

## 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 Jarius Page-Quandt Date: 11/09/18

Home Telephone (410) 307-5222 Other Telephone ( )

Present Address 10 Lakewiew Dr Riverdale MD 20290

Permanent Address, if different from present address: \_\_\_\_\_

Email Address Jarius.PageQuandt@gmail.com

### EMPLOYMENT DESIRED

Position applying for: Cook Salary desired: 11-15

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: 2-19 To: 8

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	<u>5</u>	<u>7</u>	<u>5</u>	<u>5</u>	<u>5</u>	<u>5</u>	<u>5</u>
PM	<u>5</u>	<u>7</u>	<u>5</u>	<u>5</u>	<u>5</u>	<u>5</u>	<u>5</u>

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

# 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.)

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## EDUCATION & SKILLS

NAME OF SCHOOL	CITY & STATE	GRADE OR DEGREE COMPLETED	DID YOU GRADUATE?
Saratoga Springs High	Saratoga Springs, NY	2010	Yes
Le Lorden Blu	Tucker	2017	Yes
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: Associate Hospitality Restaurant Management			

## 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 1112 Carlton Parkhead

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

Your Position and Duties Banquet Cook

Dates of Employment: From 2014 To 2017 Weekly Pay: Starting 13.00 Ending 14.00

Reason for Leaving: Opportunity

Name and Address of Employer Gate Gourmet

Type of Business \_\_\_\_\_ Telephone No. (4) 530-4492 Supervisor's Name \_\_\_\_\_

Your Position and Duties All international flight cook

Dates of Employment: From 2014 To 2018 Weekly Pay: Starting 14.00 Ending 14.57

Reason for Leaving: Opportunity

Name and Address of Employer Pinewood Studios

Type of Business \_\_\_\_\_ Telephone No. (678) 1095-6278 Supervisor's Name Matt

**Acrobat**  
outsourcing  
Your Hospitality Staffing Professionals

Your Position and Duties Grande Manager

Dates of Employment: From 2016 To 2018 Weekly Pay: Starting 15,00 Ending 15,00

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: Chef Demetra Green Telephone No. (\_\_\_\_)

Address: Buckhead

Occupation: Executive Chef Relationship: \_\_\_\_\_ Number of Years Acquainted: 3

Name: Mark Leonard Telephone No. (4) 530-6492

Address: Hopewell

Occupation: Executive Chef Relationship: \_\_\_\_\_ Number of Years Acquainted: 2

Name: Drewwood Telephone No. (4) 349-5950

Address: Fairview

Occupation: Executive Chef Relationship: \_\_\_\_\_ Number of Years Acquainted: 1

1511004011

## STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME Janice M. Page-Quint	1b. YOUR SOCIAL SECURITY NUMBER 259-83-8784
2a. HOME ADDRESS (Number, Street, or Rural Route) 10 Lakewood Dr	2b. CITY, STATE AND ZIP CODE Riverdale, Ga, 30290

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

## 3. MARITAL STATUS

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

A. Single: Enter 0 or 1 4. DEPENDENT ALLOWANCES B. Married Filing Joint, both spouses working:  
Enter 0 or 1 5. ADDITIONAL ALLOWANCES C. Married Filing Joint, one spouse working:  
Enter 0 or 1 or 2 

(Worksheet below must be completed)

D. Married Filing Separate:  
Enter 0 or 1 E. Head of Household:  
Enter 0 or 1 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)  A TOTAL ALLOWANCES (Total of Lines 3-5)  1

(Employer: The letter indicates the tax tables in Employer's Tax Guide)

8. EXEMPTION: (Do not complete Lines 3-7 if claiming exemption) 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 Spouse Residency Relief Act as provided on page 2. My state of residence is

My spouse's (servicemember) state of residence is  The states of residencemust 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.

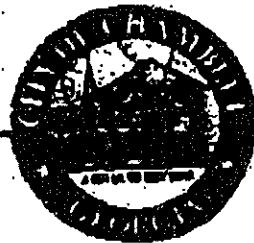
Employee's Signature 

Date 11/09/18

Employer: Complete Line 8 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 NAME 

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

## CHAMBLEE POLICE DEPARTMENT CRIMINAL HISTORY CONSENT FORM

I hereby authorize \_\_\_\_\_ to receive my Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Janice Paige  
Full Name (Print)

60143 Arbor Link S

Address

B  
Race

06/10/1992  
Date of Birth

2SG-33-8780  
Social Security Number

Janice Paige  
Signature

09/28/12  
Date

### Special employment provisions (check if applicable):

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

**NO RECORD**

GEORGIA ONLY

SEP 24 2012

GCIC NAME SEARCH ONLY

CHAMBLEE POLICE DEPT

### One of the following must be checked:

This authorization is valid for 90/180 (circle one) days from date of signature  
 I \_\_\_\_\_ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

DATE: 9/24/12

CH CLERK: DR

3525 Broad Street • Chamblee, Georgia 30336-1292 • 770/365-3025 • Fax: 770/365-5017

Georgia Bureau of Investigation  
Georgia Crime Information Center  
Consent Form

I hereby authorize

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.

Full Name (Print)

10 Lakeview Dr Riverdale Ga 30296

Address

M

Sex

B

Race

06/10/92

Date of Birth

259-83-8780

Social Security Number

Signature

11109117

Date

Special Employment Provisions (Check if applicable)

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')
- Employment with firefighter agency, public/private agency, licensing, adoption/foster parents, individual record, public housing (Purpose code 'E')

One of the following must be checked:

- This authorization is valid for 90/180 (circle one) days from date of signature.

I, Jayas Page-Dunck give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

# 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 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.)

A	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	A	1
B	Enter "1" if: { • 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.	B	0
C	Enter "1" for <b>your spouse</b> . 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 <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	D	0
E	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	E	0
F	Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> 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	<b>Child Tax Credit</b> (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 . . . . .	G	0
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	H	1
For accuracy, complete all worksheets that apply.		• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2. • If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld. • If <b>neither of the above situations applies</b> , 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.

Employee's Withholding Allowance Certificate		OMB No. 1545-0074
Form W-4	Department of the Treasury Internal Revenue Service	2012
► 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.		
1 Your first name and middle initial <i>Jarius m</i>	Last name <i>Page</i>	2 Your social security number <i>289-83-8780</i>
Home address (number and street or rural route) <i>6043 Arborlinks rd</i>		3 <input 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.
City or town, state, and ZIP code <i>Lithonia, GA, 30058</i>		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	1
6 Additional amount, if any, you want withheld from each paycheck	6	\$ 5
7 I claim exemption from withholding for 2012, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no tax liability</b> , and • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no tax liability</b> . 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.

**Employee's signature**

(This form is not valid unless you sign it.) ► *Jarius Page*

Date ► *07/28/12*

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 <i>Jarius Page</i>	1b. YOUR SOCIAL SECURITY NUMBER <i>259-73-8780</i>
2a. HOME ADDRESS (Number, Street, or Rural Route) <i>6043 Arbor LInks rd</i>	2b. CITY, STATE AND ZIP CODE <i>Lithonia, Ga, 30058</i>

READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING THIS FORM

**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 ..... [ *0* ]

4. DEPENDENT ALLOWANCES [ ]

B. Married Filing Joint, both spouses working: enter 0 or 1 or 2 ..... [ ]

C. Married Filing Joint, one spouse working: enter 0 or 1 or 2 ..... [ ]

5. ADDITIONAL ALLOWANCES [ ]

(complete worksheet below)

D. Married Filing Separate: enter 0 or 1 or 2 ..... [ ]

6. ADDITIONAL WITHHOLDING \$ *5*

E. Head of Household: enter 0 or 1 or 2 ..... [ ]

**WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES**

This worksheet must be completed if Line 5 is greater than zero.

**1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION:**

Yourself:  Age 65 or over  Blind

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

Spouse:  Age 65 or over  Blind

**2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:**

A. Estimated Federal 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:** Skip this line if you entered information on Lines 3 - 7. Read the instructions for Line 8 on page 2.

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**

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 *Jarius Page*

Date *08/28/12*

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#: \_\_\_\_\_