

## 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 Jarvis Page-Quandt Date: 11/09/18  
Home Telephone ( 410 ) 307-5222 Other Telephone (      )       
Present Address 10 Lakeview Dr Riverdale Ga 30296  
Permanent Address, if different from present address:       
Email Address Jarvis.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: 2-17 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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PM	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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.) \_\_\_\_\_

## EDUCATION & SKILLS

NAME OF SCHOOL	CITY & STATE	GRADE OR DEGREE COMPLETED	DID YOU GRADUATE?
Saratoga Springs High	Saratoga Springs, Ga	2010	Yes
Le Jordan Bleu	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: Associates 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 Ritz Carlton Buckhead  
 Type of Business \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_ Executive Chef  
 Supervisor's Name Derrick Green  
 Your Position and Duties Banquet Cook-2

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) 530-6492 Supervisor's Name \_\_\_\_\_  
 Your Position and Duties Ilco international flight cook

Dates of Employment: From 2014 To 2018 Weekly Pay: Starting 14.20 Ending 14.57

Reason for Leaving: Opportunity

Name and Address of Employer Rosewood Studios

Type of Business \_\_\_\_\_ Telephone No. (678) 695-6278 Supervisor's Name Mark

Your Position and Duties Garde 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 Demetri Green Telephone No. (\_\_\_\_) \_\_\_\_\_

Address Buckhead

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

Name: Robert L. Turner Telephone No. (4) 530-6492

Address Hapeville

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

Name: Drew Wood Telephone No. (678) 369-5950

Address Fairburnville

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





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## STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME <u>Janous M. Page-Quadt</u>	1b. YOUR SOCIAL SECURITY NUMBER <u>259-83-8780</u>
2a. HOME ADDRESS (Number, Street, or Rural Route) <u>10 Lakewood Dr</u>	2b. CITY, STATE AND ZIP CODE <u>Riverdale, Ga, 30290</u>

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 1B. Married Filing Joint, both spouses working:  
Enter 0 or 1 1C. Married Filing Joint, one spouse working:  
Enter 0 or 1 or 2 1D. Married Filing Separate:  
Enter 0 or 1 1E. Head of Household:  
Enter 0 or 1 14. DEPENDENT ALLOWANCES 15. ADDITIONAL ALLOWANCES 1  
(Worksheet below must be completed)6. ADDITIONAL WITHHOLDING 5

## 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 ☐ BlindNumber of boxes checked 2 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 \$1,500C. 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) 7  
(Employer: The letter indicates the tax tables in 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 [Signature] Date 11/09/18

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 VHE:

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.



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.

Janas Page-Dunk  
Full Name (Print)

10 Lakeview Dr Rosedale Ga 30296  
Address

M  
Sex

B  
Race

06/10/92  
Date of Birth

259-83-8780  
Social Security Number

[Signature]  
Signature

11/09/18  
[Signature]  
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, [Signature] 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](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.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>1</u>
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"><li>• You are single and have only one job; or</li><li>• You are married, have only one job, and your spouse does not work; or</li><li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li></ul> . . . . .	<b>B</b>	<u>0</u>
<b>C</b>	Enter "1" for your <b>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.) . . . . .	<b>C</b>	<u>0</u>
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>0</u>
<b>E</b>	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) . . . . .	<b>E</b>	<u>0</u>
<b>F</b>	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 . . . . . ( <b>Note.</b> Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	<u>0</u>
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"><li>• 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.</li><li>• 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 . . . . .</li></ul>	<b>G</b>	<u>0</u>
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	<u>1</u>

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. -----

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2012</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.				
1 Your first name and middle initial <u>Jarvis M</u>		Last name <u>Page</u>		2 Your social security number <u>259-83-8780</u>
Home address (number and street or rural route) <u>6043 Arbor Links rd</u>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code <u>Lithonia, GA, 30058</u>		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 <u>1</u>		
6 Additional amount, if any, you want withheld from each paycheck . . . . .		6 \$ <u>5</u>		
7 I claim exemption from withholding for 2012, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"><li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, and</li><li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li></ul> If you meet both conditions, write "Exempt" here . . . . . ▶ <u>7</u>				
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.) ▶ <u>Jarvis Page</u>				
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)



