

4/18/2018
2/25/2020
7/2022

Name: Robert G Kirkland Phone #: (973) 592-6834
Email: Kirklandrobert77@yahoo.com Taborca ID#: 39485
Address: 52 Gilbert Place West Orange NJ
Date of Birth: 06/02/1996 SSN: 135-02 9610 Date of Hire: 03/09/17

Employee File Checklist (note "n/a" if not applicable) Section One

- | | |
|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Resume | <input type="checkbox"/> Designation of Personal Physician |
| <input checked="" type="checkbox"/> Application for Employment | <input type="checkbox"/> Absenteeism & Tardiness Policy |
| <input type="checkbox"/> Offer Letter | <input type="checkbox"/> Confidentiality & Non-Disclosure Agreement |
| <input type="checkbox"/> Food Handlers Card/Certification
Expiration ____/____/____ | <input checked="" type="checkbox"/> Skills Test / Interview notes |
| <input type="checkbox"/> Alcohol/Liquor Serving Certification | <input checked="" type="checkbox"/> New Hire Acknowledgement Form |
| <input type="checkbox"/> I-9 Form and copies of required form(s)
of ID (Filed in secured I-9 binder) | <input checked="" type="checkbox"/> Additional Information/Emergency Contact |
| <input checked="" type="checkbox"/> Sexual Harassment/Harassment Policy
Acknowledgement | <input type="checkbox"/> W-4: <u>Single</u> / Married (Circle one) |
| <input type="checkbox"/> Authorization and Release to Obtain
Information | Exemptions ____ |
| | <input type="checkbox"/> Direct Deposit / Global Cash Card /
Live Check (Circle one) |

Section Two
Employee Setup

- | | |
|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> E-Verify Documentation
CVN#: <u>20170181023206F</u> | <input type="checkbox"/> Attended New Hire Orientation
Date: ____/____/____ |
| <input type="checkbox"/> Background Check (Sterling)
File Ref #: <u>1043673</u> | <input type="checkbox"/> New Hire List |
| <input type="checkbox"/> Direct Deposit / Global Cash Card
form sent to Payroll | <input type="checkbox"/> Taborca |
| | <input type="checkbox"/> Upload Photo |
| | <input type="checkbox"/> Upload Resume & Food Handlers Card |

Section Three
Emergency Contact

Name: Sheila Kirkland Phone: (973) 280-2301 Relationship: mother

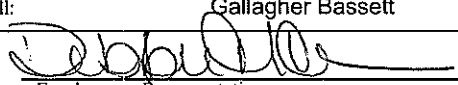
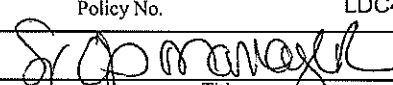


665 Third Street, Suite 415
San Francisco, CA 94107
(415) 431-8826
www.acrobatoutsourcing.com

Form I (Rev. 10/11)
(Approved for use as OSHA 101 and 301)

EMPLOYER FIRST REPORT OF INJURY

Complete form and send original to the Human Resources within 24 hours of the event. Answer every question fully and report promptly to avoid a penalty. Employer's Federal ID Number and Employee Social Security Number MUST be provided.

E M P L O Y E R	1. Legal Name: Acrobat Outsourcing			2. Business Name: S.E. Scher Corp dba Acrobat Outsourcing		
	3. Mail Address: No. and Street 665 3rd Street Suite 415			City San Francisco	State CA	Zip 94107
	4. Location (if different from Mail Address):				5. Federal ID No.: 95-4643269	
	6. Nature of Business (list principal products or service of concern): Staffing Company			7. Do you regularly employ 10 or more employees? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. Telephone No.: 415-431-8826
E M P L O Y E E	9. Name: First Name Robert		Middle Initial	Last Name Kirkland		10. Social Security No.: 135-02-9610
	11. Date of Birth: 06/02/1996		12. Home Address: No. and Street 52 Gilbert Place		13. Telephone No.: 973-592-6834	14. Job Title: Food Service Worker
	15. Age: 22		City West Orange		State NJ	Zip 07052
	16. Dept. assigned to: <input checked="" type="checkbox"/> M <input type="checkbox"/> F		17. Sex: <input checked="" type="checkbox"/> M <input type="checkbox"/> F		18. Wages \$ Per 9.00	
A C C I D E N T	Hours Per Day 3		Days Per Week 3		19. If board, lodging, etc. were furnished in addition to wages, state estimated value: \$	
	20. Was employee hired in CA? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		21. Date of Hire 3/9/2017		22. Date of Accident: 11/17/2017	
	Accident Time: 8 AM		PM		Began Shift: 8 AM	
	PM		23. Location of Accident: Town or City Livingston NJ		State	
I N J U R Y	24. Machine or tool involved in the accident: Knife				25. Was it defective? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	26. On employer's premises? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, name of department:				27. Object or substance directly causing injury: Knife	
	28. Describe what employee was doing: Cutting vegetables				Was this the employee's regular occupation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	29. Employee Description of Incident: Details: Employee cut his finger on 11/17/2017 at Sodexo - St Barnabas MC. We were informed on 11/27 and sent him to US Healthworks for evaluation.					
I N S	30. Describe the injury and the part of the body injured: Finger				31. Was this a first-aid only injury: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	32. Any Lost Time? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, date disability began		Last date paid in full:	
	33. Employee returned to work? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, date 12/6/2017		At what weekly wage: 9.00	
	34. Did injury result in death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, date of death:		35. If death, name and address of nearest relative:	
I N S	36. Name and address of Physician				Relationship	
	37. Name and address of Hospital:				Remained Overnight <input type="checkbox"/> Yes <input type="checkbox"/> No	
	38. Workers' Compensation Insurance Carrier. Do NOT give your insurance agent's name.					
Name in full: Gallagher Bassett Policy No. LDC4042609 AOS						
Signed by:   12/17/2017						
Employer or Representative Title Date						

Provided Form 8 Dept. of Labor Ins. Co. Employer Employee

Equal Opportunity is the Law

EMPLOYEE INCIDENT REPORT

Please print. Submit to HR via E-mail hr@acrobatoutsourcing.com or via Fax (415) 431-1580

Accident Information & Location

Date of Accident: Nov 17, 2017

Time of Accident: 8:00pm

Date Supervisor notified: Nov. 25, 2017

Time Notified: 8:00am

Location Name: Fresh City

Department Name: Fresh City

Claim Information

Claimant Last, First Name: Kirkland, Robert

Claimant Address: 52 Gilbert Place, W. Orange, NJ, 07052

Social Security Number: 135-02-9610

EE ID: _____

Description of Injury:

Cut to left thumb.

Medical Treatment Beyond First Aid: ☒ Yes ☒ No ☐ Unknown

Has the employee been tested for drugs of alcohol: ☐ Yes ☒ No ☐ Unknown

Did the employee miss work beyond their normal shift: ☒ Yes ☐ No ☐ Unknown

How many days missed: 3 Safeguards/ Safety Equipment used: ☐ Yes ☒ No ☐ Unknown

Body part Injured: Finger Type of Injury: Cut

Number of days missed from work: 3

Was employee taken by emergency transportation? ☐ Yes ☒ No ☐ Unknown

Admitted to hospital? ☐ Yes ☒ No ☐ Unknown

If yes, Still in hospital? ☐ Yes ☒ No ☐ Unknown

Recommendation on how to prevent this accident from recurring:

Use Cut glove

Medical Care information:

Hospital Information Available (If yes the following will display) ☐ Yes ☐ No ☐ Unknown

Urgent Care: _____

Comments: _____

False Statement Disclosure:

By signing this document, you attest that the information provided by you the Employee is to the best of your knowledge truthful and correct. Providing false information or omitting pertinent information regarding the claim will lead to termination. Any employee discovered to be making a fraudulent claim will be reported to the Department of Insurance Regulation and persecuted to the full extent of the law.

Employee Signature: [Signature]

Date: 11.4.17

SUPERVISOR STATEMENT

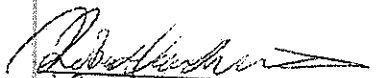
Please print. Submit to Human Resources via E-mail hr@acrobatoutoutsourcing.com or via Fax (415) 431-1580

Cut gloves were available. Employee didn't use one. I was not on premises when accident occurred. Employee informed me days later of incident. Employee has a peanut allergy and there was peanut sauce on cut gloves that's why he wasn't able to use glove.

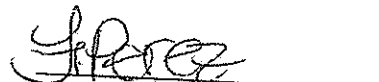
False Statement Disclosure:

By signing this document you attest that the information provided by you the (Employee/Supervisor) is to the best of your knowledge truthful and correct. Providing false information or omitting pertinent information regarding this statement will lead to termination.

Employee Signature
Date:


12-4-17

Supervisor Signature:
Date:


12-4-17



WORKERS' COMPENSATION CLAIM FORM (DWC 1)

PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL
TRABAJADOR (DWC 1)

Employee: Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included as the cover sheet of this form.

Empleado: Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la División de Compensación al Trabajador al (800) 736-7401 para oír información grabada. En la hoja cubierta de esta forma esta la explicación de los beneficios de compensación al trabajador.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonia".

Employee—complete this section and see note above

Empleado—complete esta sección y note la notación arriba.

1. Name. Nombre. Robert Kirkland
2. Home Address. Dirección Residencial. 52 Gilbert Place
3. City. Ciudad. W. Orange
4. Date of Injury. Fecha de la lesión (accidente). 11-17-17 State. Estado. NJ Zip. Código Postal. 07052
5. Address and description of where injury happened. Dirección/lugar dónde ocurrió el accidente. 94 Old Street Hills Rd., Livingston, NJ 07024 (Fresh City - Ambart)
6. Describe injury and part of body affected. Describa la lesión y parte del cuerpo afectada. Cut to left Arm.
7. Social Security Number. Número de Seguro Social del Empleado. 135-02-91010
8. Signature of employee. Firma del empleado. [Signature]

Employer—complete this section and see note below.

Empleador—complete esta sección y note la notación abajo.

9. Name of employer. Nombre del empleador. Acrobat Outswranch
10. Address. Dirección. 105 Main Street Woodbridge, NJ 07095
11. Date employer first knew of injury. Fecha en que el empleador supo por primera vez de la lesión o accidente. 11/27/2017
12. Date claim form was provided to employee. Fecha en que se le entregó al empleado la petición. 11/27/2017
13. Date employer received claim form. Fecha en que el empleado devolvió la petición al empleador. 12/6/2017
14. Name and address of insurance carrier or adjusting agency. Nombre y dirección de la compañía de seguros o agencia administradora de seguros.
15. Insurance Policy Number. El número de la póliza de Seguro.
16. Signature of employer representative. Firma del representante del empleador. [Signature]
17. Title. Operations Manager
18. Telephone. Teléfono. 732-993-7235

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within one working day of receipt of the form from the employee.

Empleador: Se requiere que Ud. feche esta forma y que provée copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de un día hábil desde el momento de haber sido recibida la forma del empleado.

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

☐ Claims Administrator/Administrador de Reclamos ☐ Temporary Receipt/Recibo del Empleado

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

☐ Employer copy/Copia del Empleador ☐ Employee copy/Copia del Empleado

New Hire Acknowledgement Form

For Employer

- ☐ Additional Information Sheet
- ☐ Application
- ☐ I-9
- ☐ W-4
- ☐ Offer Letter
- ☐ Background Authorization Release
- ☐ Sexual Harassment Prevention Policy
- ☐ Global Gold Card / Direct Deposit Form
- ☐ Designation of Personal Physician/Emergency Contact Form
- ☐ Confidentiality & Non-Disclosure Agreement

For Employee

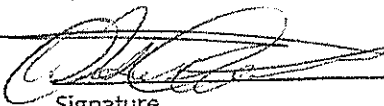
- ☐ New Hire Orientation Manual
- ☐ Workers' Compensation Pamphlet
- ☐ Sexual Harassment Pamphlet
- ☐ Unemployment (For Your Benefit) Pamphlet
- ☐ Safety & Sanitation Guidelines

Inform

- ☐ State & Federal Poster
- ☐ Minimum Wage Poster
- ☐ Wage Order Poster

All of these items have been explained to me:

Robert Kirkland
Print Name


Signature

March 8, 2017
Date

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Employment Application (NEW JERSEY)

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 Robert George Kirkland Date: February 23, 2017
Home Telephone (973) 243 8697 Other Telephone (973) 592 6834
Present Address 52 Gilbert Place West Orange NJ 07052
Permanent Address, if different from present address: _____
Email Address KirklandRobert77@yahoo.com

EMPLOYMENT DESIRED

Position applying for: Any Salary desired: Any
Are you currently registered with any staffing and/or employment agencies? If so, please list _____

Are you applying for:
Temporary work, e.g., summer or holiday work? Yes ___ No ___ From: _____ To: _____
How did you find out about our open position? (Please check fill in proper name of source):
Referral ☒ Name of Referral Mary Makasore 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? February 24, 2017

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>Open</u>	<u>open</u>	<u>open</u>	<u>open</u>	<u>open</u>	<u>open</u>	<u>open</u>
PM	<u>open</u>	<u>open</u>	<u>open</u>	<u>open</u>	<u>open</u>	<u>open</u>	<u>open</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.

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Are you able to perform the essential functions of the job for which you are applying? Yes ☒ No ☐

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.)

Pursuant to the Opportunity to Compete Act, we will consider for employment qualified applicants with arrest and conviction records.

EDUCATION & SKILLS

NAME OF SCHOOL	CITY & STATE	GRADE OR DEGREE COMPLETED	DID YOU GRADUATE?
West Orange High School	West Orange NJ	High School GED	Yes
Morris County College	Morris NJ		NO
Do you have any special licenses, certificates or special training? If so please list under "Special."		YES	<input type="radio"/> NO <input checked="" type="radio"/>
Are you computer literate? If so, list software knowledge under "Special."		YES	<input type="radio"/> NO <input checked="" type="radio"/>
Are you proficient with Point of Sales Systems? If, so please list which ones under "Special."		<input checked="" type="radio"/> 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."		<input checked="" type="radio"/> YES	NO

Special:
I used to work at Costco, which I have done everything that is being asked of me by Cross training, worked everywhere in Costco

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 Costco in Easthandover

Type of Business Retail Telephone No. (862) 354 4740 Supervisor's Name Krystal

Your Position and Duties Cashier

Dates of Employment: From 2015 To 2016 Weekly Pay: Starting 11.00 Ending 13.50

Reason for Leaving: Let good go

Name and Address of Employer Boy and Girls Club

Type of Business Telephone No. (201) 704 0702 Supervisor's Name John Peterson

Your Position and Duties Watching kid, teaching them how to be safe

Dates of Employment: From 2014 To 2015 Weekly Pay: Starting 9.00 Ending 9.00

Reason for Leaving: I chose to leave

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Name and Address of Employer Boy and Girls Club Summer Program

Type of Business _____ Telephone No. (201) 638 3377 Supervisor's Name Ms. Brian Willy

Your Position and Duties watch kids, teach them new things

Dates of Employment: From 2015 To 2015 Weekly Pay: Starting 9.00 Ending 9.00

Reason for Leaving: Summer was over / summer program

Name and Address of Employer Hollister Livingston mall

Type of Business Retail Telephone No. () _____ Supervisor's Name Amanda

Your Position and Duties model

Dates of Employment: From 2013 To 2014 Weekly Pay: Starting 9.00 Ending 9.00

Reason for Leaving: had track and field

Have you ever been fired from any previous place of employment? If so, please explain: Yes. Caston, due to the fact of Dishonesty

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: Sustin Randolph Telephone No. (973) 760 4132

Address _____

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

Name: Goh Peterson Telephone No. (201) 704 0702

Address _____

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

Name: Krystal Telephone No. (862) 354 4740

Address _____

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

Please Read Carefully, Initial Each Paragraph and Sign Below

RK 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.

RK 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.

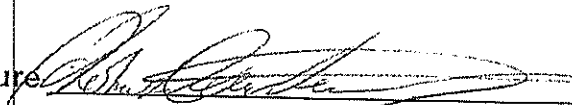
RK I hereby authorize Acrobat Outsourcing and its authorized representatives to solicit information regarding my background, which may include but not be limited to, information about my employment, education, and/or criminal history, which may be in the files of any federal, state, or local criminal justice and law enforcement agency and general public records history.

RK 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.

RK 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 February 23, 2017