

## 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 Bruce Elliott Date: 10/11/17  
Home Telephone (816) 550-9162 Other Telephone ( )  
Present Address 9000 SW 10th Street Lee's Summit, Mo 64064  
Permanent Address, if different from present address: \_\_\_\_\_  
Email Address elliottbruce2@gmail.com

### EMPLOYMENT DESIRED

Position applying for: Barista / Cashier Salary desired: \$11.00/hr  
Are you currently registered with any staffing and/or employment agencies? If so, please list  
No

Are you applying for: Full-time work? Yes ☐ No ☒ Part-time work? Yes ☒ No ☐  
Temporary work, e.g., summer or holiday work? Yes ☐ No ☐ From: \_\_\_\_\_ To: \_\_\_\_\_  
How did you find out about our open position? (Please check fill in proper name of source):  
Referral ☐ Name of Referral \_\_\_\_\_ Newspaper ☐ Job Fair ☐ Agency ☐ Company Website ☐  
Other Web Posting ☐ Other Source ☒  
Could you work overtime, if necessary? Yes ☒ No ☐ If hired, on what date could you start working? \_\_\_\_\_

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                            |        |        |         |           |          |        |          |
| PM                            |        |        |         |           |          |        |          |

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

### PERSONAL INFORMATION

Have you ever applied to or worked for Acrobat Outsourcing before? Yes ☒ No ☐ If yes, when? RETURNING WORKER  
Do you have friends or relatives working for Acrobat Outsourcing? Yes ☐ No ☒ If yes, please state name and relationship \_\_\_\_\_  
If hired, would you have a reliable means of transportation to and from work? Yes ☒ No ☐  
If hired, can you present evidence of your legal right to live and work in this country? Yes ☒ No ☐  
State age if you are under 18 \_\_\_\_\_. If you are under 18, hire is subject to verification that you are of minimum legal age to work.  
Are you able to perform the essential functions of the job for which you are applying? Yes ☒ No ☐

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outsourcing  
Your Hospitality Staffing Professionals

Your Position and Duties OWNER

Dates of Employment: From 11/13 To PRESENT

Weekly Pay: Starting JANUARY Ending JANUARY

Reason for Leaving: Still Employed

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?  
If so, describe: \_\_\_\_\_

Yes \_\_\_\_\_ No X

## JOB RELATED REFERENCES

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

Name: DEBRA CONLEY

Telephone No. (816) 229-2902

Address 905 NE Adams Dr. Parkway Blue Springs, Mo 64014

Occupation: STORE MANAGER

Relationship: ASU

Number of Years Acquainted: 1+

Name: CHARLES RANDALL

Telephone No. (816) 229-2902

Address 905 NE Adams Dr. Parkway Blue Springs, Mo 64014

Occupation: STORE MANAGER

Relationship: ASU

Number of Years Acquainted: 1+

Name: ROBERT GATES

Telephone No. (816) 229-2902

Address 905 NE Adams Dr. Parkway Blue Springs, Mo 64014

Occupation: STORE MANAGER

Relationship: MANAGER

Number of Years Acquainted: 2+

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Your Hospitality Staffing Professionals  
665 Third St., Suite 415 • San Francisco, CA 94107

First and Last Name: Bruce Elliott  
Email: \_\_\_\_\_  
Phone number: \_\_\_\_\_

## Working Experience:

Company Name: The Home Depot  
Dates of Employment: 8/15 to Present  
Job Responsibility:

- SPECIAL SERVICES LEAD
- ONLINE ORDERS
- RETURNS
- SPECIAL ORDERS

Company Name: Lowes  
Dates of Employment: 8/13 to 6/15  
Job Responsibility:

- HEAD CASHIER
- RETURNS
- ONLINE ORDERS
- INVENTORY

Company Name: SOUTHERN BITES LLC  
Dates of Employment: 11/13 to Present  
Job Responsibility:

- FRANCHISE BUSINESS OWNER
- PRODUCTION
- SALES
- MARKETING

## Skills

- POS
- Computer
- 
-

**Multiple Choice** (6 points)

- b 1) Carbonation \_\_\_\_\_ the rate of intoxication.  
a) Slows down  
b) Speeds up  
c) Does nothing to
- b 2) What are the six most commonly used spirits?  
a) Sweet and Sour, Triple Sec, Grenadine, Midori, Lime Juice and Cranberry Juice  
b) Vodka, Whiskey, Gin, Bourbon, Rum and Tequila  
c) Chardonnay, Cabernet Sauvignon, Champagne, Merlot, Sauvignon Blanc, Zinfandel  
d) Kahlua, Vodka, Frangelico, Gin, Tequila, Spiced Rum
- b 3) You can accept an expired ID as long as all other information is correct.  
a) True  
b) False
- b 4) If someone has had too much to drink, serving them coffee will help sober them up.  
a) True  
b) False
- d 5) What are the acceptable forms of ID for Alcohol Consumption?  
a) State or Government Issued ID Card or Drivers License  
b) Passport or Passport ID Card (as long as it lists the person's date of birth)  
c) School ID or Birth Certificate  
d) A & B  
e) A, B & C
- b 6) If there is no shaker tin available to scoop ice for a drink, it is okay to use a glass.  
a) True  
b) False

**Vocabulary** (9 points)

Match the word to its definition

- |                        |  |
|------------------------|--|
| <u>i</u> "Straight Up" | <del>a.)</del> Used to crush fruits and herbs for craft cocktail making                                      |
| <u>p</u> Shaker Tin    | <del>b.)</del> Used with the Shaker Tin to prevent solid material from entering a cocktail glass when poured |
| <u>e</u> "Neat"        | <del>c.)</del> To serve chilled liquor in a chilled stemmed cocktail glass with no ice                       |
| <u>a</u> Muddler       | <del>d.)</del> To pour ½ oz of a liquor on top   |
| <u>b</u> Strainer      | <del>e.)</del> Used to measure the alcohol and mixer for a drink   |
| <u>e</u> Jigger        | <del>f.)</del> Used to mix cocktails along with a pint glass and ice   |
| <u>g</u> Bar Mat       | <del>g.)</del> Used on the bar top to gather spills  |
| <u>d</u> "Float"       | <del>h.)</del> Requesting a separate glass of another drink  |
| <u>h</u> "Back"        | <del>i.)</del> Means to serve spirit room temperature in a rocks glass with no ice                           |



REGULATED INDUSTRIES  
NHS DEPARTMENT  
CITY OF KANSAS CITY, MO

## ADULT LIQUOR

Permit Number

201510042073

Permit Expires

07/01/2018

HEIGHT WEIGHT HAIR  
6' 2" 215 BD

EYES SEX  
BL M

DOB  
02/17/1958

DRIVER'S LICENSE #/STATE  
U136040002

BRUCE E ELLIOTT

*[Signature]*

\* Not to be used as a valid form of ID

**TEAM CERTIFICATION CARD**  
**BRUCE E ELLIOTT**

|                      |                     |             |             |
|----------------------|---------------------|-------------|-------------|
| <b>Certification</b> | Level 2             | <b>ID #</b> | 2097332     |
| <b>Issued</b>        | 6/24/2015           | <b>SSN</b>  | XXX-XX-2021 |
| <b>Expires</b>       | 6/24/2018           | <b>DOB</b>  | 2/17/1958   |
| <b>Account</b>       | Acrobat Outsourcing |             |             |
| <b>Facility</b>      | Acrobat Outsourcing |             |             |
| <b>Nonprofit</b>     | N/A                 |             |             |
| <b>Trainer</b>       | CASANDRA MARQUEZ    |             |             |
| <b>Signature</b>     |                     |             |             |



This card indicates successful completion of the TEAM program. For more information,  
contact 877-2-TEAM-CO.



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