

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.) _____

EDUCATION & SKILLS

NAME OF SCHOOL	CITY & STATE	GRADE OR DEGREE COMPLETED	DID YOU GRADUATE?
ECC	San Diego, CA	Not yet	Not yet
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	<input type="radio"/> 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 Kevin O'Neil Construction (year 1999-2006)
 Type of Business Construction Telephone No. () Supervisor's Name Kevin
 Your Position and Duties refurnishing housing & commercials builds.

Dates of Employment: From 2015 To 2016 Weekly Pay: Starting _____ Ending _____
 Reason for Leaving: Release

Name and Address of Employer Norco
 Type of Business Dishwasher / Kitchen prep Telephone No. () Supervisor's Name _____
 Your Position and Duties Dishwasher / Kitchen prep. laying down MATES
stocking the warmer, prep the Food. COOKING on Grill.

Dates of Employment: From _____ To _____ Weekly Pay: Starting _____ Ending _____
 Reason for Leaving: decided to leave

Name and Address of Employer American CAR WASH
 Type of Business CDR WASH Telephone No. () Supervisor's Name _____

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outsourcing
Your Hospitality Staffing Professionals

Your Position and Duties detailing, polishing, refreッシング

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 X

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: Linail Gray Telephone No. (419) 429-5075

Address _____

Occupation: EX-police Relationship: Friend Number of Years Acquainted: 30yrs.

Name: Brain Telephone No. (419) 829-9641

Address _____

Occupation: IT Relationship: Friend Number of Years Acquainted: 20yrs

Name: _____ Telephone No. (____) _____

Address _____

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