



Name: Eboni white

Taborca ID: 24243

Date of Hire: 06/08/15

Date of Re-Act: 10/08/18

New employee set up

- E-verify
- Hire Right EE
- Hire Right Internal (upload any list A docs)
- Direct Deposit (Scan to Payroll) and/or Global Cash Card – complete the form & have EE sign
- Notice to Employee Completed
- Added to Orientation Time Sheet
- Attended New Hire Orientation
- Background Check (Asurint)
- New Hire List (All fields)
- Check Taborca Profile (All fields)
- Upload Resume and Skills Tests (one doc)
- Upload Food Handler's Card

Re Act employee set up (See Re Act Process for more detail)

- File and I9 pulled (new one created/done in Hire Right if old ones are gone)
- Re Act onboarding if initially hired before 1/1/16
- Check W4
- Check all demographic info and availability
- Check for skills tests, app, FHC, and resume (get new app, new resume if hired more than 1 year ago)
- Complete Notice to Employee with updated pay if necessary
- Verify pay option and take steps to Re Act any old pay options still current
- Run new BGC if more than 1 year since last shift worked
- New orientation/place on time sheet if it's been over a year since last shift
- New Hire List (all fields)
- Delete employee from the INA/TER spreadsheet if they are on it

NOTICE TO EMPLOYEE
Labor Code section 2810.5

EMPLOYEE

Employee Name: Eboni White

Start Date: 10/08/2018

EMPLOYER

Legal Name of Hiring Employer: S.E Scher

Is hiring employer a staffing agency/business (e.g., Temporary Services Agency; Employee Leasing Company; or Professional Employer Organization [PEO])? ☐ Yes ☐ No

Other Names Hiring Employer is "doing business as" (if applicable):
Acrobat Outsourcing

Physical Address of Hiring Employer's Main Office:
665 Third St. Suite 415, San Francisco, CA. 94107

Hiring Employer's Mailing Address (if different than above):
1585 The Alameda, Back Cottage, San Jose Ca 95126

Hiring Employer's Telephone Number: 415-431-8826

If the hiring employer is a staffing agency/business (above box checked "Yes"), the following is the other entity for whom this employee will perform work:

Name: Acrobat Outsourcing San Jose

Physical Address of Main Office: 1585 The Alameda, San Jose, CA 95124

Mailing Address: same

Telephone Number: 408-483-4271

WAGE INFORMATION

Rate(s) of Pay: \$17.00 Overtime Rate(s) of Pay: \$25.50

Rate by (check box): ☒ Hour ☐ Shift ☐ Day ☐ Week ☐ Salary ☐ Piece rate ☐ Commission
☐ Other (provide specifics): Cashier / concessions @ Levi's

Does a written agreement exist providing the rate(s) of pay? (check box) ☒ Yes ☐ No

If yes, are all rate(s) of pay and bases thereof contained in that written agreement? ☒ Yes ☐ No

Allowances, if any, claimed as part of minimum wage (including meal or lodging allowances):

N/A

(If the employee has signed the acknowledgment of receipt below, it does not constitute a "voluntary written agreement" as required under the law between the employer and employee in order to credit any meals or lodging against the minimum wage. Any such voluntary written agreement must be evidenced by a separate document.)

Regular Payday: FRIDAY

WORKERS COMPENSATION

Insurance Carrier's Name: Integro USA Inc. dba Integro Insurance Brokers

Address: 1 State Street Plaza, 9th floor, New York, NY, 10004

Telephone Number: 212-295-5440

Policy No.: LDC4042609 AOS

☐ Self-Insured (Labor Code 3700) and Certificate Number for Consent to Self-Insure: _____

PAID SICK LEAVE

Unless exempt, the employee identified on this notice is entitled to minimum requirements for paid sick leave under state law which provides that an employee:

- a. May accrue paid sick leave and may request and use up to 3 days or 24 hours of accrued paid sick leave per year;
- b. May not be terminated or retaliated against for using or requesting the use of accrued paid sick leave; and
- c. Has the right to file a complaint against an employer who retaliates or discriminates against an employee for
 1. requesting or using accrued sick days;
 2. attempting to exercise the right to use accrued paid sick days;
 3. filing a complaint or alleging a violation of Article 1.5 section 245 et seq. of the California Labor Code;
 4. cooperating in an investigation or prosecution of an alleged violation of this Article or opposing any policy or practice or act that is prohibited by Article 1.5 section 245 et seq. of the California Labor Code.

The following applies to the employee identified on this notice: *(Check one box)*

- ☐ 1. Accrues paid sick leave only pursuant to the minimum requirements stated in Labor Code §245 et seq. with no other employer policy providing additional or different terms for accrual and use of paid sick leave.
- ☒ 2. Accrues paid sick leave pursuant to the employer's policy which satisfies or exceeds the accrual, carryover, and use requirements of Labor Code §246.
- ☐ 3. Employer provides no less than 24 hours (or 3 days) of paid sick leave at the beginning of each 12-month period.
- ☐ 4. The employee is exempt from paid sick leave protection by Labor Code §245.5. (State exemption and specific subsection for exemption): _____

ACKNOWLEDGEMENT OF RECEIPT

(Optional)

Alanna Cherny

(PRINT NAME of Employer representative)

[Signature]

(SIGNATURE of Employer Representative)

10/08/2018

(Date)

Eboni White

(PRINT NAME of Employee)

[Signature]

(SIGNATURE of Employee)

10/08/2018

(Date)

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

Labor Code section 2810.5(b) requires that the employer notify you in writing of any changes to the information set forth in this Notice within seven calendar days after the time of the changes, unless one of the following applies: (a) All changes are reflected on a timely wage statement furnished in accordance with Labor Code section 226; (b) Notice of all changes is provided in another writing required by law within seven days of the changes.

3/24/2020

Name: White, Eboni Phone #: (408) 990-5373
Email: Eboni.White14@gmail.com Taborca ID#: 24243
Address: 865 Minnesota Ave San Jose, CA 95125
Date of Birth: 10/14/93 SSN: 613-68-7914 Date of Hire: 6/8/15

Section One

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Resume | <input checked="" type="checkbox"/> Confidentiality & Non-Disclosure Agreement |
| <input checked="" type="checkbox"/> Application for Employment | <input checked="" type="checkbox"/> California Labor Code Form 2810.5 (California Employees Only) |
| <input checked="" type="checkbox"/> Offer Letter | <input checked="" type="checkbox"/> Skills Test / Interview notes |
| <input checked="" type="checkbox"/> Food Handlers Card/Certification Expiration ____/____/____ | <input checked="" type="checkbox"/> New Hire Acknowledgement Form |
| <input type="checkbox"/> Alcohol/Liquor Serving Certification | <input checked="" type="checkbox"/> Additional Information/Emergency Contact |
| <input checked="" type="checkbox"/> I-9 Form and copies of required form(s) of ID (Filed in secured I-9 binder) | <input checked="" type="checkbox"/> Image Release Form |
| <input checked="" type="checkbox"/> Sexual Harassment/Harassment Policy Acknowledgement | <input checked="" type="checkbox"/> W-4: <u>Single</u> / Married (Circle one) |
| <input checked="" type="checkbox"/> Authorization and Release to Obtain Information | Exemptions <u>2</u> |
| <input checked="" type="checkbox"/> Designation of Personal Physician | <input checked="" type="checkbox"/> Direct Deposit / Global Cash Card / <u>Live Check</u> (Circle one) |
| <input checked="" type="checkbox"/> Absenteeism & Tardiness Policy | |

Section Two

Employee Setup

- | | |
|--|--|
| <input checked="" type="checkbox"/> E-Verify Documentation CVN#: <u>2015159182026FJ</u> | <input checked="" type="checkbox"/> Attended New Hire Orientation Date: <u>6/8/15</u> |
| <input checked="" type="checkbox"/> Background Check (Sterling) File Ref #: <u>16438359-A</u> | <input type="checkbox"/> New Hire List |
| <input type="checkbox"/> Direct Deposit / Global Cash Card form sent to Payroll | <input checked="" type="checkbox"/> Taborca |
| | <input checked="" type="checkbox"/> Upload Photo |
| | <input checked="" type="checkbox"/> Upload Resume & Food Handlers Card |

Section Three

Emergency Contact

Name: Sarah Pichon Phone: (408) 429-0300 Relationship: Aunt

Interview Note Sheet

| Applicant Information | |
|---|------------------------------------|
| Name: <u>Eboni White</u> | Interviewer: <u>Heard</u> |
| Date: <u>6/68/2015</u> | Rate of Pay: <u>11/concessions</u> |
| Position (s) Applied for: <u>Cashier/Server</u> | Referred by: <u>event help</u> |

| Test Scores | | | | | |
|-------------|-----|---|--------------|-----|---|
| Server | /35 | % | Bartender | /30 | % |
| Prep Cook | /15 | % | Barista | /10 | % |
| Grill Cook | /40 | % | Cashier | /10 | % |
| Dishwasher | /10 | % | Housekeeping | /16 | % |

| Seeking: |
|-----------|
| Full-Time |
| Part-Time |

Relevant Experience & Summary of Strengths

| Knife Skills | Total of _____ in Food Service |
|---|--------------------------------|
| <p>Customer Service.</p> <ul style="list-style-type: none"> Student Ambassador help with students registration/tours | |
| Cuisines | |
| <ul style="list-style-type: none"> Great America Cashier Ross Cashier Cash office / money handling | |
| Stations: | |
| <p><i>* prefers server position recommended for Acrobat</i></p> <p><i>concessions cashier event help</i></p> | |
| P.O.S. Experience <u>Y</u> / <u>N</u> details: _____ | |

| Transportation |
|---|
| <input checked="" type="radio"/> Car <input type="radio"/> Public Transit <input checked="" type="radio"/> Carpool (Rider / Driver) |

| Regions Available to work: |
|--|
| <input checked="" type="radio"/> SF City <input checked="" type="radio"/> SF North <input checked="" type="radio"/> SF Peninsula <input checked="" type="radio"/> East Bay <input type="radio"/> Outer East Bay <input checked="" type="radio"/> San Jose <input checked="" type="radio"/> South San Jose <input checked="" type="radio"/> SJ Peninsula |

| Certifications (if any) |
|---|
| <input checked="" type="checkbox"/> TIPS <input checked="" type="checkbox"/> Serv-Safe <input type="checkbox"/> LEAD Other <u>PR</u> Will Submit |

| Availability |
|--|
| <input type="checkbox"/> Open <input checked="" type="checkbox"/> AM only <input type="checkbox"/> PM only <input type="checkbox"/> Weekdays only <input type="checkbox"/> Weekends only Details: <u>* M W F S S U 8-5pm Tues Thurs - after 5pm</u> |

| Uniforms Owned: |
|--|
| <input checked="" type="checkbox"/> Bistro <input checked="" type="checkbox"/> Black Bistro <input type="checkbox"/> Tuxedo <input type="checkbox"/> 1/2 Tuxedo <input type="checkbox"/> Black Vest <input checked="" type="checkbox"/> Long Black Tie <input type="checkbox"/> Chef Coat <input type="checkbox"/> Chef Pants <input type="checkbox"/> Knives <input type="checkbox"/> Black Pants <input type="checkbox"/> Non-Slip Shoes <input type="checkbox"/> Bow Tie Other: _____ |

| | | |
|--|--|-------------------------------|
| Would you recommend this applicant for Acrobat Academy? <u>Yes</u> | Convention Candidate? <input type="checkbox"/> | Other Languages Spoken: _____ |
|--|--|-------------------------------|

SENSITIVE BUT UNCLASSIFIED**Department of Homeland Security**
E-Verify**Report Prepared: 06/08/2015**
Page: 1 of 1**Case Verification Number: 2015159182026FJ****Case Information:****Employee Information:**

| | | | |
|-------------------------|--------------------------------|-------------------|------------|
| Last Name: | White | First Name: | Eboni |
| Middle Initial: | | Other Names Used: | |
| Social Security Number: | *** ** 7914 | Date of Birth: | 10/14/1993 |
| Citizenship Status: | A citizen of the United States | Email Address: | |

Document Information:

| | | | |
|-------------------------------------|---|---------------------------|----------------------|
| List B Document: | Driver's license or ID card issued by a U.S. state or outlying possession | List C Document: | Social Security Card |
| Document Name: | Driver's license | Document State: | California |
| Driver's License or ID Card Number: | | Document Expiration Date: | 10/14/2016 |
| Alien Number: | | I-94 Number: | |

Additional Information:

| | | | |
|------------------------|------------|-------------------------|------------|
| Hire Date: | 06/08/2015 | Employer Case ID: | |
| Three-Day Rule Reason: | | Three-Day Rule - Other: | |
| Submitted By: | PMA01101 | Submitted On: | 06/08/2015 |

Initial Case Result:

Case Result: Employment Authorized

Employee Referred to SSA:

Referred By: Referred On:

Case Result from SSA (after SSA Tentative Nonconfirmation):

Case Result: Response Date:

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

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

Case Result from SSA (after Resubmission):

Case Result:

Request Name Review:Comments:
Submitted By: Submitted On:**Case Result from DHS (after DHS Verification in Process):**

Case Result: Response Date:

Employee Referred to DHS:

Referred By: Referred On:

Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result: Response Date:

Photo Matching Results:

Determination:

Employee Referred to DHS (Additional):

Referred By:

Referred On:

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

Case Result:

Response Date:

Case Closure:

Closure Statement:

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

Closed By:

PMA01101

Closed On:

06/08/2015

SENSITIVE BUT UNCLASSIFIED

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 Eboni Latrice White Date: 06/08/15
Home Telephone (408) 990-5373 Other Telephone ()
Present Address 865 Minnesota Ave San Jose CA 95125
Permanent Address, if different from present address: _____
Email Address eboni-white14@yahoo.com or eboni-white14@gmail.com

EMPLOYMENT DESIRED

Position applying for: Server/cashier / open Salary desired: \$13
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 Leah Smith / Ken Mulley 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? ASAP

Please keep in mind that schedules and shifts may vary depending on position and season. Additionally, the hours may vary from week to week, depending on the company needs. Please list only the times/days you're available to work below.

| SPECIFY HOURS AVAILABLE DAILY | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|-------------------------------|--------|--------|---------|-----------|----------|--------|----------|
| AM | 8:00 | 8:00 | | 8:00 | 8:00 | 8:00 | 8:00 |
| PM | 5:00 | 5:00 | | 5:00 | 5:00 | 5:00 | 5:00 |

Do you have any vacations or extended leaves planned in the next 12 months? If so, please list dates: _____

PERSONAL INFORMATION

Have you ever applied to or worked for Acrobat Outsourcing before? Yes ☐ No ☒ If yes, when? _____
Do you have friends or relatives working for Acrobat Outsourcing? Yes ☒ No ☐ If yes, please state name and relationship
Leah Smith (cousin), Ken Mulley (friend)
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.

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Are you able to perform the essential functions of the job for which you are applying? Yes___ No___

If no, describe the functions that cannot be performed. (Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.) _____

Have you ever been convicted of a felony within the past seven years, or have any pending cases currently open, including but not limited to any Active Warrants which may result in a felony conviction other than a conviction for marijuana possession or that resulted in a referral to, and participation in, any pretrial or post trial diversion program? (Please note that conviction of a crime is not an automatic bar to employment—all circumstances, including the nature, date and relevance of the offense to the position applied for will be considered.)

Yes___ No___

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

EDUCATION & SKILLS

| NAME OF SCHOOL | CITY & STATE | GRADE OR DEGREE COMPLETED | DID YOU GRADUATE? |
|--|--------------|---------------------------|-------------------|
| | | | |
| | | | |
| 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: _____ | | | |

EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for unemployment periods of three months or more.

Are you currently employed? Yes___ No___ If so, may we contact your current employer? Yes___ No___

Name and Address of Employer _____

Type of Business _____ Telephone No. (____) _____ Supervisor's Name _____

Your Position and Duties _____

Dates of Employment: From _____ To _____ Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

Name and Address of Employer _____

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Type of Business _____ Telephone No. (____) _____ Supervisor's Name _____
Your Position and Duties _____

Dates of Employment: From _____ To _____ Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

Name and Address of Employer _____

Type of Business _____ Telephone No. (____) _____ Supervisor's Name _____
Your Position and Duties _____

Dates of Employment: From _____ To _____ Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

Name and Address of Employer _____

Type of Business _____ Telephone No. (____) _____ Supervisor's Name _____
Your Position and Duties _____

Dates of Employment: From _____ To _____ Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

Have you ever been fired from any previous place of employment? If so, please explain: _____

MILITARY SERVICE

Have you obtained any special skills or abilities as the result of service in the military? Yes___ No___
If so, describe: _____

JOB RELATED REFERENCES

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

Name: _____ Telephone No. (____) _____

Address _____

Occupation: _____ Relationship: _____ Number of Years Acquainted: _____

Name: _____ Telephone No. (____) _____

Address _____

Occupation: _____ Relationship: _____ Number of Years Acquainted: _____

Name: _____ Telephone No. (____) _____

Address _____

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material facts on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize Acrobat Outsourcing to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I hereby authorize Acrobat Outsourcing and its authorized representatives to solicit information regarding my background, which may include but not be limited to, information about my employment, education, and/or criminal history, which may be in the files of any federal, state, or local criminal justice and law enforcement agency and general public records history.

_____ I understand that if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 form in this regard within three days of my hire date.

_____ Acrobat Outsourcing is an at-will employer. I understand that nothing contained in the application, or conveyed during any interview, which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, with or without cause, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

I hereby acknowledge that I have read and understand the above statements.

Applicant's Signature _____ **Date** _____

Please Read Carefully, Initial Each Paragraph and Sign Below

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material facts on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

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I hereby acknowledge that I have read and understand the above statements.

Applicant's Signature _____ **Date** _____

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Type of Business _____ Telephone No. (____) _____ Supervisor's Name _____
Your Position and Duties _____

Dates of Employment: From _____ To _____ Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

Name and Address of Employer _____

Type of Business _____ Telephone No. (____) _____ Supervisor's Name _____
Your Position and Duties _____

Dates of Employment: From _____ To _____ Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

Name and Address of Employer _____

Type of Business _____ Telephone No. (____) _____ Supervisor's Name _____
Your Position and Duties _____

Dates of Employment: From _____ To _____ Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

Have you ever been fired from any previous place of employment? If so, please explain: _____

MILITARY SERVICE

Have you obtained any special skills or abilities as the result of service in the military? Yes___ No___
If so, describe: _____

JOB RELATED REFERENCES

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

Name: _____ Telephone No. (____) _____

Address _____

Occupation: _____ Relationship: _____ Number of Years Acquainted: _____

Name: _____ Telephone No. (____) _____

Address _____

Occupation: _____ Relationship: _____ Number of Years Acquainted: _____

Name: _____ Telephone No. (____) _____

Address _____