

7/25/2022
7/2022

Name: Robert G Kirkland
 Email: Kirklandrobert77@yahoo.com
 Address: 52 Gilbert Place West Orange NJ
 Date of Birth: 06/02/1996 SSN: 135-02-9610 Date of Hire: 03/09/17

Section One

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

- Resume
- Application for Employment
- Offer Letter
- Food Handlers Card/Certification
Expiration 1/1/
- Alcohol/Liquor Serving Certification
- I-9 Form and copies of required form(s)
of ID (Filed in secured I-9 binder)
- Sexual Harassment/Harassment Policy
Acknowledgement
- Authorization and Release to Obtain
Information

- Designation of Personal Physician
- Absenteeism & Tardiness Policy
- Confidentiality & Non-Disclosure
Agreement
- Skills Test / Interview notes
- New Hire Acknowledgement Form
- Additional Information/Emergency
Contact
- W-4: Single Married (Circle one)
Exemptions
- Direct Deposit / Global Cash Card /
Live Check (Circle one)

Section Two

Employee Setup

- E-Verify Documentation
CVN#: 50170081023206F
- Background Check (Sterling)
File Ref #: 1043003
- Direct Deposit / Global Cash Card
form sent to Payroll

- Attended New Hire Orientation
Date: / /
- New Hire List
- Taborca
- Upload Photo
- Upload Resume & Food Handlers Card

Section Three

Emergency Contact

Name: Sheila Kirkland Phone: 973-280-2301 Relationship: Mother

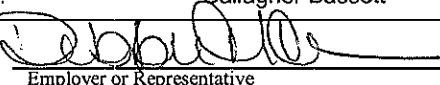


665 Third Street, Suite 415
San Francisco, CA 94107
(415) 431-8826
www.acrobatoutsourcing.com

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.

EMPLOYER	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	
	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:	17. Sex: <input checked="" type="checkbox"/> M <input type="checkbox"/> F
	18. Wages \$ Per 9.00	Hours Per Day 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	Began Shift: 8 AM	PM	23. Location of Accident: Town or City Livingston NJ	State
	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 type="checkbox"/> Yes <input checked="" 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.						
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 type="checkbox"/> Yes <input checked="" 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.	Relationship			
36. Name and address of Physician						
37. Name and address of Hospital:				Remained Overnight <input type="checkbox"/> Yes <input checked="" 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: 		Title Sr. Ops Manager		Date 12/7/2017		
Employer or Representative Provided Form 8 <input type="checkbox"/> Dept. of Labor <input type="checkbox"/> Ins. Co. <input type="checkbox"/> Employer <input type="checkbox"/> Employee						

Equal Opportunity is the Law

EMPLOYEE INCIDENT REPORT

Please print. Submit to HR via E-mail hr@acrobotoutsourcing.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: Kirkham, Robert

Claimant Address: 52 Gilbert Place, 10 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 or 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: Hand 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: Robert Kirkham

Date: 18-4-17



SUPERVISOR STATEMENT

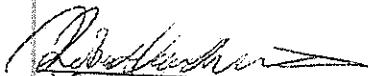
Please print. Submit to Human Resources via E-mail hr@acrobotoutoutsourcing.com or via Fax (415) 431-1580

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

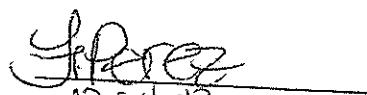
False Statement Disclosure:

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.

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

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.

Empleado: Complete la sección "Empleado" y entregue la forma a su empleador. Quedese 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 está la explicación de los beneficios de compensación al trabajador.

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

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
5. Address and description of where injury happened. Dirección/lugar donde ocurrió el accidente. 94 Old Smart Hill Rd, Livingston, NJ 07039 (Fresh City Aerobat)
6. Describe injury and part of body affected. Describa la lesión y parte del cuerpo afectada. Cut to left forearm.
7. Social Security Number. Número de Seguro Social del Empleador. 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. Academy Outdoors
10. Address. Dirección. 165 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 empleador 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.

17. Title. Título. Operations Manager

18. Telephone. Teléfono. 732-903-7235

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 provéa 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 empleador.

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISSION 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 K. Kland

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: Full-time work? Yes No Part-time work? Yes No
 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 Makasare 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>						
PM	<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 _____

Hired, would you have a reliable means of transportation to and from work? Yes No

Hired, can you present evidence of your legal right to live and work in this country? Yes No

At 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	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:			

I used to work at Costco, which I have done everything that is being asked ~~comes~~ to me, By Cross ~~train~~ 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 East Hanover

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

Our Position and Duties Cashier

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

Reason for Leaving: Let grand go

Name and Address of Employer Boy and Girls Club

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

Our 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 choose 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 Miss Brianilly

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 made

Dates of Employment: From 2013 To 2014 Weekly Pay: Starting 9:00 Ending 9:00

Reason for Leaving: had truck and field

Have you ever been fired from any previous place of employment? If so, please explain: Yes, Casto, 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 ✓
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: Colleague Number of Years Acquainted: _____

Name: John Peterson Telephone No. (201) 764 0702

Address: _____

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

Name: Krystal Telephone No. (862) 354 4740

Address: _____

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

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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.

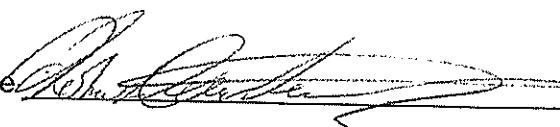
RK I hereby authorize Acrobat Outsourcing and its authorized representatives to solicit information regarding my background, which may include but not be limited to, information about my employment, education, and/or criminal history, which may be in the files of any federal, state, or local criminal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