

# 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 Jian Xiong Huang Date 8/18/2014  
 Home Telephone (415) 876-6963 Other Telephone (415) 531-8488  
 Present Address 6050 Geary Blvd Apt. #201 SF, CA, 94121  
 Permanent Address, if different from present address \_\_\_\_\_  
 Email Address \_\_\_\_\_

## EMPLOYMENT DESIRED

Salary desired: \_\_\_\_\_

Position applying for: \_\_\_\_\_

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

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? \_\_\_\_\_

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.

<u>SPECIFY HOURS AVAILABLE</u>	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	AM						
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

Do you have friends or relatives working for Acrobat Outsourcing? Yes  No

If yes, when? \_\_\_\_\_

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

# Acrobat

outsourcing  
Your Hospitality Staffing Professionals

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: \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_