

1/2022-513/18

Name: Shay Githrie-Belajac Phone #: (412) 779-9595
Email: Shayx24@aol.com Taborca ID#: 29320
Address: 529 Dorseyville Rd Pittsburgh PA 15238
Date of Birth: 06/24/94 SSN: 210-74-6722 Date of Hire: 03/22/2016

Section One

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

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

Section Two

Employee Setup

- | | |
|--|--|
| <input type="checkbox"/> E-Verify Documentation
CVN#: <u>2016082094047LK</u> | <input type="checkbox"/> Attended New Hire Orientation
Date: ____/____/____ |
| <input type="checkbox"/> Background Check (Sterling)
File # <u>583780-USA</u> | <input type="checkbox"/> New Hire List |
| <input type="checkbox"/> Direct Deposit / Global Cash Card
Form sent to Payroll | <input type="checkbox"/> Taborca |
| | <input type="checkbox"/> Upload Photo |
| | <input type="checkbox"/> Upload Resume & Food Handlers Card |

Section Three

Emergency Contact

Name: Donna Belajac Phone: (412) 559-9776 Relationship: Mother

Employment Application (NEW JERSEY)

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 Shay Guthrie-Belaje Date: 03/22/16
Home Telephone (412) 779-9595 Other Telephone () _____
Present Address Rutgers University Housing
Permanent Address, if different from present address: 579 Dorseyville Rd Pittsburgh PA 15238
Email Address shay0624@aol.com

EMPLOYMENT DESIRED

Position applying for: Server/Bartender Salary desired: _____

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.

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? _____

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 ☐

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.) _____

Pursuant to the Opportunity to Compete Act, we will consider for employment qualified applicants with arrest and conviction records.

EDUCATION & SKILLS

NAME OF SCHOOL	CITY & STATE	GRADE OR DEGREE COMPLETED	DID YOU GRADUATE?
Fox Chapel HS	Pittsburgh PA	HS diploma	Yes
Rutgers University	New Brunswick, NJ	BFA	
Do you have any special licenses, certificates or special training? If so please list under "Special".	YES		<input type="radio"/> NO
Are you computer literate? If so, list software knowledge under "Special."	YES		<input type="radio"/> NO
Are you proficient with Point of Sales Systems? If, so please list which ones under "Special."	YES		<input type="radio"/> 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 Great Gatherings INC
 Type of Business Catering Telephone No. (724) 266-8920 Supervisor's Name Tami McQuaid
 Your Position and Duties Serving / Bartending

Dates of Employment: From 5/16/14 To 7/28/14 Weekly Pay: Starting \$12/hr Ending _____

Reason for Leaving: School

Name and Address of Employer Alexander's Italian Bistro

Type of Business Restaurant Telephone No. (412) 687-8741 Supervisor's Name Jim Teitz
 Your Position and Duties Serving in the Restaurant, Serving / Bartending on catering jobs

Dates of Employment: From 5/16/15 To 7/28/15 Weekly Pay: Starting Min wage + tips Ending _____

Reason for Leaving: School

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: Jim Teitz Telephone No. (412) 687-8741

Address 5104 Liberty Ave Pittsburgh PA 15224

Occupation: Manager Relationship: Manager Number of Years Acquainted: 2

Name: _____ Telephone No. (____) _____

Address _____

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

Name: _____ Telephone No. (____) _____

Address _____

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

Please Read Carefully, Initial Each Paragraph and Sign Below

SCB

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.

SCB

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.

SCB

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.

SCB

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.

SCB

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

Angela Beluche

Date

03/22/16

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 1
- B Enter "1" if: B 1
- You are single and have only one job; or
 - 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 0
- D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return. D 0
- E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above). E 0
- F Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) F 0
- G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. G 1
- 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.
- 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 1
- For accuracy, complete all worksheets that apply:
- 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		Employee's Withholding Allowance Certificate		OMB No. 1545-0074	
Department of the Treasury Internal Revenue Service		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 <u>Shay</u>		Last name <u>Guthrie-Belajac</u>		2 Your social security number <u>210-74-6722</u>	
Home address (number and street or rural route) <u>529 Dorseyville Rd</u>		3 <input checked="" 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.		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"/>	
City or town, state, and ZIP code <u>Pittsburgh PA 15238</u>		5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		6 \$	
6 Additional amount, if any, you want withheld from each paycheck		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 expect to have 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.		8	
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.) <u>Shay Guthrie-Belajac</u>		Date <u>03/22/16</u>	
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)	



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2016082094047LK

Report Prepared: 03/22/2016

Company Information

Company ID: 139349

Company Name: Acrobat Outsourcing

Employee Information

Last Name: Guthrie-Belajac

First Name: Shay

Date of Birth: 06/24/1994

Social Security Number: *** ** 6722

Hire Date: 03/22/2016

Citizenship Status: A citizen of the United States

Document Information

List A Document: U.S. Passport or Passport Card

Passport or Passport Card Number: 532683722

Document Expiration Date: 06/19/2025

Case Status Information

Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 03/22/2016

Case Submitted By: DMCK1905

Closed On: 03/22/2016

Closed By: DMCK1905

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

SENSITIVE BUT UNCLASSIFIED

New Hire Acknowledgement Form

For Employer

- ☐ Additional Information Sheet
- ☐ Application
- ☐ I-9
- ☐ W-4
- ☐ Offer Letter
- ☐ Background Authorization Release
- ☐ Sexual Harassment Prevention Policy
- ☐ Global Gold Card / Direct Deposit Form
- ☐ Designation of Personal Physician/Emergency Contact Form
- ☐ Confidentiality & Non-Disclosure Agreement

For Employee

- ☐ New Hire Orientation Manual
- ☐ Workers' Compensation Pamphlet
- ☐ Sexual Harassment Pamphlet
- ☐ Unemployment (For Your Benefit) Pamphlet
- ☐ Safety & Sanitation Guidelines

Inform

- ☐ State & Federal Poster
- ☐ Minimum Wage Poster
- ☐ Wage Order Poster

All of these items have been explained to me:

Shay Guthrie-Belaje
Print Name

Shay Guthrie-Belaje
Signature

03/22/16
Date