

## Employment Application

816-501-9067

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 Laura Oliver Date: 7/29/17  
 Home Telephone (415) 699 4742 Other Telephone ( ) \_\_\_\_\_  
 Present Address 364 Ethel Ave Mill Valley CA  
 Permanent Address, if different from present address: \_\_\_\_\_  
 Email Address laurao1iver7@gmail.com

### EMPLOYMENT DESIRED

Position applying for: OSL Wine Server Salary desired: \_\_\_\_\_

Are you currently registered with any staffing and/or employment agencies? If so, please list

No

Are you applying for: Full-time work? Yes \_\_\_ No \_\_\_ Part-time work? Yes \_\_\_ No \_\_\_

Temporary work, e.g., summer or holiday work? Yes X No \_\_\_ From: 8/11 To: 8/13

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 X 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							
PM							

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 X If yes, when? \_\_\_\_\_

Do you have friends or relatives working for Acrobat Outsourcing? Yes \_\_\_ No X If yes, please state name and relationship \_\_\_\_\_

If hired, would you have a reliable means of transportation to and from work? Yes X No \_\_\_

If hired, can you present evidence of your legal right to live and work in this country? Yes X 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 X 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.) \_\_\_\_\_

# Acrobat

outsourcing  
Your Hospitality Staffing Professionals

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

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: Jeanie Carter Telephone No. (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_