creek, CA

Occupation: Bus Worker Relationship: Friend Number of Years Acquainted: 10

Please Read Carefully, Initial Each Paragraph and Sign Below

JS 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.

JS 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.

JS 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.

JS 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.

JS 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

Margie Silva

Date

5/24/11

Applicant Information

Name: Georgia Silva

Interviewer: Kim

Date: 5/24/11

Rate of Pay:

Position (s) Applied for:

Referred by:

Server, prep cook

GEO ARE

Test Scores

Server	7 /10	70 %	Bartender	/20	%
Prep Cook	12 /15	80 %	Barista	/10	%
Grill Cook	/40	%	Cashier	/10	%
Dishwasher	/10	%	Housekeeping	/16	%

Relative Experience & Summary of Strengths

work for friends - restaurant in Walnut Creek
 Serial financial Analyst - Billing - hands on person -
 training facilities maintenance. IST - Computer programming
 management experience - lots
 The right people - major events - would be flown out -
 scheduling clients paying top dollar for events - make
 in between person - liaison. Sure wants to get back
 fine control & food control & cleaning enjoy cleaning

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

Transportation

☒ Car☐ Public Transit☐ Carpool (Rider / Driver)

Regions Available to work:

☒ SF City☒ East Bay☐ Outer East Bay☐ SF or SJ Peninsula☐ SF North

San Jose

South San Jose

Certifications (if any)

☐ TIPS☐ Serv-Safe☐ LEAD☐ Other

Availability

☒ Open☐ AM only☐ PM only☐ Weekends only☐ Weekdays only

details:

except 10th 7th & prefer no Sunday or the night

Uniforms Owned:

☒ Bistro☒ Black Bistro☐ Tuxedo☐ 1/2 Tuxedo☐ Black Vest☒ Long Black Tie☐ Chef Coat

Chef Pants

Knives

Other:

Would you recommend this applicant for Acrobat Academy?

not needed

Convention Candidate?

yes

Other Languages Spoken:

little Spanish

Date 5-26-11

Name Georgia Silva

Address
502 MACARTHUR BLVD #26
OAKLAND CA 94610

Offer Letter & Acknowledgment

Acrobat Outsourcing is pleased to offer you a position as: Prep Cook, server, Dish

- Position at the rate(s) of \$ 13.00, 12.00, 10.50 per hour starting on 5/26/11.

This offer is contingent upon satisfactory completion of the background check process. By accepting this offer, you also agree to comply with the policies set forth by the company and acknowledge the guidelines that are shared with you at the time of hire.

ACCEPT Job Offer

By signing and dating this letter below, I, Georgia R. Silva, accept this job offer of above by Acrobat Outsourcing.

Signature Georgia R. Silva

Date 5/26/11

OR

DECLINE Job Offer

By signing and dating this letter below, I, _____, accept this job offer of _____ by Acrobat Outsourcing.

Signature _____

Date _____

By accepting a job with Acrobat Outsourcing, you agree that you have done so voluntarily and acknowledge that there is no specified length of employment. Your employment is at will and either Acrobat Outsourcing or you may terminate the relationship with or without cause and with or without notice at any time. Prompt reporting of all work-related injuries and/or illnesses is a requirement of employment and you agree to report such injuries and/or illnesses as required. Acrobat Outsourcing reserves the right to change the hours, wages, and working conditions at any time based on business necessity. Policies are subject to change and revised information may supersede, modify, or eliminate existing policies. Any questions, please feel free to consult with the Employee Relations Manager or contact Acrobat Outsourcing.

Georgia Silva
205 MacArthur Boulevard #25
Oakland, CA 94610
~~Msg: 209-483-4918~~

510-409-8174

Objective:

To obtain a job in which I may utilize my extensive set of skills. I am currently looking for a job in which I may work in a customer service or labor type industry. I enjoy people and love working with animals.

2009

**The San Franciscan Restaurant
Administrative/Marketing Assistant**

Walnut Creek, CA

Responsibilities included Inventory Control over main produce, wine cellar and liquor. Preparation of staff scheduling for upcoming events. Web manager for all editing and timely events. Key scheduler for dinner parties/events over 10 people. Coordinator for event pricing and outcome follow up.

2007 2008

**The Right People – Project "One Rincon Hill"
Administrative Assistant**

San Francisco, CA

Responsibilities: Phones, Payroll, Supplies, Purchasing, Inventory Control, Shipping and Receiving for heavy equipment operators. Photo Shop coordinator. Maintained the project meeting schedule and responsible for up keep of the project management plan in coordination with the corporate office. Work closely with the Iron Workers Union and Glaziers Union to ensure safety orientation was complete in a timely manner.

2004 – 2007

**Anesthesiology Associates Incorporated
Client Service Manager**

Walnut Creek, CA

Management and Analysis of Accounts Receivable for four Bay Area Hospitals; Los Gatos Hospital, Mills Hospital, Santa Rosa Hospital and Santa Cruz Hospital. This included day to day activities of patient accounting. Manager of all high level collection and payment plan process and reporting. Prepared and scheduled monthly meetings. Coordinated all Self Pay surgeries including large deductibles. Coordinated collection strategies with the Director and staff responsible for the day to day collections.

2000 – 2004

**University California San Francisco UCSF
Client Service Manager**

San Francisco, CA

Management and Analysis of Accounts Receivable for four departments; OB/GYN, Urology, Cancer Center, Ear Nose and Throat. Primary focus was on prompt receivable entry and payment. Day to Day monitoring of contracted insurance carriers of timely payment. (MediCare, HealthNet, Blue Shield Blue Cross) This also included monitoring contract pricing and re cooping bulk under payments.

References provided upon request



Unlawful Harassment and Sexual Harassment Policy

Acrobat Outsourcing is committed to providing a work environment free of unlawful harassment. Company policy prohibits sexual harassment and harassment based on pregnancy, childbirth or related medical conditions, race, religious creed, color, gender, national origin or ancestry, physical or mental disability, medical condition, marital status, registered domestic partner, age, sexual orientation, gender identity or any other basis protected by federal, state, or local law or ordinance or regulation. All such harassment is unlawful.

Acrobat Outsourcing anti-harassment policy applies to all persons involved in the orientation of Acrobat Outsourcing, and its subsidiaries, and prohibits unlawful harassment by any employee, including supervisors, coworkers and any other persons. It also prohibits unlawful harassment based on the perception that anyone has any of those characteristics, or is associated with a person who has or is perceived as having any of those characteristics.

Prohibited unlawful harassment includes, but is not limited to, the following behavior:

- Verbal conduct such as epithets, derogatory jokes or comments, swearing or cursing, slurs or unwanted sexual advances, invitations, or comments about an individual's body; sexually degrading words used to describe an individual; or suggestive or obscene letters, notes, e-mails or invitations;
- Visual displays such as derogatory and/or sexually oriented posters, photography, cartoons, drawings, or gestures;
- Prolonged staring or leering which might be constructed as sexual or threatening in nature;
- Physical conduct including assault, unwanted touching, intentionally blocking normal movement or interfering with work because of sex, race, or any other protected basis;
- Threats and demands to submit to sexual requests as a condition of continued employment, or to avoid some other loss, and offers of employment benefits in return of sexual favors;
- Intimidation, and objectionable conduct directed at another person;
- Stalking, electronic communications harassment, impeding a person's movement, sexual battery or other improper activities as provide for under state criminal law;
- On-line harassment such as e-mail or attachments, materials posted about a person, chat room discussions, and viewing/downloading of on-line pornography, sexual offensive material, or discriminating materials;
- Suggestive or obscene clothing, to include designs and printed matter;
- Suggestive or obscene tattoos and body art, suggestive or obscene piercing; and
- Retaliation for reporting or threatening to report harassment.



If you believe that you have been unlawfully harassed, submit a written complaint or speak to any Company supervisor or the Human Resources Department as soon as possible after the incident. Your

complaint should include details of the incident or incidents, names of the individuals involved, and names of any witnesses. Supervisors will refer all harassment complaints to the Human Resources Department.

~~Acrobat Outsourcing will immediately undertake an effective, thorough, and objective investigation of the harassment allegations.~~

If Acrobat Outsourcing determines the unlawful harassment has occurred, effective remedial action will be taken in accordance with the circumstances involved. Any employee determined by Acrobat Outsourcing to be responsible for unlawful harassment will be subject to appropriate disciplinary action, up to, and including termination. A company representative will advise all parties concerned of the results of the investigation. Acrobat Outsourcing will not be retaliation by you or any witness for filing a complaint and will not tolerate or permit retaliation by management, employees or coworkers.

Acrobat Outsourcing encourages all employees to report any incidents of harassment forbidden by this policy *immediately* so that complaints can be quickly and fairly resolved. You also should be aware that the Federal Equal Employment Opportunity Commission and the California Department of Fair Employment and Housing investigates and prosecute complaints of prohibited harassment employment. If you think you have been harassed or that you have been retaliated against for resisting or complaining, you may file a complaint with the appropriate State or federal agency.

It is imperative, once the investigation is stated that all involved employees including witnesses and the alleged perpetrator completely and honestly assist the investigation. This would include, but not limited to, providing honest and accurate statements, being available for interviews, and assisting in the successful completion of the investigation. Failure to do so on any involved employee's part may be cause for disciplinary action, up to and including termination.

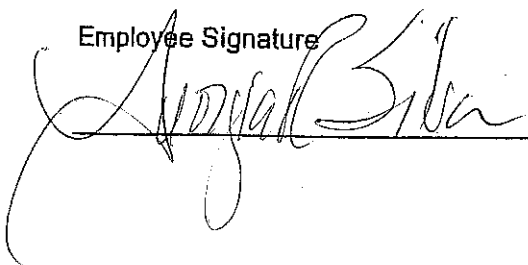
I have read the above policy and understand that Acrobat Outsourcing is committed to providing a work environment free of unlawful harassment. Company policy prohibits sexual harassment and harassment based on pregnancy, childbirth or related medical conditions, race, religious creed, color, national origin or ancestry, physical or mental disability, medical condition, marital status, age, sexual orientation, or any other basis protected by federal, state, or local law or ordinance or regulation. *All such harassment is unlawful.* Presidio Financial Partners anti-harassment policy applies to all persons involved in the operations of Acrobat Outsourcing, and its subsidiaries, and prohibits unlawful harassment by any other employee, including supervisors and coworkers.

I have read the above policy and understand that Acrobat Outsourcing is committed to providing a work environment that is free of unlawful harassment. Presidio financial Partners anti-harassment policy applies to all persons involved in the operation of Acrobat Outsourcing and prohibits unlawful harassment by any employees.

Employee Signature

Print Name

Date

 Georgia R. Silva 5/26/11

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 05/27/2011

Page: 1 of 1

Case Verification Number: 2011147134109VC

Initial Verification:

Last Name:	Silva	First Name:	Georgia
Middle Initial:		Maiden Name:	
Social Security Number:	*** ** 3303	Date of Birth:	03/03/1958
Hire Date:	05/26/2011	Citizenship Status:	A citizen of the United States
Alien Number:		I-94 Number:	
Document Type:	List B and C Documents	Doc. Expiration Date:	
Submitted By:	LED6348	Submitted On:	05/27/2011

Initial Verification Results:

Initial Eligibility: Employment Authorized

SSA Referral:

Referral By: Referral Date:

Verification Response:

Eligibility: Response Date:

SSA Resubmittal:

Last Name:	First Name:
Middle Initial:	Maiden Name:
Social Security Number:	Date of Birth:
Submitted By:	Submitted On:

Resubmittal Verification Results:

Eligibility:

Additional Verification:Comments:
Submitted By: Submitted On:**Verification Response:**

Eligibility: Response Date:

DHS Referral:

Referral By: Referral Date:

DHS Referral Results:

Eligibility: Response Date:

Photo Matching Results:

Determination:

Additional DHS Referral:

Referral By: Referral Date:

Additional DHS Referral Results:

Eligibility: Response Date:

Case Resolution:

Resolve Option:	The employee continues to work for the employer after receiving an Employment Authorized result.
Resolved By:	LED6348 Resolved On: 05/27/2011



AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

As part of our hiring background and investigation, we may obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights Under the Fair Credit Reporting Act.

- ☐ California, Oklahoma, and Minnesota residents only: If you are a current resident of CA, OK, and MN, you have the right to receive a copy of any consumer report pertaining to you that is obtained by us from a consumer reporting agency. If you would like a free copy of any report that is obtained or prepared, please check the box.

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit **Acrobat Outsourcing** to obtain a consumer report and/or an investigative consumer report which may include the following:

1. My employment records;
2. Records concerning any driving, criminal history, credit history, civil record, workers' compensation (post-offer only) and drug testing;
3. (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past 2 years;
4. Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as an original.

I further direct and authorize such third parties who may be the custodians of or who may be in possession of requested records or information to disclose such information or records to **Acrobat Outsourcing** or their representatives and agents, in connection with this authorization and release.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as **Acrobat Outsourcing** from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize **Acrobat Outsourcing** to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application. I voluntarily provide my date of birth in order to obtain, and verify records obtained in, the background check. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment.

Full Name Georgina Ruth Silva
(Please print name clearly.)

Date 5/26/11

Full Name Georgina Ruth Silva
Signature



*****THE INFORMATION SUPPLIED BELOW WILL ONLY BE USED TO REQUEST AND VERIFY RECORDS*****

Current Address: 205 MACARTHUR BLVD #26
OAKLAND, CA 94610

Maiden Names/Prior Names: GEORGIA R. JENSEN

Social Security Number: 560625303 DOB: 3358

DL: 15369641 DL State: CA Exp Date: 331913

Initial Notice of Cobra Rights

Date: 5/26/11

TO: Georgia Silva

Re: **COBRA Continuation of Coverage under the Anthem Blue Cross Group Health Plan maintained by the Employer (the "Plan")**

Federal law requires us as an employer sponsoring a group health plan to offer employees and their families the opportunity to elect a temporary extension of health coverage (called "Continuation Coverage" or "COBRA Coverage") in certain instances where coverage under the Plan would otherwise end. You do not have to show that you are insurable to elect Continuation Coverage. However you have to pay all or part of the premium for your Continuation Coverage. At the end of the maximum coverage period (described below), you must be allowed to enroll in an individual conversion health plan if it is otherwise available under the Plan.

This notice is intended to inform you, in a summary fashion, of your rights and obligations under the law. The law, however, is not clear on some points and is interpreted by federal agencies and the courts. Congress often changes the law. Therefore, this summary is subject to change, without notice, as interpretations or changes of the law occur. ***Both you and your spouse should read this summary carefully and keep it with your records.***

Qualifying Events

If you are an **employee** of the Employer covered by the plan you have the right to elect continuation coverage if you lose coverage under the Plan for either of the following two "Qualifying Events":

1. Termination of your employment (for reasons other than your gross misconduct), or
2. Reduction in the hours of your employment, if such reduction causes you to no longer be eligible under the Plan.

If you are the spouse of an employee covered by the Plan you have the right to elect continuation coverage if you lose coverage under the Plan for any of the following "Qualifying Events":

1. The death of your spouse;
2. A termination of your spouse's employment (for reasons other than gross misconduct) or reduction in your spouse's hours of employment with the employer which causes a loss of plan coverage;
3. Divorce or legal separation from your spouse; or
4. Your spouse becomes entitled to Medicare benefits.

In the case of the dependent child of an employee covered by the Plan, he or she has the right to elect continuation coverage if group health coverage under the Plan is lost for any of the following five "Qualifying Events";

1. The death of the employee parent;
2. The termination of the employee parent's employment (for reason's other than gross misconduct) or reduction in the employee parent's hours of employment with the employer, causing the employee to lose coverage under the plan;
3. Parent's divorce or legal separation;
4. The employee parent becomes entitled to Medicare benefits; or
5. The dependent ceases to be a "dependent child" under the plan.

Qualified Beneficiaries

Qualified Beneficiaries are limited to only the employee, spouse at the time of the initial Qualifying Event and dependent children covered by the Plan as of such event. However, any child born to or placed for adoption with a covered employee during a period of COBRA coverage will be eligible to become a Qualified Beneficiary upon proper notification to the Plan Administrator of the birth or adoption.

Notices and Election

When the employer is notified that one of these Qualifying Events has occurred, it will notify the Plan Administrator, (if different from the Employer), and you and all Qualified Beneficiaries will be notified of your rights to choose continuation coverage.

Under the law, the employee or a family member has the responsibility to notify the employer of a divorce, legal separation or a child losing dependent status under the Plan. You or your family member must give this notice no later than 60 days after the day you would lose coverage because of one of the above Qualifying Events. If you fail to give this notice during the 60-day period, you will not be offered the option to elect continuation coverage.

When the employer or Plan Administrator (if different) is notified that one of the events has happened, you will be notified that you have the right to elect continuation coverage. Under the law, you must elect continuation coverage within 60 days after Plan coverage ends, or, 60 days after the date of the notice of your right to elect continuation coverage, whichever is later. If you do not elect continuation coverage within the 60-day period, you will lose your right to elect continuation coverage.

A covered employee or the spouse of the covered employee may elect continuation coverage for all family members. The covered employee, his or her spouse and dependent children, however, each has an independent right to elect continuation coverage. Thus, a spouse or dependent child may elect continuation coverage even if the covered employee does not elect it.

Bankruptcy of Employer

COBRA continuation rights may also apply to certain retirees, spouses and dependent children if the Employer commences a bankruptcy proceeding and these individuals lose coverage.

Premium Payments

If you elect continuation coverage, the Employer must give you coverage that, as of the time coverage is provided, is identical to the coverage provided under the Employer's Plan to similarly situated employees or family members. This means that if the coverage for similarly situated employees or family members is modified, your coverage will be modified. You will also have the same rights to change Plans or change covered dependents as active employees.

You must pay the premium payments for your "initial premium months" by the 45th day after you elect continuation coverage. Your initial premium months are the months that end on or before the 45th day after you elect coverage. All other premiums are due on the 1st of the month or which the premium is paid, subject to a 31-day grace period.

Maximum Coverage Periods

If you (spouse or dependent child) lose group health coverage because of the employee's death, divorce, legal separation, or the employee's becoming entitled to Medicare, or because you lose your status as a dependent under the Plan, the maximum coverage period (for spouse and dependent child) is 36 months from the date of the Qualifying Event.

If you (employee, spouse or dependent child) lose group health coverage because of a termination or reduction on hours of the employee's employment, the maximum continuation coverage period (for the employee, spouse and dependent child) is 18 months from the date of termination or reduction in hours. There are two exceptions to this rule:

days after COBRA coverage begins, the maximum continuation coverage period for all related Qualified Beneficiaries up to 29 months from the date of termination or reduction in hours. The disability that extends the 18-month coverage period must be determined to be a disability by the Social Security Administrator (SSA). For the 29-month continuation coverage period to apply, notice of the determination of disability under the SSA must be provided to the plan administrator within the 18-month coverage period and within 60 days after the date of the SSA's determination. The 29-month period will be shortened if the individual is no longer disabled before the end of the disability extension. You must notify the Plan Administrator within 30 days of receipt of such determination and COBRA coverage will end the first day of the month that begins more than 30 days after such notice.

2. If a second Qualifying Event occurs (for example, the employee dies or becomes divorced) within the 18-month or 29-month coverage period, the maximum coverage period becomes 36 months from the date of the first Qualifying Event.
3. **Extended Coverage for California Employees:** The Company's group health plan must offer any qualified beneficiary who has exhausted continuation coverage under COBRA the opportunity to continue coverage for up to 36 months from the date the qualified beneficiary's continuation coverage began, if the qualified beneficiary is entitled to less than 36 months of continuation coverage under COBRA. A qualified beneficiary electing such further continuation coverage shall pay to the group plan, on or before the due date of each payment but not more frequently than on a monthly basis, not more than 110% of the applicable rate charged for a covered employee or, in the case of dependent coverage, not more than 110% of the applicable rate charge to a similarly situated individual under the group benefit plan being continued under the group contract. In the case of a qualified beneficiary who is determined to be disabled by the Social Security Administration, the qualified beneficiary shall be required to pay to the group health plan an amount no greater than 150% percent of the group rate after the first 18 months of continuation coverage.
4. **Outside California Extended Coverage:** If a second qualifying event occurs during the period of COBRA coverage triggered by the first qualifying event, the occurrence of the second event can cause coverage to be extended to a maximum of 36 months from the first qualifying event. This extension is required only if the second qualifying event is one that would have created an entitlement to 36 months' coverage if it had occurred before the first qualifying event. Such second qualifying events may include the death of a covered employee, divorce or separation from the covered employee, the covered employee's becoming entitled to Medicare, or a dependent child's ceasing to be eligible for coverage as a dependent under the Plan. You must notify the Plan within 60 days after a second qualifying event occurs if you want to extend your continuation coverage.

Termination Before the End of Maximum Coverage Period

Your continuation coverage automatically terminates (even before the end of the maximum coverage period) when any one of the following five events occurs:

1. The Employer no longer provides group health coverage to any of its employee's;
2. The premium for your continuation coverage is not timely paid;
3. A Qualified Beneficiary becomes covered under another group health plan (as an employee or otherwise), after the date he or she elects COBRA coverage. The new group health plan must not contain any exclusion or limitation with respect to any pre-existing condition you have, or the pre-existing condition exclusion or limitation must not apply due to Health Insurance Portability and Accountability Act of 1996 (HIPPA) restrictions;
4. The Qualified Beneficiary becomes entitled to Medicare benefits, after the date he or she elects COBRA coverage;

5. If a Qualified Beneficiary becomes entitled to a 29-month maximum coverage period, but then there is a final determination under Title II or XVI of the Social Security Act that Qualified Beneficiary is no longer disabled; continuation coverage for all Qualified Beneficiaries will not end until the later of the end of the initial 18 month coverage period, or the first day of the month that begins more than 30 days after receipt of such determination.

Other Information

If you have any questions about the law, please contact the person shown below. If there are changes in your marital status or your address or that of your spouse, please notify the Employer or Plan Administrator, if different.

Gail Tabron, Benefits Broker, 925.942.4633, 1350 Carlback Avenue, Walnut Creek, CA, 94596.

Prep Cooks Test

Score 12/15

Multiple Choice Test (1 point each)

5/24/11
80%

d 1) Food handlers must always wash their hands

- a) Before starting work
- b) Switching between handling raw and ready-to-eat food
- c) After going to the restrooms
- d) All of the above

C 2) The recommended temperature for your refrigerator is...

- a) 45°F
- b) 50°F
- c) 40°F
- d) 20°F

C 3) Which of these conditions requires immediate corrective action?

- a) Packaged food items are stored at least 6 inches above the floor
- b) Ice is being used to cool beef stew in a shallow pan
- c) Raw meats are stored on a shelf above ready-to-eat egg salad in the walk-in cooler
- d) Raw fish is stored above raw chicken in the walk-in freezer

C 4) Bacteria grow best in the temperature "danger zone" which includes temperatures between?

- a) 0°F and 100°F
- b) 32°F and 220°F
- c) 41°F and 135°F
- d) 39°F and 178°F

d 5) After cutting raw chicken, what should be done before the cutting board is used for slicing onions for salad?

- a) Clean the cutting board with a wet wiping cloth
- b) Turn the board over and use the other side
- c) Rinse the board with running water
- d) Wash, rinse, and sanitize the board prior to slicing the onions

A 6) Which of the following is NOT an approved method to thaw potentially hazardous foods?

- a) In a microwave oven
- b) During the cooking process
- c) Under cool running water
- d) On a clean counter, at room temperature

A 7) Wiping cloths stored submerged in a bucket of sanitizing solution are for:

- a) Wiping spills only
- b) Washing hands if the hand sinks are too far away
- c) Sanitizing the blade of utensils such as knives
- d) Maintaining moisture on the wiping cloth

e 8) Food-handling gloves must be changed frequently and also:

- a) After handling garbage
- b) After every break
- c) After picking things up off the floor
- d) Between handling raw and cooked foods
- e) All of the above

A 9) A gallon is equal to _____ ounces

- a) 56
- b) 145
- c) 32
- d) 128

10) How many cups are in a quart?

- a) 2
- ☒ b) 4
- c) 6
- d) 8

11) Potentially hazardous hot foods must be maintained at an internal temperature of _____ or higher to be safe

- a) 145° F
- b) 135° F
- c) 160° F
- d) 180° F

12) Which of the following explains the process of poaching?

- a) Poke poultry on the thickest part in order to make sure it's tender
- b) To cook food in an oven that has reached 350° F
- c) Cook gently in water that is hot but not boiling (160°-180°)
- d) Submerge protein in boiling liquid to speed cooking time

13) If a recipe calls for 16oz of mirepoix, how many ounces of onion, celery, and carrots do you need?

- a) 8 oz of celery, 4 oz of onion, 4 oz of carrot
- b) 4 oz of celery, 8 oz of carrot, 4 oz of onion
- c) 4 oz of celery, 8 oz of onion, 4 oz of carrot
- d) 2 oz of celery, 10 oz of carrot, 2 oz of onion

14) Which of the following best describes braising?

- a) To cook quickly in a pan on top of the stove until food is browned
- b) Process through which natural sugars in food become browned and flavorful while cooking
- ☒ c) Cooking method by which food is browned in fat, then cooked, tightly covered, in liquid at low heat
- d) To plunge food into boiling water briefly, then into cold water to stop the cooking process

15) Which of the following best describes the process of Caramelization?

- a) To cook quickly in a pan on top of the stove until food is browned
- b) Process through which natural sugars in food become browned and flavorful while cooking
- c) Cooking method by which food is browned in fat, then cooked, tightly covered, in liquid at low heat
- d) To plunge food into boiling water briefly, then into cold water to stop the cooking process

5/24/11 70%

- X 1) Food is served on what side with what hand?
 - a) On the left side with the left hand
 - b) On the left side with the right hand
 - c) On the right side with the left hand
 - d) On the right side with the right hand
- X 2) Drinks are served on what side with what hand?
 - a) On the left side with the left hand
 - b) On the left side with the right hand
 - c) On the right side with the left hand
 - (d) On the right side with the right hand
- d 3) Food and drinks are removed on what side with what hand?
 - a) On the left side with the left hand
 - b) On the left side with the right hand
 - c) On the right side with the left hand
 - d) On the right side with the right hand
- X 4) Which side of the plate would you place forks?
 - a) On the left with the salad fork on the outside and dinner fork on the inside
 - b) On the left with the salad fork on the inside and dinner fork on the outside
 - c) On the right with the salad fork on the outside and dinner fork on the inside
 - d) On the right with the salad fork on the inside and dinner fork on the outside
- d 5) Which side of the plate would you place knives?
 - a) On the left with the blade facing out
 - b) On the left with the blade facing in
 - c) On the right with the blade facing out
 - d) On the right with the blade facing in
- X 6) If there is a fork and spoon at the top of a table setting they are used for which course?
 - a) Salad and soup
 - b) Extra if you drop silverware on the floor
 - c) Entrée
 - (d) Dessert and coffee
- X 7) What is the correct order for glasses (the first glass being closest to the guest)?
 - a) Water glass, red wine glass and white wine glass
 - b) White wine glass, red wine glass and water glass
 - (c) Water glass, white wine glass and red wine glass
 - d) Red wine glass, white wine glass and water glass
- X 8) What part of a glass should you handle at all times?
 - a) The stem
 - b) The widest part of the glass
 - c) The top
- X 9) When you are setting a dining room how should you set up your table cloths?
 - a) Neatly and evenly across the tables
 - b) The creases should all be going in the same directions
 - c) The chairs should be centered and gently touching the table cloth
 - d) All of the above
- d 10) If you bring the wrong entrée to a guest what should you do?
 - a) Go back into the kitchen and patiently wait in line behind the rest of the servers until it's your turn
 - b) Inform the guests that you will bring the correct entrée once everyone else in the dining room is served
 - c) Try to convince the guests to eat what you brought them
 - d) Go back into the kitchen to the front of the line and inform the expeditor that you need a different entrée

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:

- May accrue paid sick leave and may request and use up to 3 days or 24 hours of accrued paid sick leave per year;
- May not be terminated or retaliated against for using or requesting the use of accrued paid sick leave; and
- Has the right to file a complaint against an employer who retaliates or discriminates against an employee for
 - requesting or using accrued sick days;
 - attempting to exercise the right to use accrued paid sick days;
 - filing a complaint or alleging a violation of Article 1.5 section 245 et seq. of the California Labor Code;
 - 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)

Bulgan Gantulga
(PRINT NAME of Employer representative)

[Signature]
(SIGNATURE of Employer Representative)

6.20.2017
(Date)

Georgina R. Silva
(PRINT NAME of Employee)

[Signature]
(SIGNATURE of Employee)

6.20.17
(Date)

(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.

NOTICE TO EMPLOYEE
Labor Code section 2810.5

EMPLOYEE

Employee Name: Georgia Silva
Start Date: 6.20.2017

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: Grill \$15/Line \$16.50 Overtime Rate(s) of Pay: 1.5x

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