



Name: Trishon Washington  
Taborca ID: 29466

Date of Hire:   /  /  

Date of Re-Act: 9/12/19

#### 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
- 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 (notify payroll) 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

## 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 TRISHON MARIE WASIL Date: 9-12-2019  
Home Telephone (816) 416-9094 Other Telephone (816) 923-8852  
Present Address 3935 COLLEGE AVE KC MO  
Permanent Address, if different from present address N/A  
Email Address trishonw@yahoo.com

### EMPLOYMENT DESIRED

Position applying for: BARTENDING Salary desired: NEG.

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

YES / EXPRESS STAFFING ALL TEAM

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?

AS SOON AS NEEDED

*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
	<u>OPEN</u>	<u>FLEXIBLE</u>					
AM	"	"	"				
PM	"	"	"				

Do you have any vacations or extended leaves planned in the next 12 months? If so, please list dates:  
NO

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**PERSONAL INFORMATION**

Have you ever applied to or worked for Acrobat Outsourcing before? Yes  No  If yes, when? ABOUT 2 yrs ago

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 any and all Fair Chance Ordinances, 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?
UNIVERSITY of Mo	COLUMBIA, Mo	60 hrs	NO
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: <i>KCMO LIQUOR LICENSE BASIC COMPUTER KNOWLEDGE FAMILIAR W/ VARIOUS POINT OF SALE SYSTEMS FORMALLY TRAINED BARISTA</i>			

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The Service Companies

**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 ALOHA SITTERS

Type of Business EVENT CHILDCARE Telephone No. 214-223-0844 Supervisor's Name SHARON YOKOCHI  
Your Position and Duties PROVIDE CHILDCARE FOR MILITARY FAMILIES DURING RETREATS AND CONFERENCES

Dates of Employment: From 1/17 To PRESENT PRESENT

Reason for Leaving: CURRENTLY HERE

Name and Address of Employer KCMO VA HOSPITAL

Type of Business HOSPITAL Telephone No. 816-861-4700 Supervisor's Name LYNSEY HAGEN  
Your Position and Duties RESPONSIBLE FOR DRINK PREPARATION, CUSTOMER SERVICE, CLEANING AND CLOSING DUTIES

Dates of Employment: From 3/18 To 8/19

Reason for Leaving: ON LEAVE TO ENTER INTO CERTIFICATION TRAINING FOR MENTAL HEALTH TECH

Name and Address of Employer \_\_\_\_\_

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

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Name and Address of Employer \_\_\_\_\_

Type of Business \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

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Your Position and Duties \_\_\_\_\_  
\_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
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: SHARON YOKOCHI Telephone No. 214 223-0844  
Address 2005 KALIA RD. HONOLULU, HI 96815  
Occupation: REGIONAL MANAGER/RECRUITMENT Relationship: REGIONAL MANAGER Number of Years Acquainted: 2 1/2 yrs.

Name: SHERMAN DURSEY Telephone No. 816 694 - 7867  
Address 2412 AIMEE CRT KC MO 64123  
Occupation: RETIRED VS VETERAN Relationship: TYFRIEND Number of Years Acquainted: 4 yrs.

Name: MELODY HAUTMAN Telephone No. 816 304 - 4794  
Address 601 E. 12TH KC MO 64105  
Occupation: CASHIER Relationship: FORMER CO WORKER Number of Years Acquainted: 3 yrs

**Please Read Carefully, Initial Each Paragraph and Sign Below**

*AMW* 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.

*AMW* 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.

*AMW* 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.

*AMW* 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.

*AMW* 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

*✓ — A. W. —* Date Sept. 12, 2019

**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)

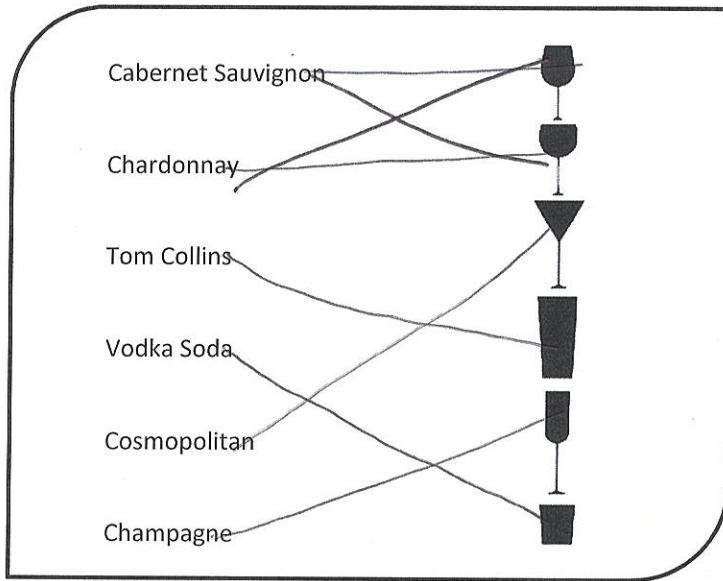
Match the word to its definition

C "Straight Up"  
E Shaker Tin  
I "Neat"  
A Muddler  
B Strainer  
E Jigger  
G Bar Mat  
D "Float"  
H "Back"

a.) Used to crush fruits and herbs for craft cocktail making  
 b.) Used with the Shaker Tin to prevent solid material from entering a cocktail glass when poured  
 c.) To serve chilled liquor in a chilled stemmed cocktail glass with no ice  
 d.) To pour  $\frac{1}{2}$  oz of a liquor on top  
 e.) Used to measure the alcohol and mixer for a drink  
 f.) Used to mix cocktails along with a pint glass and ice  
 g.) Used on the bar top to gather spills  
 h.) Requesting a separate glass of another drink  
 i.) Means to serve spirit room temperature in a rocks glass with no ice

**Glassware** (6 points)

Match the correct glass to the drink



**Answer and Question** (14 points)

Provide examples of 3 brand name "top shelf" spirits (3 points): JOHNNY WALKER, PATRON, BOMBAY

What are the ingredients in a Manhattan? BOURBON, VERMOUTH, BITTERS

WHISKEY

What are the ingredients in a Cosmopolitan? VODKA, TRIPLE SEC, CRANBERRY JUICE, LIME

What are the ingredients in a Long Island Iced Tea? GIN, VODKA, RUM, TEQUILA, SWEET/

TOP SHELF

GRAND MARNIER SPLASH COKE, SOUR

What makes a margarita a "Cadillac"? GRAND MARNIER

SPLASH COKE, SOUR

What is simple syrup? SUGAR & WATER MIXED

Is it legal to pour liquor from one bottle into another? What is this called? (2 points)

NO, TO MARRY

What should you do if you break a glass in the ice? ICE HAS TO BE BURNED/MELTED, BIN RINSED OUT COMPLETELY

When is it OK to have an alcoholic beverage while working? NO

What does it mean when a customer orders their cocktail "dirty"? EXTRA OLIVE JUICE

What are the ingredients in a Margarita? TEQUILA, TRIPLE SEC, SWEET/SOUR, LIME JUICE, ICE, SALT (OPTIONAL)

**Re: Employment Application Kansas City**

JotForm &lt;noreply@jotform.com&gt;

Tue 9/10/2019 4:55 PM

To: Kansas City Team &lt;kcteam@acrobatoutsourcing.com&gt;

**Employment Application Kansas City**

First Name	Trishon
Last Name	Washington
E-mail Address	trishonw@yahoo.com
Phone	8164169094
Address	3935 College Ave
Unit or Number	N/a
City, State	Kansas City
Zip Code	64130
What region(s) are you applying to work within?	Kansas City
Which position(s) are you applying for?	Bartender
Are you applying for:	Part-Time
When can you start?	09-13-2019
Can you work overtime?	Yes
How did you hear about us?	Craigslist
What days/times can you work?	Monday AM
Select all that apply:	Monday PM
	Tuesday AM
	Tuesday PM
	Wednesday AM
	Wednesday PM
	Thursday AM
	Thursday PM
	Friday AM
	Friday PM
	Saturday AM

Saturday PM

Sunday AM

Sunday PM

Have you ever  
applied to or  
worked for Acrobat  
before?

No

If hired, would you  
have reliable means  
of transportation to  
and from work?

Yes

If hired, can you  
present evidence of  
your legal right to  
live and work in this  
country?

Yes

State age if under  
18. If you are under  
18, hire is subject to  
verification that you  
are of minimum age  
to work.

MO

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

Yes

Name of School University of MO

City &amp; State Columbia MO

Grade/Degree 68 credit hrs

Graduated? No

Do you have any  
special licenses? (If  
so, label under  
"Special")

Yes

Are you computer  
literate? (If so, label  
which programs  
under "Special")

Yes

Are you proficient  
with Point of Sale  
systems? (If so, label

Yes

which under  
"Special")

Do you have any  
experience, training,  
qualifications or  
special skills? (If so,  
label under  
"Special")

Yes

Special:

KCMO liquor license  
Basic computer skills  
Familiar with various POS systems  
Formally trained barista

Are you currently  
employed?

Yes

Can we contact your  
current employer?

Yes

Name and Address  
of Employer

Aloha Sitters  
2005 Kalia Rd.  
Honolulu HI 96815

Type of Business

Event childcare

Phone Number

2142230844

Your Position &  
Duties

Provide childcare for military families on an on call  
basis during retreats and conferences

Date of Employment  
(from/to):

1/18 to Present

Reason for Leaving

Currently here

Still Employed:

Yes

Name and Address  
of Employer

KCMO VA Hospital  
4801 Linwood  
KCMO 64130

Type of Business

Hospital

Phone Number

8168614700

Your Position &  
Duties

Barista  
Drink preparation, customer service, cleaning prep  
and closing duties

Date of Employment  
(from/to):

3/18 to 8/19

Reason for Leaving

Entering into a certification program for the  
mental health field

Still Employed:

No

First Name	Sharon
Last Name	Yokochi
E-mail Address	yokochialoha@gmail.com
Phone	2142230844
Relationship:	Manager
Years Acquainted:	2 yrs

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.

(Checked box indicates acknowledgement)

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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.

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I hereby acknowledge that I have read and understand the above statements. (Checked box indicates acknowledgement)

Applicant Digital  
Signature (Type  
Name): Trishon M. Washington

Date: 09-10-2019

You can [edit this submission](#) and [view all your submissions](#) easily.