

# Drake Staffing Employment Application

"TONY"

5/12/20

Last Name <b>MANNING</b>		First Name <b>ANTHONY</b>		Middle Initial <b>M</b>
Street Address <b>8 Forest Cir Apt 8G</b>		City <b>Newnan</b>	State <b>GA</b>	Zip Code <b>30265</b>
Home Phone <b>678-956-2436</b>		Work Phone	Ext.	Work Hours
Alternate Local Contact Name: <b>Tammy Rutledge</b> Phone: <b>678-590-7386</b>		Are you legally authorized to work in the United States? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Hourly wage required <b>8-10</b>
Job you are applying for: Give 1st and 2nd choice				Shift Preference
1) <b>General Labor + Dishwasher</b>				1st <input type="checkbox"/> 2nd <input checked="" type="checkbox"/> 3rd <input type="checkbox"/>
2) <b>Dishwasher</b>				Have transportation? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
How did you hear about Drake Staffing? <b>cranglist</b>		Why are you available now? <b>School</b>		Acceptable commuting distance: <b>60+</b>
Were you ever convicted of a felony? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, explain.				
Last day of work: <b>Not Working</b>		Date you can start: <b>today</b>		Social Security Number: <b>251-39-4860</b>

Previous Employment: (Please list most recent first)

Employment Dates: From: _____ To: _____		City: _____	State: _____
Supervisor: _____		Company Phone: _____	Placed through temp service Y / N
Job Title: _____		Hourly Pay Rate: _____	
Duties: _____		Reason Left: _____	
Employment Dates: From: _____ To: _____		City: _____	State: _____
Supervisor: _____		Company Phone: _____	Placed through temp service Y / N
Job Title: _____		Hourly Pay Rate: _____	
Duties: _____		Reason Left: _____	
Employment Dates: From: _____ To: _____		City: _____	State: _____
Supervisor: _____		Company Phone: _____	Placed through temp service Y / N
Job Title: _____		Hourly Pay Rate: _____	
Duties: _____		Reason Left: _____	
Employment Dates: From: _____ To: _____		City: _____	State: _____
Supervisor: _____		Company Phone: _____	Placed through temp service Y / N
Job Title: _____		Hourly Pay Rate: _____	
Duties: _____		Reason Left: _____	



Education	School Name	City / State	Major	Graduated
High School				
Vocational				
College				
Other				

**Co-Workers or Friends Seeking Other Employment**

Name	Telephone Number	Type of Work

## Drake Staffing

It is the intent and resolve of Drake Staffing to comply with the state and federal requirements and spirit of the law in the implementation of all facets of equal opportunity and affirmative action. In the recruitment, selection, training, utilization, promotion, termination, or any other personnel action, there will be no discrimination on the basis of race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental handicap, marital status, pregnancy, arrest or conviction record, use or non-use of lawful products off premises, or membership in the national guard, state defense or any reserve component of the military forces of the United States.

### Applicant Statement of Disclosure, Authorization and Consent

I hereby declare that all statements contained in this application are true and correct and understand that false, inaccurate, or incomplete information, or omissions on the application will be basis for rejection or may be cause for subsequent termination if I am hired. I hereby authorize DRAKE STAFFING to investigate my background and verify this information. I understand that if employed, my employment will not be for any fixed period of time and may be terminated by the company at any time. I also understand and agree that I may be expected to work on a wide variety of job assignments in the Albany area and agree to accept assignments for which I am qualified as they become available. I also understand that my failure to report for work will indicate that I have quit.

I hereby authorize and give full permission to have DRAKE STAFFING and/or their company physician send a specimen of my urine and/or blood to a laboratory for screening tests for the presence of illegal drugs, alcohol, or prescription medication taken without a prescription. I will hold all parties concerned harmless, meaning I will not sue nor hold responsible for any alleged harm to me for interfering with my obtaining a job or continuing employment by not submitting to the tests or as a result of the report of the test. This includes, but is not limited to, possible clerical or laboratory error. This policy and authorization has been explained to me in a language I understand, and I have been told that, if I have any questions, they will be answered. I understand this is a legal and binding document because DRAKE STAFFING is sending me for the examinations and paying, therefore, I understand that DRAKE STAFFING may require a drug screen or alcohol test whenever an on the job accident or injury is reported in accordance with DRAKE STAFFINGS' policy and this authorization and consent.

I hereby authorize DRAKE STAFFING to examine any and all criminal records and arrests on file in the counties of the State of GA or any other state. In doing so, I understand that I am waiving my right of confidentiality concerning my criminal history.

x Anthony Manning Signature

x Date 4-11-14

**For Office Use Only**

Culinary

Temp ☐ Direct ☐ Temp to Direct ☐

	<u>Currently in school -&gt; But working. Drives</u>
	<u>Has knives + Sack + Checked Looking</u>
	<u>for to keep. Busy. Military currently.</u>

# Form W-4 (2012)

**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 2012 expires February 18, 2013. 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 \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

**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 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** The IRS has created a page on [irs.gov](http://irs.gov) for information about Form W-4, at [www.irs.gov/w4](http://www.irs.gov/w4). Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

## Personal Allowances Worksheet (Keep for your records.)

<p><b>A</b> Enter "1" for yourself if no one else can claim you as a dependent . . . . .</p> <p><b>B</b> Enter "1" if:   <input type="checkbox"/> You are single and have only one job; or   <input type="checkbox"/> You are married, have only one job, and your spouse does not work; or   <input type="checkbox"/> Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</p> <p><b>C</b> 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.) . . . . .</p> <p><b>D</b> Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .</p> <p><b>E</b> Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . .</p> <p><b>F</b> Enter "1" if you have at least \$1,900 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.) . . . . .</p> <p><b>G</b> Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.           • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children.           • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child . . . . .</p> <p><b>H</b> 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.) ►</p>	<p><b>A</b> _____</p> <p><b>B</b> _____</p> <p><b>C</b> _____</p> <p><b>D</b> _____</p> <p><b>E</b> _____</p> <p><b>F</b> _____</p> <p><b>G</b> _____</p> <p><b>H</b> _____</p>
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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 \$40,000 (\$10,000 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.

<div style="display: flex; justify-content: space-between;"> <div> <b>Form W-4</b>                      Department of the Treasury                      Internal Revenue Service                 </div> <div> <b>Employee's Withholding Allowance Certificate</b>                      ▶ 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.                 </div> <div>                     OMB No. 1545-0074  <div style="font-size: 2em; font-weight: bold;">2012</div> </div> </div>			
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____	
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>	
City or town, state, and ZIP code _____		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"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) _____		5 _____	
6 Additional amount, if any, you want withheld from each paycheck _____		6 \$ _____	
7 I claim exemption from withholding for 2012, 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 had 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. . . . . ► 7			
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.			
X Employee's signature (This form is not valid unless you sign it.) ► <i>Anthony Manning</i>		Date ► 4-11-14	
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) _____	

**STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE**

1a. YOUR FULL NAME	1b. YOUR SOCIAL SECURITY NUMBER
2a. HOME ADDRESS (Number, Street, or Rural Route)	2b. CITY, STATE AND ZIP CODE

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3 - 8

**3. MARITAL STATUS**

(If you do not wish to claim an allowance, enter "0" in the brackets beside your marital status.)

- A. Single: Enter 0 or 1 ..... [ ]
- B. Married Filing Joint, both spouses working:  
Enter 0 or 1 ..... [ ]
- C. Married Filing Joint, one spouse working:  
Enter 0 or 1 or 2 ..... [ ]
- D. Married Filing Separate:  
Enter 0 or 1 ..... [ ]
- E. Head of Household:  
Enter 0 or 1 ..... [ ]

**4. DEPENDENT ALLOWANCES** [ ]**5. ADDITIONAL ALLOWANCES** [ ]  
(worksheet below must be completed)**6. ADDITIONAL WITHHOLDING \$** \_\_\_\_\_**WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES**

(Must be completed in order to enter an amount on step 5)

**1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION:**Yourself: ☐ Age 65 or over ☐ BlindSpouse: ☐ Age 65 or over ☐ Blind

Number of boxes checked \_\_\_\_\_ x 1300.....\$ \_\_\_\_\_

**2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:**

A. Federal Estimated Itemized Deductions.....\$ \_\_\_\_\_

B. Georgia Standard Deduction (enter one): Single/Head of Household \$2,300  
Each Spouse \$1,500 \$ \_\_\_\_\_

C. Subtract Line B from Line A.....\$ \_\_\_\_\_

D. Allowable Deductions to Federal Adjusted Gross Income .....\$ \_\_\_\_\_

E. Add the Amounts on Lines 1, 2C, and 2D .....\$ \_\_\_\_\_

F. Estimate of Taxable Income not Subject to Withholding .....\$ \_\_\_\_\_

G. Subtract Line F from Line E (if zero or less, stop here).....\$ \_\_\_\_\_

H. Divide the Amount on Line G by \$3,000. Enter total here and on Line 5 above.....\$ \_\_\_\_\_

(This is the maximum number of additional allowances you can claim. If the remainder is over \$1,500 round up)

**7. LETTER USED** (Marital Status A, B, C, D, or E) \_\_\_\_\_ **TOTAL ALLOWANCES** (Total of Lines 3 - 5) \_\_\_\_\_  
(Employer: The letter indicates the tax tables in the Employer's Tax Guide)**8. EXEMPT:** (Do not complete Lines 3 - 7 if claiming exempt) Read the Line 8 instructions on page 2 before completing this section.a) I claim exemption from withholding because I incurred no Georgia income tax liability last year and I do not expect to have a Georgia income tax liability this year. **Check here** ☐b) I certify that I am not subject to Georgia withholding because I meet the conditions set forth under the Servicemembers Civil Relief Act as amended by the Military Spouses Residency Relief Act as provided on page 2. My state of residence is \_\_\_\_\_ My spouse's (servicemember) state of residence is \_\_\_\_\_ The states of residence must be the same to be exempt. **Check here** ☐

I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.

Employee's Signature Anthony Manning Date 4-11-14**Employer:** Complete Line 9 and mail entire form only if the employee claims over 14 allowances or exempt from withholding. If necessary, mail form to: Georgia Department of Revenue, Withholding Tax Unit, P. O. Box 49432, Atlanta, GA 30359.**9. EMPLOYER'S NAME AND ADDRESS:****EMPLOYER'S FEIN:** \_\_\_\_\_**EMPLOYER'S WH#:** \_\_\_\_\_

Do not accept forms claiming additional allowances unless the worksheet has been completed. Do not accept forms claiming exempt if numbers are written on Lines 3 - 7.



# Chamblee Police Department

R. Marc Johnson  
CHIEF OF POLICE

A State Certified Law Enforcement Agency

## CHAMBLEE POLICE DEPARTMENT CRIMINAL HISTORY CONSENT FORM

I hereby authorize

DEAKL STAFFING

to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

ANTHONY MORRIS  
Full Name (print)

8 Forest Cir. Apt. 86  
Address

M  
Sex

BLK  
Race

2/6/1964  
Date of Birth

251-35-4069  
Social Security Number

[Signature]  
Signature

4-11-13  
Date

**RECORD ATTACHED**

Special employment provisions (check if applicable): GEORGIA ONLY

- ☐ Employment with mentally disabled (Purpose code 'M')  
☐ Employment with elder care (Purpose code 'N')  
☒ Employment with children (Purpose code 'W')

APR 15 2013

GCIC NAME SEARCH ONLY

CHAMBLEE POLICE DEPT

One of the following must be checked:

- ☒ This authorization is valid for 90 (90) days from date of signature.  
☐ I, ANTHONY MORRIS, give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

CH CLERK

Patricia V. McElrath

DATE: 4-15-13



**Acrobat**  
outsourcing  
Your Hospitality Staffing Professionals

Please Read Carefully, Initial Each Paragraph and Sign Below

Am

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.

Am

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.

Am

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.

Am

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.

Am

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

Date

*Anthony Manning*