

# Acrobat

outsourcing  
Your Hospitality Staffing Professionals

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.)

COOK

## EDUCATION & SKILLS

NAME OF SCHOOL	CITY & STATE	GRADE OR DEGREE COMPLETED	DID YOU GRADUATE?
Preparatoria leg. Atlan Aotlan Jalisco		3	Yes
Do you have any special licenses, certificates or special training? If so please list under "Special".		<input checked="" type="checkbox"/> YES	NO
Are you computer literate? If so, list software knowledge under "Special."		<input checked="" type="checkbox"/> YES	NO
Are you proficient with Point of Sales Systems? If, so please list which ones under "Special."		<input checked="" type="checkbox"/> 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:  
POS windows micro (tips.) food handlers, Team work multi task

## 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 Acrobat Orange

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

Your Position and Duties Banquet Server, set up, serve pre buss

Dates of Employment: From 9/16 To now Weekly Pay: Starting 14. Ending 14

Reason for Leaving: move to Riverside

Name and Address of Employer IHOP

Type of Business Restaurant Telephone No. 323 887-1111 Supervisor's Name Guadalupe Mendez

Your Position and Duties get customers, suggest and upsell take order  
serve food, cashier

Dates of Employment: From 9/16 To 5/23 Weekly Pay: Starting min + tips Ending same

Reason for Leaving: move to Riverside

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

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