11-2017

Acrobat outsourcing
Your Hospitality Staffing Professionals

Name: Kirk Chaussee, T Phone #: (816) 541-1257

Email: kirkthomas1946@yahoo.com Taborca ID#: 21740

Address: _____

Date of Birth: ____/____/____ SSN: ____-____-____ Date of Hire: 12/22/2014

Section One

Employee File Checklist (note "n/a" if not applicable)

- ☐ Resume
- ☒ Application for Employment
- ☐ Offer Letter
- ☐ Food Handlers Card/Certification
  Expiration ____/____/____
- ☐ Alcohol/Liquor Serving Certification
- ☒ I-9 Form and copies of required form(s) of ID (Filed in secured I-9 binder)
- ☒ Sexual Harassment/Harassment Policy Acknowledgement
- ☒ Authorization and Release to Obtain Information
- ☒ Designation of Personal Physician
- ☒ Absenteeism & Tardiness Policy
- ☒ Confidentiality & Non-Disclosure Agreement
- ☒ California Labor Code Form 2810.5 (California Employees Only)
- ☒ Skills Test / Interview notes
- ☒ New Hire Acknowledgement Form
- ☒ Additional Information/Emergency Contact
- ☒ Image Release Form
- ☒ W-4 : Single / Married (Circle one)
  Exemptions ____
- ☒ Direct Deposit / Global Cash Card / Live Check (Circle one)

Section Two

Employee Setup

- ☒ E-Verify Documentation
  CVN#: _____
- ☒ Background Check (Sterling)
  File Ref #: _____
- ☒ Direct Deposit / Global Cash Card form sent to Payroll
- ☒ Attended New Hire Orientation
  Date: 12/22/2014
- ☒ New Hire List
- ☒ Taborca
- ☒ Upload Photo
- ☐ Upload Resume & Food Handlers Card

Section Three

Emergency Contact

Name: Mary Allen Phone: (816) 541-1257 Relationship: Sister

Acrobat outsourcing
Your Hospitality Staffing Professionals

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 KIRK CHAUSSEE Date: 12-15-2014

Home Telephone (916) 541-1257 Other Telephone (___) NA

Present Address 1735 SUMMIT ST #402

Permanent Address, if different from present address:

Email Address KirkThomas1946@YAHOO.COM

EMPLOYMENT DESIRED

Position applying for: BANQUET SERVER **Salary desired:** NEG.

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 ON LINE 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? 12-16-2015

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		✓ AM	✓ AM	✓ AM	✓ AM	✓ AM	✓ AM
PM		PM	PM	PM	PM	PM	PM

Acrobat outsourcing
Your Hospitality Staffing Professionals

EDUCATION & SKILLS

NAME OF SCHOOL	CITY & STATE	GRADE OR DEGREE COMPLETED	DID YOU GRADUATE?
CENTRAL H.S	SIOUX City, IA	H.S. DIPLOMA	YES
U of NE/OMAHA/OMAHA		COMM. SVS.	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: EVENING COOK at HOSPITAL KITCHEN MGR @ Lansing STATE PRISON
Have been COOK, WAITER/COOK PREP / SERVER

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

Name and Address of Employer Kansas City Trans. Care Ctr
3908 Rainbow, Kansas City, KS

Type of Business CARE UNIT Telephone No. (913) 706 2457 Supervisor's Name Brian

Your Position and Duties EVENING Cook for Care Unit PATIENTS JESTOR

Dates of Employment: From 4/14 To 8/14 Weekly Pay: Starting 10.00 Ending 10.00

Reason for Leaving: two wks NOTICE / my SUPERVISOR BECAME ILL + I CHOSE NOT TO STAY

Name and Address of Employer Lans ARAMARK FOOD SVS.
Lansing STATE PRISON, LANSING, KS

Type of Business FOOD SERVICE Telephone No. (___)_____ Supervisor's Name Andy

Your Position and Duties SUPERVISED INMATES in KITCHEN

PLEASE CONTACT HUMAN RESOURCES in ARAMARK Dir. @ Lansing STATE PRISON
913 727 3235
ASK for Paul

Acrobat outsourcing
Your Hospitality Staffing Professionals

JOB RELATED REFERENCES

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name: LINDA GATES Telephone No. (816) 214-7535

Address ART MAKERS PLACE Kansas City, KS

Occupation: INTERNSHIP Relationship: Supervisor Number of Years Acquainted: 6 months

Name: Tammy MALEY Telephone No. 620) 342-1087

Address 2700 COMMERCIAL St. EMPORIA, KS

Occupation: WORKS W/ CLIENTS Relationship: Supervisor Number of Years Acquainted: 1 yr.

Name: Bryan JESTOR Telephone No. 913) 706 2557

Address 3908 Rainbow Transitional Care Ctr

Occupation: ~~EVP~~ Kitchen supervisor Relationship: Supervisor Number of Years Acquainted: 6 months

Interview Note Sheet

Applicant Information			
Name:	Kirk Cuauree	Interviewer:	BD
Date:	12-17-2014	Rate of Pay:	
Position (s) Applied for:	Server	Referred by:	** Did my Calls.

Test Scores						Seeking:
Server	22/35	%	Bartender	/30	%	Full-Time
Prep Cook	/15	%	Barista	/10	%	
Grill Cook	/40	%	Cashier	/10	%	Part-Time
Dishwasher	/10	%	Housekeepin	/16	%	

Relevant Experience & Summary of Strengths

Total of _____ *in Food Service*

- Cooky experience 1.5yrs.
- → Servy.
- → Family Dollar 2years.
- → no liquor lic.

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

Transportation

Car Public Transit Carpool (Rider / Driver)

Regions Available to work:

Kansas City, KS Overland Park, KS Kansas City, MO Independence, MO

Certifications (if any)

TiPS Serv-Safe LEAD Other _____ Will Submit

Availability

Open AM only PM only Weekdays only Weekends only

Details:

Uniforms Owned

Bistro Black Bistro Tuxedo 1/2 Tuxedo Black Vest Long Black Tie

Chef Coat Chef Pants Knives Black Pants Non-Slip Shoes Bow Tie Other: _____

Would you recommend this applicant for Acrobat Academy?	Convention Candidate?	Other Languages Spoken:

Revised 06/04/2013

Acrobat outsourcing
Your Hospitality Staffing Professionals

Date _____

Name

_____

Address

_____

_____

_____

Offer Letter & Acknowledgment

Acrobat Outsourcing is pleased to offer you a position as: Server

- **Position at the rate(s) of $** 9.25 **per hour starting on** 12-19-2014 .

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, KIRK CHANSSEE, accept this job offer of SERVER by Acrobat Outsourcing.

Signature Kirk Chanssee Date 12/19/2014

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.

Acrobat
outsourcing
Your Hospitality Staffing Professionals

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 described 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 employments benefits in return of sexual favors;
- Intimidation, ,and objectionable conduct directed at another person;
- Stalking, electronic communications harassment, impending 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 an-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

Acrobat
outsourcing
Your Hospitality Staffing Professionals

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.

Kirk Chaussee
(Signature)

12/19/2014
(Date)

KIRK CHAUSSEE
(Printed or Typed Name)

816 541-1257
Phone

1735 Summit St. #402
Address

Kansas City, MO 64108
City, State, Zip Code

Form **MO W-4**

Missouri Department of Revenue
Employee's Withholding Allowance Certificate

This certificate is for income tax withholding and child support enforcement purposes only. Type or print.

Employee

Full Name	Social Security Number	Filing Status
KIRK T. CHAOSSICK	419 54 6218	Single ☒ Married ☐ Head of Household ☐
Home Address (Number and Street or Rural Route)	**City or Town**	**State / Zip Code**
1735 SUMMIT #402	KCMO	MO 64108

1. Allowance For Yourself: Enter 1 for yourself if your filing status is single, married, or head of household	1	1
2. Allowance For Your Spouse: Does your spouse work? ☐ Yes ☐ No If yes, enter 0. If no, enter 1 for your spouse	2	
3. Allowance For Dependents: Enter the number of dependents you will claim on your tax return. Do not claim yourself or your spouse or dependents that your spouse has already claimed on his or her Form MO W-4	3	
4. Additional Allowances: You may claim additional allowances if you itemize your deductions or have other state tax deductions or credits that lower your tax. Enter the number of additional allowances you would like to claim.	4	
5. Total Number Of Allowances You Are Claiming: Add Lines 1 through 4 and enter total here	5	
6. Additional Withholding: If you expect to have a balance due (as a result of interest income, dividends, income from a part-time job, etc.) on your tax return, you may request your employer to withhold an additional amount of tax from each pay period. To calculate the amount needed, divide the amount of the expected balance due by the number of pay periods in a year. Enter the additional amount to be withheld each pay period here	6	$
7. Exempt Status: If you had a right to a refund of all of your Missouri income tax withheld last year because you had no tax liability and this year you expect a refund of all Missouri income tax withheld because you expect to have no tax liability, write "Exempt" on Line 7. See information below.	7	Exempt
8. If you meet the conditions set forth under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act and have no Missouri tax liability, write "Exempt" on line 8. See information below.	8	

Signature

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.

Employee's Signature (Form is not valid unless you sign it)	Date (MM/DD/YYYY)
Kirk Chaossick	12/19/2014

Employer

Employer's Name	Employer's Address	
City	**State**	**Zip Code**
Date Services for Pay First Performed by Employee (MM/DD/YYYY)	**Federal Employer I.D. Number**	**Missouri Tax Identification Number**
___/___/____		

Notice To Employer: Within 20 days of hiring a new employee, send a copy of Form MO W-4 to the Missouri Department of Revenue, P.O. Box 3340, Jefferson City, MO 65105-3340 or fax to (573) 526-8079. Visit www.dss.mo.gov/cse/newhire.htm for additional information regarding new hire reporting.

Employee Information — You Do Not Pay Missouri Income Tax on all of the Income You Earn!

Visit http://www.dort.mo.gov/tax/calculators/withhold/ to try our online withholding calculator.

Form MO W-4 is completed so you can have as much "take-home pay" as possible without an income tax liability due to the state of Missouri when you file your return. Deductions and exemptions reduce the amount of your taxable income. If your income is less than the total of your personal exemption plus your standard deduction, you should mark "Exempt" on Line 7 above. The following amounts of your annual Missouri adjusted gross income will not be taxed by the state of Missouri when you file your individual income tax return.

Single	Married Filing Combined	Head of Household
$2,100 — personal exemption	$ 4,200 — personal exemption	$ 3,500 — personal exemption
$6,200 — standard deduction	$12,400 — standard deduction	$ 9,100 — standard deduction
$8,300 — Total	$16,600 — Combined Total (For both spouses)	$12,600 — Total
+ $1,200 for each dependent	+ $1,200 for each dependent	+ $1,200 for each dependent
+ up to $5,000 for federal tax	+ up to $10,000 for federal tax	+ up to $5,000 for federal tax

Items to Remember:

- If your filing status is married filing combined and your spouse works, do not claim an exemption on Form MO W-4 for your spouse.
- If you and your spouse have dependents, please be sure only one of you claim the dependents on your Form MO W-4. If both spouses claim the dependents as an allowance on Form MO W-4, it may cause you to owe additional Missouri income tax when you file your return.
- If you have more than one employer, you should claim a smaller number or no allowances on each Form MO W-4 filed with employers other than your principal employer so the amount withheld will be closer to your amount of total tax.
- If you itemize your deductions, instead of using the standard deduction, the amount not taxed by Missouri may be a greater or lesser amount.
- If you are claiming an "Exempt" status due to the Military Spouses Residency Relief Act you must provide one of the following to your employer: Leave and Earnings Statement of the non-resident military servicemember, Form W-2 issued to the nonresident military servicemember, a military identification card, or specific military orders received by the servicemember. You must also provide verification of residency such as a copy of your state income tax return filed in your state of residence, a property tax receipt from the state of residence, a current drivers license, vehicle registration or voter ID card.

Mail to: Taxation Division
P.O. Box 3340
Jefferson City, MO 65105-3340

Phone: (573) 751-8750
Fax: (573) 526-8079

Visit www.dss.mo.gov/cse/newhire.htm for additional information.

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 2014 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, 1950) of your income, and miscellaneous deductions. For 2014, you may have to reduce your itemized deductions if your income is over $305,050 and you are married filing jointly or are a qualifying widow(er); $279,650 if you are head of household; $254,200 if you are single and not head of household or a qualifying widow(er); or $152,525 if you are married filing separately. See Pub. 505 for details . . . . 1 $

2 Enter: { $12,400 if married filing jointly or qualifying widow(er) / $9,100 if head of household / $6,200 if single or married filing separately } . . . . . 2 $

3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" . . . . . 3 $

4 Enter an estimate of your 2014 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 *Converting Credits to Withholding Allowances for 2014 Form W-4* worksheet in Pub. 505.) . . . . . 5 $

6 Enter an estimate of your 2014 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 $3,950 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 2014. 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 2014. 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

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
$0 - $6,000	0	$0 - $6,000	0
6,001 - 13,000	1	6,001 - 16,000	1
13,001 - 24,000	2	16,001 - 25,000	2
24,001 - 26,000	3	25,001 - 34,000	3
26,001 - 33,000	4	34,001 - 43,000	4
33,001 - 43,000	5	43,001 - 70,000	5
43,001 - 49,000	6	70,001 - 85,000	6
49,001 - 60,000	7	85,001 - 110,000	7
60,001 - 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		

Table 2

Married Filing Jointly		All Others	
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 - $74,000	$590	$0 - $37,000	$590
74,001 - 130,000	990	37,001 - 80,000	990
130,001 - 200,000	1,110	80,001 - 175,000	1,110
200,001 - 355,000	1,300	175,001 - 385,000	1,300
355,001 - 400,000	1,380	385,001 and over	1,560
400,001 and over	1,560		

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.

Acrobat outsourcing
Your Hospitality Staffing Professionals

Name Kirk Chaussee

Servers Test

Score 22/35

Multiple Choice

C 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

b 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

C 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

b 4) What part of a glass should you handle at all times?
- a) The stem
- b) The widest part of the glass
- c) The top

d 5) When you are setting a dining room how should you set up your tablecloths?
- 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 6) 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 dinning 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

Match the Correct Vocabulary

D Scullery
_ Queen Mary
A Chaffing Dish
G French Passing
B Russian Service
F Corkscrew
C Tray Jack

A. Metal buffet device used to keep food warm by heating it over warmed water
B. Style of service where food is prepared or served individually at the dinner table to fit the customer's specific taste (i.e. providing dressing and pepper for salad or handing out bread to each patron)
C. Used to hold a large tray on the dining floor
D. Area for dirty dishware and glasses
E. Large metal shelving unit for prepared food to be held or for dirty trays to be stored
F. Used to open bottles of wine
G. Style of dining in which the courses come out one at a time

Certificate of Completion

This certifies that the person named below has completed a 1 hour Food Handler Class and has passed a written knowledge assessment

COURSE FOR FOOD SAFETY

FOOD HANDLER CLASS

Kirk T. Chaussee

2300 Vine Street, Kansas City, MO 64108

Date of Birth: 04/23/1946

Date of Course Completion: 07/27/2017

Certificate Number: 101764

Mr. Robert A. Williams, Course Instructor
(407) 906-6254 | certificate@courseforfoodsafety.com

NORTH AMERICAN LEARNING INSTITUTE

COURSE FOR FOOD SAFETY
FOOD HANDLER CLASS

KIRK T. CHAUSSEE

Has successfully completed a Food Handler Class and has demonstrated proficiency in first aid by passing a written knowledge assessment.

CERTIFICATE #: 101764

Cardholder Signature

COURSE FOR FOOD SAFETY
FOOD HANDLER CLASS

Issued By:
North American Learning Institute

Program Director:
Robert Williams

Issue Date:
07/27/2017

Renewal Date:
07/27/2019

Website:
http://CourseForFoodSafety.com

Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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 Names Used (if any)
CHAUSSEE	KIRK	T	

Address (Street Number and Name)	Apt. Number	City or Town	State	Zip Code
1735 SUMMIT	402	Kansas City	MO	64108

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	E-mail Address	Telephone Number
04/23/46	479-54-6218	KirkThomas1946@yahoo.com	816 541-1257

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):

☑ A citizen of the United States

☐ A noncitizen national of the United States *(See instructions)*

☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

3-D Barcode
Do Not Write in This Space

Signature of Employee: Kirk Chaussee — Date *(mm/dd/yyyy)*: 12/19/2014

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

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

Signature of Preparer or Translator: Kirk Chaussee — Date *(mm/dd/yyyy)*: 12/19/2014

Last Name (Family Name)	First Name (Given Name)	Address (Street Number and Name)	City or Town	State	Zip Code
CHAUSSEE	KIRK	1735 SUMMIT #402	Kansas City	MO	64108

STOP — Employer Completes Next Page — STOP

Acrobat
outsourcing
Your Hospitality Staffing Professionals

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.

Kirk Chaussee
Name of Employee (Please Print)

Kirk Chaussee 12/19/2014
Signature of Employee Date

Name of Witness (Please Print)

Signature of Witness Date

San Francisco Corporate Office
665 3rd St. Suite 415 | San Francisco, CA | 94107
Phone: (415) 431-8826 | Fax: (415) 431-1580
www.AcrobatOutsourcing.com