



Baby Acapulco Restaurant

Employee Information

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email Address: _____

SSN or Gov't ID: _____

Ethnicity/National Origin: _____

Birth Date: _____ Marital Status: _____

Job Information

Job Title: _____ Employee ID: _____

Supervisor: _____ Department: _____

Work Location: _____ Focus ID: _____

Work Phone: _____ Cell Phone: _____

Start Date: _____ Salary: \$ _____

Emergency Contact Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Primary Phone: _____ Alternate Phone: _____

Relationship: _____

Employee Check off List				
Employee Documents	Yes	No	Not Required	Comments
Employment Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
W-4 Withholding Allowance Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food Handlers Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
COA Registration – Food Handlers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TABC Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TABC Verification form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I-9 Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Copy of 2 ID's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E-Verify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Workers Compensation Employee Acknowledgement form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alcohol Service Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Employee Handbook Acknowledgement Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Anti-Harassment/Discrimination Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drug & Alcohol Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Workplace Violence Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Information Systems & Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Authorization for Background Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Form 1-A – Conditional Employee & Food Employee Interview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Form 1-B – Conditional Employee & Food Employee Reporting Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Employee Referral Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Complete form and submit to Payroll with all documentation.



VARIOUS FEDERAL, STATE, AND LOCAL LAWS PROHIBIT DISCRIMINATION BASED ON RACE, COLOR, SEX, RELIGION NATIONAL ORIGIN, ANCESTRY, AGE, DISABILITY, OR MARITAL STATUS. BABY ACAPULCO IS AN EQUAL OPPORTUNITY EMPLOYER AND YOUR RESPONSE TO ANY QUESTION WILL NOT BE USED AS A BASIS FOR DISCRIMINATION, BUT WILL BE JUDGED ON ITS RELEVANCE TO THE POSITION YOU ARE SEEKING

EMPLOYMENT APPLICATION

Date of Application / /

Personal Information

Name (Last)		(First)	(Middle)
Home Address		City	State Zip
Home Telephone ()		Business Telephone ()	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Applying for: _____		Days and hours available to work	Day
Date Available: _____ Are you interested in (Check all that apply)			Mon
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer			Tues
			Wed
			Thur
			Fri
			Sat
			Sun
How were you referred to Baby Acapulco?		If you are under 18 years of age, please state your date of birth	

Education

Type of School	Name and Location	Degree	# of years attended	Graduated
High School	Name Address			<input type="checkbox"/> Yes
	City State Zip			<input type="checkbox"/> No
College	Name Address			<input type="checkbox"/> Yes
	City State Zip			<input type="checkbox"/> No
Graduate School	Name Address			<input type="checkbox"/> Yes
	City State Zip			<input type="checkbox"/> No
Other	Name Address			<input type="checkbox"/> Yes
	City State Zip			<input type="checkbox"/> No

U.S. Military Service

Branch of Service	Technical Specialization	Rank Attained

Other Languages

Language	Speak	Read	Write	Sign
	<input type="checkbox"/> Poor <input type="checkbox"/> Fair	<input type="checkbox"/> Poor <input type="checkbox"/> Fair	<input type="checkbox"/> Poor <input type="checkbox"/> Fair	<input type="checkbox"/> Poor <input type="checkbox"/> Fair
	<input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Good <input type="checkbox"/> Excellent
	<input type="checkbox"/> Poor <input type="checkbox"/> Fair	<input type="checkbox"/> Poor <input type="checkbox"/> Fair	<input type="checkbox"/> Poor <input type="checkbox"/> Fair	<input type="checkbox"/> Poor <input type="checkbox"/> Fair
	<input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> Good <input type="checkbox"/> Excellent

Legal

Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, do you have a legal right & necessary documents to work in th <input type="checkbox"/> <input checked="" type="checkbox"/> no
(Identity and employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Act of 1986)	
Were you ever discharged by any company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name of Company(ies) _____	
Reason for discharge _____	

Employment History

List employment starting with your most *recent* position. Account for any time during this period that you were unemployed by the nature of your activities. **May we contact your present employer?** ☐ Yes ☐ No **Past employer?** ☐ Yes ☐ No Please indicate if you were employed under a different name.

Dates	Name and Address of employer	Position held and Supervisor	Duties	Salary or Wages	Reason for Leaving
From: _____ / /	Name _____ Address _____ City _____ State _____	Your job Title _____ Supervisor _____		Start Date _____ End Date _____	
To: _____ / /	Phone () _____				
From: _____ / /	Name _____ Address _____ City _____ State _____	Your job Title _____ Supervisor _____		Start Date _____ End Date _____	
To: _____ / /	Phone () _____				
From: _____ / /	Name _____ Address _____ City _____ State _____	Your job Title _____ Supervisor _____		Start Date _____ End Date _____	
To: _____ / /	Phone () _____				
From: _____ / /	Name _____ Address _____ City _____ State _____	Your job Title _____ Supervisor _____		Start Date _____ End Date _____	
To: _____ / /	Phone () _____				
From: _____ / /	Name _____ Address _____ City _____ State _____	Your job Title _____ Supervisor _____		Start Date _____ End Date _____	
To: _____ / /	Phone () _____				

Have you previously worked for Baby Acapulco?

☐ Yes ☐ No

Location: _____

Supervisor: _____

Position Held: _____

Dates Employed: _____ From _____ To _____

Reason for Leaving: _____

References

Business references: (do not list relatives) (please indicate if you were employed under a different name)

Name	Address	Work Phone #	Title	Years Known
		()		
		()		
		()		

Smoking Policy

Baby Acapulco does not permit for Employees to smoke during their shift or on company premises.

Please read Carefully

I certify that answers given herein are true and complete to the best of my knowledge.

I am submitting this application for employment, I understand that an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, credit record and/or criminal history.

I authorize anyone possessing this information to furnish it to Baby Acapulco upon request and I release anyone so authorized and Baby Acapulco from all liability and damages whatsoever in furnishing, obtaining or using said information.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand, also, that I am required to abide by all rules and regulations of Baby Acapulco.

I understand and agree that if employed, the employment will be "at will". That is either I or Baby Acapulco may end the employment relationship at any time, for any reason, and for no reason. I understand that receipt of this application by Baby Acapulco does not imply employment and that this application and/or any other Baby Acapulco documents are not contracts of employment.

APPLICANT'S SIGNATURE: _____ DATE: _____

Form W-4 (2016)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____				
B	Enter "1" if: <table border="0"><tr><td>• You are single and have only one job; or</td><td rowspan="3">} B _____</td></tr><tr><td>• You are married, have only one job, and your spouse does not work; or</td></tr><tr><td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</td></tr></table>	• You are single and have only one job; or	} B _____	• You are married, have only one job, and your spouse does not work; or	• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	
• You are single and have only one job; or	} B _____					
• You are married, have only one job, and your spouse does not work; or						
• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.						
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____				
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____				
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____				
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____				
(Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)						
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G _____				
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ►	H _____				
For accuracy, complete all worksheets that apply. <table border="0"><tr><td>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.</td></tr><tr><td>• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.</td></tr><tr><td>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</td></tr></table>			• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.	• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.	• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	
• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.						
• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.						
• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.						

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.				2016
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck		6 \$		
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here				
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ►		Date ►		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet**Note:** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details	1	\$	_____
2	Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,300 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$	2	\$	_____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$	_____
4	Enter an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$	_____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2016 Form W-4</i> worksheet in Pub. 505.)	5	\$	_____
6	Enter an estimate of your 2016 nonwage income (such as dividends or interest)	6	\$	_____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$	_____
8	Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction	8		_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9		_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10		_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**Note:** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note: If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$
9	Divide line 8 by the number of pay periods remaining in 2016. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2016. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$

Table 1**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$9,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
6,001 - 14,000	1	9,001 - 17,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 25,000	2	17,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
25,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,600		
44,001 - 55,000	6	75,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][] - [][] - [][][][]		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>

*Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.*

1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	QR Code - Section 1 Do Not Write In This Space
---	---

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR List B Identity	AND List C Employment Authorization
Document Title	Document Title	Document Title
Issuing Authority	Issuing Authority	Issuing Authority
Document Number	Document Number	Document Number
Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)
Document Title	<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>	
Issuing Authority		
Document Number		
Expiration Date (if any)(mm/dd/yyyy)		
Document Title		
Issuing Authority		
Document Number		
Expiration Date (if any)(mm/dd/yyyy)		

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ *(See instructions for exemptions)*

Signature of Employer or Authorized Representative	Today's Date(mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Employee Acknowledgment of Workers' Compensation Network

I have received information that tells me how to get health care under my employer's workers' compensation insurance.

If I am hurt on the job and live in a service area described in this information, I understand that:

1. I must choose a treating doctor from the list of doctors in the network. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor. If I select my HMO primary care physician as my treating doctor, I will call Texas Mutual at (800) 859-5995 to notify them of my choice.
2. I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go anywhere.
3. The insurance carrier will pay the treating doctor and other network providers.
4. I might have to pay the bill if I get health care from someone other than a network doctor without network approval.
5. Knowingly making a false workers' compensation claim may lead to a criminal investigation that could result in criminal penalties such as fines and imprisonment.

Signature _____

Date _____

Printed Name _____

I live at:

Street Address _____

City _____

State _____

Zip Code _____

Name of Employer: _____

Name of Network: *Texas Star Network®*

Network service areas are subject to change. Call (800) 381-8067 if you need a network treating provider.

Please indicate whether this is the:

☐ Initial Employee Notification

☐ Injury Notification (Date of Injury: ____/____/____)

DO NOT RETURN THIS FORM TO TEXAS MUTUAL INSURANCE COMPANY UNLESS REQUESTED

BABY ACAPULCO RESTAURANT

AUSTIN'S FAVORITE MEXICAN RESTAURANT

5610 N. IH 35, Austin, TX 78751 PH: (512)302-1366 FAX: (512)302-1707

ALCOHOL SERVICE POLICY

Purpose of Policy

It is the Baby Acapulco Restaurants' policy that no minor or intoxicated person be served alcoholic beverages. Employees who willfully violate this policy will be terminated immediately

Restaurant Manager and Server/Bartender Responsibilities

1. Servers/Bartenders must card anyone ordering an alcoholic beverage who does not appear to be well over the age of 30. When attempting to illegally purchase alcohol, minors usually exhibit behavior that should be easily identifiable by an astute server or seller. As with anyone who is attempting a dishonest act, minors may appear anxious or nervous; stutter, stammer or confuse their words; avoid eye contact with the seller; appear overly or inappropriately friendly, confident, boisterous or outgoing.
 - The acceptable forms of identification are a valid Texas Driver's License with a photo or a photo ID issued by the State of Texas.
 - The server/bartender will carefully check the identification to determine its authenticity. The manager on duty will be called and informed of any appearance of forgery or tampering with the ID.
 - In the absence of authentic identification or in case of doubt, the server/bartender will refuse service of alcoholic beverages to the customer.

Floor managers should be on constant lookout for customers falling into this category and ensure that the server has carded properly. Floor managers should confront servers and asked if they have carded and proceed immediately to the table if carding has not been done. Servers should be disciplined in writing immediately.

Baby Acapulco does not allow serving drinks to minors all customers are considered individuals.

Baby Acapulco Restaurants
Alcohol Service Policy
Page 2

2. Servers/Bartenders should take reasonable precautions when serving alcohol to our customers. Taking steps to prevent alcohol abuse in our establishment can help protect the public from harm, and keep you from being named in a liquor liability suit.

As a server/bartender, you should know the laws and regulations concerning the serving and consumption of alcohol within a licensed premises. Serving under-aged and intoxicated persons is unlawful and can have criminal penalties. Furthermore if an intoxicated person, after leaving our establishment, should be involved in an accident, the injured parties may file a lawsuit against you personally, not to mention your knowledge that someone may have been seriously injured due to your negligent or disregard for their safety.

3. Follow some simple guidelines when serving alcohol and prevent this from happening to you. Serve one drink at a time; never bring two or more drinks at once to a single person. Observe all of our rules on limiting the number of drinks that can be served to any one person. Floor managers should walk the floor and observe the drinks being served and the condition of the drinking customers.

Penalties relating to any violations of TABC laws will be assessed against you personally, not Baby Acapulco. We strongly urge you the server to adhere to all of our policies and the TABC related alcohol certification training you have received.

4. Servers/bartenders or any other Baby Acapulco employee is prohibited from drinking alcoholic beverages while working. Anyone who comes to work intoxicated or who is caught drinking at work will be terminated immediately.

Baby Acapulco Restaurants
Alcohol Service Policy
Page 3

Guidelines on Alcohol Service

One method for safe alcohol service follows the same basic sequence of a traffic signal. The levels of intoxication are organized into the red, yellow and green colors of a traffic light.

GREEN = GO

Everything seems normal, it is OK for this customer to drink at a safe pace.

YELLOW = CAUTION

The customer is showing signs that the alcohol is beginning to affect them.
Do not serve them any more alcoholic drinks.

RED = STOP

The customer is obviously intoxicated and no alcohol should be served and ***any remaining drinks on the table should be removed immediately.***

If you observe a customer reaching the YELLOW level, you need to take steps so they don't reach the RED level. The following are some steps you may take when a customer is in the YELLOW zone.

- Do not serve them any more alcoholic drinks.
- Offer or suggest the sale of protein food or appetizers. Do not offer coffee or other caffeinated drink; this may cover the true extent of the patron's intoxication.
- Suggest water or fruit juices with all straight drinks.

Despite all your good efforts, a customer may become intoxicated and should not be served additional alcohol. When a customer reaches the RED level, every effort should be made to stop alcohol service. Here are some suggestions to use when cutting off a customer.

- Avoid a confrontation.
- Do not attempt any physical confrontation.
- Make the manager and all personnel aware of the problem.

Baby Acapulco Restaurants

Alcohol Service Policy

Page 4

- Bring menus to the table or casually suggest an appetizer.
- Suggest an alternative form of transportation. If no one is available to drive the customer home, offer to pay for a taxi and call the taxi service.
- If the customer insists on driving, report this to your supervisor at once.
- The manager should get a description of the customer's car, take down the license plate number and see which direction the car takes. Then the manager should call 911 to report that the customer has just left the restaurant and refused to accept a taxi. This will be recorded by the police department, and they will send out a patrol car to search for the customer.

TABC Certificates

All restaurant general managers, floor managers, servers and bartenders will have a current TABC alcohol certificate on file with us before they can work on the floor serving alcohol or supervise employees serving alcohol.

Employee

Manager

Date

Date



Baby Acapulco Mexican Restaurant

Employee Referral Program

Baby Acapulco's Restaurants takes a great deal of pride in its recruitment and selection process of qualified staff. This organization is always looking for great people, and you can help!! Research has shown, and our own experience supports, that hires who come into our organization through employee referrals are excellent contributors, stay with us longer and are more cost effective to recruit. If you know someone who you think would be a great addition to our organization and they meet the qualifications for an existing open requisition, it will be worth \$25.00 if you refer them for employment and they are hired.

Refer candidates who meet the qualifications to our HR department using the attached Candidate Referral Form. If your candidate is hired you will be awarded \$25.00 (less taxes) following 90 days of employment from their hire date!

The referral bonus program has very few rules but these follow.

1. The hiring of a referred employee must occur within six months of the initial referral date.
2. Management, HR and Administrative personnel are excluded from receiving referral bonuses.
3. The referral must represent the candidate's first contact with our organization. Temporary contract and former employees are not eligible candidates for referral.
4. To be eligible for an award, the referrals must first be submitted to Management and must include a Candidate Referral Form and a resume or employment application.
5. Once a referral is hired and completes 90 calendar days of service, the employee responsible for the referral will receive the referral bonus. Further, the employee responsible for the referral will receive an additional bonus of \$75.00 once the referral completes 6 months of employment and an additional bonus of \$125.00 should the referral complete 1 full year of employment.
6. The first employee to refer a candidate will be the only referring employee eligible for payment.



Baby Acapulco Mexican Restaurant

7. All candidates will be evaluated for employment consistent with our organization's policies and procedures, and all information regarding the hiring decision will remain strictly confidential.

I have read and understand the Baby Acapulco Restaurant's Referral Program Rules.

Employee Signature

Date



Baby Acapulco Mexican Restaurant

New Hire: Employee Referral Form

Employee Name: _____

Location: _____

Position Referred for: _____

Department: _____

Name of Candidate: _____

Relationship to Employee (friend, family member, referred by 3rd party, or other (please specify): _____

Contact Information (telephone preferred): _____

Please attach resume or completed application of candidate.

~~~~~

I have read and understand the Company's Employee Referral Policy. I understand that if the candidate I referred is hired as a result of my referral, I will receive a referral bonus within two weeks of the date the individual completes 90 days/ 6 months/ 1 year of employment with the Company.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Attachment: Resume or Completed Application



## Baby Acapulco Mexican Restaurant

# Guidelines for Managing Disruptive, Threatening or Violent Behavior

### STEP 1: General response to disruptive behavior (no threats or weapons)

- **Respond quietly and calmly.** Try to defuse the situation.
- **Do not take the behavior personally.** Usually, the behavior has little to do with you, but you are used as a target in the situation.
- **Ask questions.** Respectful concern and interest may demonstrate that aggression is not necessary.
- **Consider offering an apology.** Even if you've done nothing wrong, an apology may calm the individual and encourage cooperation. *"I'm sorry that happened. What can we do now that will solve the problem?"*
- **Summarize what you hear the individual saying.** Make sure you are communicating clearly. In crisis, a person feels humiliated and wants respect and attention. Your summary of the individual's concerns reflects your attention. **Focus on areas of agreement** to help resolve the concern.

If this approach does not stop the disruption, assess whether the individual seems dangerous. If in your best judgment he/she is upset but not a threat and you are Front of House staff, immediately notify your management, set limits and seek assistance as necessary.

### STEP 2, If Step 1 response ineffective....proceed to Option 1 or 2

#### Option 1: Individual DOES NOT seem dangerous

- **Calmly and firmly set limits.**  
*"Please lower your voice. There will be no disruptions in this restaurant." "Please be patient so that I can understand what you need and try to help you."*
- **Ask the individual to stop the behavior and warn that official action may be taken.** *"Disruption is subject to action on behalf of the company. Stop or you may be reported or asked to leave."*
- **If the disruption continues despite a warning,** tell the individual that he/she may be dismissed or prosecuted, state that the discussion is over, and direct them to leave the restaurant. *"Please leave now. If you do not leave, we will call the Police."*
- **If the individual refuses to leave after being directed to do so,** state that this refusal is also a violation subject to discipline, exclusion from the restaurant, or arrest.

#### Option 2: Individual SEEMS DANGEROUS

- **If possible, find a quiet, safe place to talk, but do not isolate yourself** with an individual you believe may be dangerous. Maintain a safe distance, do not turn your back, and stay seated if



## Baby Acapulco Mexican Restaurant

possible. Leave the door open or open a closed door, and sit near the door. Be sure a co-worker is near to help if needed.

- Use a **calm, non-confrontational approach** to defuse the situation. Indicate your desire to listen and understand the problem. Allow the person to describe the problem.
- **NEVER touch the individual yourself to try to remove him/her from the area.** Even a gentle push or holding the person's arm may be interpreted as an assault by an agitated individual who may respond with violence towards you or file a lawsuit later.
- **Set limits to indicate the behavior needed to deal with the concern.** *"Please lower your voice."* *"Please stop shouting (or using profanity) or I'll have to ask you to leave."*
- **Notify your management team immediately.** Do not attempt to handle this situation alone.
- **Signal for assistance.** The individual may be antagonized if you call for assistance so use a prearranged 'distress' signal to have another staff member check on you to determine how you are. If you need help, the co-worker should alert your supervisor and/or the police.
- **Do not mention discipline or the police if you fear an angry or violent response.**
- **If the situation escalates, find a way to excuse yourself, leave the room/area and get help.** *"You've raised some tough questions. I'll consult my manager to see what we can do."*

### IN AN EMERGENCY

- For crimes in progress, violent incidents or specific threats of imminent violence, call 9-1-1.
- **Immediately contact the APD Police or have someone call for you if an individual:**
  - makes threats of physical harm toward you, others, or him/herself;
  - has a weapon; or
  - behaves in a manner that causes you to fear for your own or another's safety

Use a phone out of sight/hearing of the individual. The police will respond and take appropriate action.

- **Do NOT attempt to intervene physically or deal with the situation yourself.**  
It is critical that the police take charge of any incident that can or does involve physical harm. This includes but is not limited to leaving the safety and premises in pursuit of a person or risking the safety of oneself, other employees or patrons in any way. Specifically, no employee should EVER follow a customer outside of the building for non-payment or "walked" checks.
- **Get yourself and others to safety as quickly as possible.**
- **If possible, keep a line open to police until they arrive.** If you cannot stay on the line, call 911 and the dispatcher will direct the police to you. The more information the police receive, the more likely they can bring a potentially violent situation to a safe conclusion.



Baby Acapulco Mexican Restaurant

**Guidelines for Managing Disruptive, Threatening or Violent Behavior  
Employee Acknowledgement**

I have had the opportunity to review and ask questions relative to the Baby Acapulco Restaurant's guidelines and my expectations as an employee should I encounter disruptive, threatening and/or violent behavior.

---

Employee Name

Signature

Date



## ACKNOWLEDGMENT OF RECEIPT – EMPLOYEE HANDBOOK

This handbook supersedes all previous memos, materials, and handbooks. The information in this manual is not a contract of any kind. Other than the Company's "at- will" employment policy, the information in this Employee Handbook can be changed at any time.

I have received a copy of the Employee Handbook. I have had the opportunity to read the Employee Handbook and ask questions. In consideration of my employment by Baby Acapulco Restaurant's, I understand it is my responsibility to comply with the policies in this Employee Handbook and any revisions made to it. I further agree that if I remain with Baby Acapulco Restaurant's following any modifications to this Employee Handbook, I thereby accept and agree to such modifications. I have entered my employment with Baby Acapulco Restaurant's voluntarily and understand that there is no specified length of employment promised to me. Accordingly, either the Company or I may terminate this employment relationship at will, at any time, with or without cause, and with or without advance notice.

I also understand and agree that no person other than the owners of Baby Acapulco Restaurant's may enter into an employment agreement for any specified period of time, or make any agreement contrary to the Company's stated employment at-will policy.

Since the information, policies, and benefits described in this Employee Handbook are subject to change at any time, I acknowledge that revisions to the Employee Handbook may occur, except to the Company's at-will employment policy. All such changes will generally be communicated through official notices, and I understand that revised information may supersede, modify, or eliminate existing policies.

I understand that there will be other individual policies and procedures presented in staff meetings and through my Manager that are not included in this manual but I am responsible nonetheless for knowing and complying with these policies.

EMPLOYEE NAME (printed): \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



## **ACKNOWLEDGMENT OF RECEIPT –**

### **POLICY AGAINST HARASSMENT AND DISCRIMINATION**

I received and reviewed the Policy Against Harassment and Discrimination ("Harassment Policy") and the Dispute Resolution Policy and have been given an opportunity to ask questions about the policies. I acknowledge that I understand and will abide by these policies.

I acknowledge that by signing this acknowledgment, I agree to adhere to the Harassment Policy as a condition of my employment and/or continuing employment with Baby Acapulco Restaurants. I acknowledge that I understand how to follow the procedures set out in the Harassment Policy and that if I have any questions, I will ask for clarification. I agree to report any incident of harassment in a timely manner and I understand that there are a number of different individuals who are authorized to take my complaint and act on it appropriately. I further acknowledge that my failure to adhere to the Harassment Policy may subject me to disciplinary action, up to and including immediate termination without advance warning.

I know that I may file a complaint of harassment or participate in an investigation without fear of retaliation.

EMPLOYEE NAME (printed): \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



## DRUG AND ALCOHOL TESTING AUTHORIZATION

I hereby agree, upon a request made under Baby Acapulco Restaurant's' Drug and Alcohol Testing Policy, to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if, at any time, I refuse to submit to a drug or alcohol test when requested by the Company, or if I otherwise fail to cooperate with the testing procedures, I will be deemed to have voluntarily resigned from my employment with Baby Acapulco Restaurant's. I further authorize and give full permission to have Baby Acapulco Restaurant's and/or its physician send the specimen or specimens so collected to a laboratory or other testing facility to release any and all documentation relating to such test to Baby Acapulco Restaurant's and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize Baby Acapulco Restaurant's to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I will hold harmless Baby Acapulco Restaurant's, its agents, partners, employees, its physician, and any testing laboratory Baby Acapulco Restaurant's might use. This means that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of employment or any other kind of adverse job action that might arise as a result of the drug or alcohol test, even if Baby Acapulco Restaurant's or laboratory representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless Baby Acapulco Restaurant's, its agents, partners, employees, its physician, and any testing laboratory Baby Acapulco Restaurant's might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the policy, they will be answered.

I understand that Baby Acapulco Restaurant's will require a drug and alcohol test under this policy whenever I am involved in an on-the-job accident or under circumstances that suggest I may be under influence of drugs or alcohol.

EMPLOYEE NAME (printed):

---

EMPLOYEE SIGNATURE:

---

DATE:

---



## **ACKNOWLEDGMENT OF RECEIPT OF WORKPLACE VIOLENCE PREVENTION POLICY**

I ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF Baby Acapulco Restaurant's' Workplace Violence Prevention Policy. I have read and understand this Policy. By signing this acknowledgment, I agree to adhere to these Policies as a condition of my employment and/or continuing employment with the Company. I also acknowledge that I am an employee-at-will and that my employment may be terminated at any time for good cause or no cause. I further acknowledge that my failure to adhere to this Policy may subject me to disciplinary action, up to and including immediate termination.

In connection with the enforcement of Baby Acapulco Restaurant's' Policies, I consent to Baby Acapulco Restaurant's conducting searches of: my person, my clothing, my vehicle, any desk, locker or storage area provided for my use by the Company; any personal belongings I possess while on Company premises or while conducting business on behalf of the Company, regardless of whether I am on the premises of the Company, including, but not limited to, any privately- owned vehicle owned by me or used by me and/or any vehicle owned, leased or financed by the Company or used by the Company to transport its goods or products.

I understand that all desks, storage areas, lockers and vehicles owned, financed or leased by the Company or used by the Company are subject to search by Baby Acapulco Restaurant's at any time without my permission. I understand that I am prohibited from locking or otherwise securing any such desk, storage area, locker or vehicle with any lock or locking device not supplied by the Company.

I hereby release Baby Acapulco Restaurant's, its partners, managers, providers, officers, or affiliates from all liability, including liability for negligence, associated with the enforcement of these Policies and/or any searches undertaken pursuant to these Policies.

EMPLOYEE NAME (printed): \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_





## RECEIPT OF INFORMATION SYSTEMS AND SECURITY POLICY

I understand that all electronic and telephonic communications systems and all information transmitted by, received from, or stored in these systems, are the property of Baby Acapulco Restaurant's. I also understand that these systems are to be used solely for job-related purposes and not for personal purposes, and that I have no expectation of privacy or any personal privacy right in connection with the use of this equipment or with the transmission, receipt, or storage of information in this equipment.

I agree not to use a code, access a file, or retrieve any stored communication unless authorized. Further, I agree to disclose information or messages from electronic or telephonic communications systems only to authorized individuals. I acknowledge and consent to Baby Acapulco Restaurant's monitoring my use of this equipment at any time at its discretion. Such monitoring may include printing up and reading all electronic and telephonic mail entering, leaving, or stored in these systems.

I further understand and agree to abide by Baby Acapulco Restaurant's' policies that it is prohibited to use electronic or telephonic communication systems to transmit lewd, offensive, or racially related messages.

EMPLOYEE NAME (printed): \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



## AUTHORIZATION FOR BACKGROUND CHECK

I,

hereby authorize Baby Acapulco Restaurant's to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that Baby Acapulco Restaurant's will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of Baby Acapulco Restaurant's' choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

EMPLOYEE NAME (printed): \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_

DATE: .. \_\_\_\_\_

FORM  
1-A

## Conditional Employee and Food Employee Interview

Preventing Transmission of Diseases through Food by Infected Food Employees or  
Conditional Employees with Emphasis on illness due to Norovirus, *Salmonella Typhi*, *Shigella* spp.,  
Enterohemorrhagic (EHEC) or Shiga toxin-producing *Escherichia coli* (STEC), or hepatitis A Virus

*The purpose of this interview is to inform conditional employees and food employees to advise the person in charge of past and current conditions described so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness.*

Conditional employee name (print) \_\_\_\_\_

Food employee name (print) \_\_\_\_\_

Address \_\_\_\_\_

Telephone Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

Date \_\_\_\_\_

Are you suffering from any of the following symptoms? (Circle one)

If YES, Date of Onset

Diarrhea?

YES / NO

Vomiting?

YES / NO

Jaundice?

YES / NO

Sore throat with fever?

YES / NO

Or

Infected cut or wound that is open and draining, or lesions  
containing pus on the hand, wrist, an exposed body part, or  
other body part and the cut, wound, or lesion not properly  
covered?

YES / NO

(Examples: *boils and infected wounds, however small*)

### In the Past:

Have you ever been diagnosed as being ill with typhoid fever (*Salmonella Typhi*) YES / NO

If you have, what was the date of the diagnosis? \_\_\_\_\_

If within the past 3 months, did you take antibiotics for *S. Typhi*? YES / NO

If so, how many days did you take the antibiotics? \_\_\_\_\_

If you took antibiotics, did you finish the prescription? YES / NO

### History of Exposure:

1. Have you been suspected of causing or have you been exposed to a confirmed foodborne disease outbreak recently? YES / NO

If YES, date of outbreak: \_\_\_\_\_

a. If YES, what was the cause of the illness and did it meet the following criteria?

Cause: \_\_\_\_\_

i. Norovirus (last exposure within the past 48 hours)

Date of illness outbreak \_\_\_\_\_

ii. *E. coli* O157:H7 infection (last exposure within the  
past 3 days)

Date of illness outbreak \_\_\_\_\_

iii. Hepatitis A virus (last exposure within the past 30 days)

Date of illness outbreak \_\_\_\_\_

iv. Typhoid fever (last exposure within the past 14 days)

Date of illness outbreak \_\_\_\_\_

v. Shigellosis (last exposure within the past 3 days)

Date of illness outbreak \_\_\_\_\_

FORM 1-A (continued)

b. If YES, did you:

- i. Consume food implicated in the outbreak? \_\_\_\_\_
- ii. Work in a food establishment that was the source of the outbreak? \_\_\_\_\_
- iii. Consume food at an event that was prepared by person who is ill? \_\_\_\_\_

2. Did you attend an event or work in a setting, recently where there was a confirmed disease outbreak?

YES / NO

If so, what was the cause of the confirmed disease outbreak? \_\_\_\_\_

If the cause was one of the following five pathogens, did exposure to the pathogen meet the following criteria?

- a. Norovirus (last exposure within the past 48 hours) YES / NO
- b. *E. coli* O157:H7 (or other EHEC/STEC (last exposure within the past 3 days) YES / NO
- c. *Shigella* spp. (last exposure within the past 3 days) YES / NO
- d. *S. Typhi* (last exposure within the past 14 days) YES / NO
- e. hepatitis A virus (last exposure within the past 30 days) YES / NO

Do you live in the same household as a person diagnosed with Norovirus, Shigellosis, typhoid fever, hepatitis A, or illness due to *E. coli* O157:H7 or other EHEC/STEC?

YES / NO Date of onset of illness \_\_\_\_\_

3. Do you have a household member attending or working in a setting where there is a confirmed disease outbreak of Norovirus, typhoid fever, Shigellosis, EHEC/STEC infection, or hepatitis A?

YES / NO Date of onset of illness \_\_\_\_\_

Name, Address, and Telephone Number of your Health Practitioner or doctor:

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone – Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

Signature of Conditional Employee \_\_\_\_\_ Date \_\_\_\_\_

Signature of Food Employee \_\_\_\_\_ Date \_\_\_\_\_

Signature of Permit Holder or Representative \_\_\_\_\_ Date \_\_\_\_\_

FORM  
1-B

## Conditional Employee or Food Employee Reporting Agreement

Preventing Transmission of Diseases through Food by Infected Conditional Employees or Food Employees with Emphasis on illness due to Norovirus, *Salmonella Typhi*, *Shigella* spp., Enterohemorrhagic (EHEC) or Shiga toxin-producing *Escherichia coli* (STEC), or hepatitis A Virus

*The purpose of this agreement is to inform conditional employees or food employees of their responsibility to notify the person in charge when they experience any of the conditions listed so that the person in charge can take appropriate steps to preclude the transmission of foodborne illness.*

### I AGREE TO REPORT TO THE PERSON IN CHARGE:

Any Onset of the Following Symptoms, Either While at Work or Outside of Work, Including the Date of Onset:

1. Diarrhea
2. Vomiting
3. Jaundice
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cuts, wounds, or lesions are not properly covered (such as boils and infected wounds, however small)

### Future Medical Diagnosis:

Whenever diagnosed as being ill with Norovirus, typhoid fever (*Salmonella Typhi*), shigellosis (*Shigella* spp. infection), *Escherichia coli* O157:H7 or other EHEC/STEC infection, or hepatitis A (hepatitis A virus infection)

### Future Exposure to Foodborne Pathogens:

1. Exposure to or suspicion of causing any confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other EHEC/STEC infection, or hepatitis A.
2. A household member diagnosed with Norovirus, typhoid fever, shigellosis, illness due to EHEC/STEC, or hepatitis A.
3. A household member attending or working in a setting experiencing a confirmed disease outbreak of Norovirus, typhoid fever, shigellosis, *E. coli* O157:H7 or other EHEC/STEC infection, or hepatitis A.

I have read (or had explained to me) and understand the requirements concerning my responsibilities under the **Food Code** and this agreement to comply with:

1. Reporting requirements specified above involving symptoms, diagnoses, and exposure specified;
2. Work restrictions or exclusions that are imposed upon me; and
3. Good hygienic practices.

I understand that failure to comply with the terms of this agreement could lead to action by the food establishment or the food regulatory authority that may jeopardize my employment and may involve legal action against me.

Conditional Employee Name (please print) \_\_\_\_\_

Signature of Conditional Employee \_\_\_\_\_ Date \_\_\_\_\_

Food Employee Name (please print) \_\_\_\_\_

Signature of Food Employee \_\_\_\_\_ Date \_\_\_\_\_

Signature of Permit Holder or Representative \_\_\_\_\_ Date \_\_\_\_\_