

# Interview Note Sheet

Applicant Information	
Name: <u>CASEY</u>	Interviewer: <u>Steven Gonzalez</u>
Date: <u>10/6/17</u>	Rate of Pay:
Position (s) Applied for:	Referred by:

Test Scores					
Server	/35	%	Bartender	/35	%
Prep Cook	/20	%	Barista	/15	%
Grill Cook	/40	%	Cashier	/15	%
Dishwasher	/10	%	Housekeeping	<u>17/16</u>	<u>86</u> %

Sections
<u>Full-Time</u>
Part-Time

Relevant Experience & Summary of Strengths	Total of _____ in Food Service/Hospitality
<p>Housekeeping experience + plus - Just move back from the east coast worked at the Hampton Inn</p>	
<p>P.O.S. Experience: Y / N details: _____</p>	

Transportation
<input checked="" type="radio"/> Car <input type="radio"/> Public Transit <input type="radio"/> Carpool ( Rider / Driver )

Regions Available to work:
<input checked="" type="radio"/> Kansas City, KS <input type="radio"/> Overland Park, KS <input checked="" type="radio"/> Kansas City, MO <input type="radio"/> Independence, MO

Certifications (if any)
<input type="checkbox"/> TIPS <input type="checkbox"/> Serv-Safe <input type="checkbox"/> LEAD <input type="checkbox"/> Other _____ <input type="checkbox"/> Will Submit

Availability
<input checked="" type="radio"/> Open <input type="radio"/> AM only <input type="radio"/> PM only <input type="radio"/> Weekdays only <input type="radio"/> Weekends only
Details: _____

Uniforms Owned
<input type="checkbox"/> Bistro <input type="checkbox"/> Black Bistro <input type="checkbox"/> Tuxedo <input type="checkbox"/> 1/2 Tuxedo <input type="checkbox"/> Black Vest <input type="checkbox"/> Long Black Tie <input type="checkbox"/> Chef Coat <input type="checkbox"/> Chef Pants <input type="checkbox"/> Knives <input checked="" type="checkbox"/> Black Pants <input type="checkbox"/> Non-Slip Shoes <input type="checkbox"/> Bow Tie <input type="checkbox"/> Other: _____
Would you recommend this applicant for Acrobat Academy? <input type="checkbox"/>
<input checked="" type="checkbox"/> Convention Candidate? <input type="checkbox"/> Other Languages Spoken: _____

# Acrobat

outsourcing

Your Hospitality Staffing Professionals  
665 Third St., Suite 415 • San Francisco, CA 94107

First and Last Name: Casey Walsh-Storey  
Email: Caseyws89@gmail.com  
Phone number: (207) 314 8584

## Working Experience:

Company Name: Hampton Inn  
Dates of Employment: 08/17 - 07/17  
Job Responsibility:

- Housekeeping
- 
-

Company Name: Famous Uncle AIs  
Dates of Employment: 09/16 01/17  
Job Responsibility:

- Cook
- Food prep
- Stocking
- Cleaning

Company Name: Greggio's Grill  
Dates of Employment: 06/16 09/16  
Job Responsibility:

- Bartending
- Server
- Togo orders

## Skills

- Computers / pos systems
- 
- 
- 

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## 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 Casey Walsh-Storey Date: 10-06-17  
Home Telephone (207) 314 8584 Other Telephone ( ) \_\_\_\_\_  
Present Address 4429 Harrison St Kansas City, MO  
Permanent Address, if different from present address: \_\_\_\_\_  
Email Address Caseyws89@gmail.com

### EMPLOYMENT DESIRED

Position applying for: Housekeeping Salary desired: \$12.00  
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 \_\_\_\_\_ 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? 10-07-17

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	9am	9am	9am	9am	9am	9am	9am
PM	5pm	5pm	5pm	5pm	5pm	5pm	5pm

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

Your Position and Duties Bartender

Dates of Employment: From 06/16 To 09/16 Weekly Pay: Starting 213 Ending 213

Reason for Leaving: Quit moved to a different location

Name and Address of Employer Hampton Inn

Type of Business Hotel

Telephone No. (207) 622 4677 Supervisor's Name Virginia Burns

Your Position and Duties Housekeeping

Dates of Employment: From 07/15 To 12/15 Weekly Pay: Starting 8.50 Ending 8.50

Reason for Leaving: Moved out of state

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?  
If so, describe: \_\_\_\_\_

Yes \_\_\_\_\_ No ☒

## JOB RELATED REFERENCES

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name: Annette

Telephone No. (757) 975 2922

Address Virginia Beach, VA

Occupation: Housekeeping

Relationship: Co worker

Number of Years Acquainted: 1

Name: Ms. Cookie

Telephone No. (757) 724 2042

Address Virginia Beach, VA

Occupation: Housekeeping Manager

Relationship: Co worker

Number of Years Acquainted: 1

Name: Santiago

Telephone No. (757) 965 2300

Address Virginia Beach, VA

Occupation: GM of Hampton Inn

Relationship: Co worker

Number of Years Acquainted: 1

Name: Casey Walsh-Storey  
Score 12/14

Housekeeping Test



1. During which of the following situation(s) should you wear gloves?
  - a) When handling disinfectant solutions
  - b) When cleaning guest rooms
  - c) When handling soiled linen
  - d) When handling or disposing of waste
  - ☒ e) All of the above
2. Which of the following should be cleaned daily?
  - a) Chairs, lamps, and tables
  - b) Tabletops, bed, and handrails
  - c) Grab bars, light, tops of doors and counters
  - d) Floors, sinks, toilets, and latrines
  - ☒ e) All of the above
3. True or ~~False~~: You do not need to use a separate cloth for cleaning bathrooms.
4. ☒ True or False: Dusting is most commonly used for cleaning walls, ceiling, doors, windows and furniture.
5. Should the following be cleaned daily or weekly? Circle one.
  - a) Floors ☒ Daily ☐ Weekly
  - b) Toilets and latrines ☒ Daily ☐ Weekly
  - ~~c) Carpets in guest rooms~~ ☒ Daily ☐ Weekly
  - ~~d) Carpets in offices~~ ☒ Daily ☐ Weekly
  - ~~e) Soiled linen~~ ☒ Daily ☐ Weekly
6. The best way to clean the floors:
  - a) Scrubbing
  - b) Dry sweeping and dusting
  - ☒ c) Sweeping, mopping and dusting
  - d) Wet mopping
7. What should do if you spill liquids or see a liquid spill?
  - a) Leave it for someone else to clean- up
  - b) Wait until the end of your shift to clean it
  - ☒ c) Flag the spill and clean it up immediately
  - d) Not sure
8. The proper procedure for cleaning spills of blood and other body fluids is:
  - ☒ a) Wearing gloves, clean with cloth soaked in chlorine solution and follow up with disinfectant solution
  - b) Find the janitor on- duty and ask him to clean it up
  - c) Grab whatever is closest and wipe up immediately, then mark "Biohazard"
  - d) Nothing
9. What do you do if you encounter with bed bugs in a guest room?  
Report to a manager.
10. What do you do if you find Lost and Found items in a guest rooms?  
Bring down to the office with name, date, item and room #.
11. Describe the difference between a disinfectant and a cleaning solution?  
Disinfectant + Kills germs.

## GLOBAL CASH CARD FORM

New ☒ Replacement ☐ Cancel ☐

Today's Date 10-10-2017

One Time Deposit?

Yes ☐ No ☐

Last Name

Walsh-Storey

First Name

Casey

MI  
J

Address

4429 Harrison St Apartment #

City

Kansas City State MO Zip Code 64111

Social Security Number

006-88-5815

Date of Birth

06-08-1989

INFORMATION TO BE COMPLETED BY ACROBAT REPRESENTATIVE ISSUING CARD  
INCLUDE A PHOTOCOPY OF THE CARD WITH THIS FORM:

ACCOUNT NUMBER (16-digits)

4853 - 4001 - 9027 - 4631

Branch Office:

KC

Completed By:

Shelby

Global Cash Card | 7 Corporate Park, Suite 130 | Irvine, CA 92606 | CSR: 1-888-220-4477  
Payroll Statements can be viewed online at: [www.globalcashcard.com](http://www.globalcashcard.com)

I hereby release Acrobat Outsourcing the following information to establish my Global Cash Card account and enroll into an automatic payroll deposit. I authorize Acrobat Outsourcing to debit/credit my account. I have verified my information above and understand that any cash card charges incurred are my responsibility. I agree to the terms and conditions under which Global Cash Card Prepaid ATM Card is issued.

Please agree to the following:

☒ By selecting this check box, you have agreed to the following statement: I authorize my employer, or its service or payroll provider, and the specified bank to deposit my net pay or portion thereof, as indicated, into my account each pay date. If funds to which I am not entitled are deposited into my account, I authorize my employer, or its service or payroll provider, to direct the bank to return said funds to my employer, or its service or payroll provider. I understand that my deposit may not be credited to my account until 5:00 PM on the pay date indicated on the check voucher. I understand that it is my responsibility to ensure that my wages are being deposited correctly into my account each pay date.

I also acknowledge it is my responsibility to enter the correct Bank Transit Number and Account Number as to where I want my payroll funds deposited. I understand that if I enter incorrect information that it may delay or prevent my payroll funds being deposited to my accounts. I also acknowledge that any Bank Transit Number that begins with the number 5 is NOT a valid Bank Transit Number and WILL prevent my payroll funds from being deposited into my account. I understand that when Payroll receives the funds back through the banking system it will be paid on the next available pay date.

Casey Walsh-Storey  
Print Name

Casey Walsh-Storey  
Employee Signature

10-10-2017  
Date

MAINE DRIVER'S LICENSE

Matthew Dunlap, Secretary of State

1 WALSH-STOREY  
2 CASEY JHAMES  
3 71 WATER STREET APT 32  
4 HALLOWELL, ME 04347

4d 5739296

4a ISSUED 03/24/2015 4b EXPIRES 06/08/2017 3 DOB 06/08/1989

15 GENDER F 16 HEIGHT 5'03" 17 WEIGHT 165 18 EYES BR 19 HAIR BK

9 CLASS C 12 REST Q 9a ENDS

ORGAN DONOR

SOCIAL SECURITY

006-88-5815

THIS NUMBER HAS BEEN ESTABLISHED FOR

CASEY JHAMES  
WALSH STOREY

*Casey Walsh Storey*  
SIGNATURE

11/12/2015



## SENSITIVE BUT UNCLASSIFIED

**Case Verification Number: 2017283122612JY**

Report Prepared: 10/10/2017

**Company Information**

Company ID: 139349

Company Name: Acrobat Outsourcing

**Employee Information**

Last Name: Storey

First Name: Casey

Date of Birth: 06/08/1989

Social Security Number: \*\*\* \*\* 5815

Hire Date: 10/10/2017

Citizenship Status: A citizen of the United States

**Document Information**

List B Document: Driver's license or ID card issued by a U.S. state or outlying possession

List C Document: Social Security Card

Document Name: ID card

Document State: Virginia

Driver's License or ID Card Number:

Document Expiration Date: 06/30/2019

**Case Status Information**

Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 10/10/2017

Case Submitted By: SSHA2488

Closed On: 10/10/2017

Closed By: SSHA2488

Closure Statement: The employee continues to work for the employer after receiving an Employment Authorized result.

SENSITIVE BUT UNCLASSIFIED