

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 Michael Ford Date: 1/30/18
 Home Telephone (341) 917-4408 Other Telephone ()
 Present Address 703 McGowen St Apt 5212 Houston TX 77006
 Permanent Address, if different from present address: _____
 Email Address M. a ford e yahoo. com

EMPLOYMENT DESIRED

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

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	<u>6pm-11pm</u>	<u>6pm-11pm</u>	<u>6pm-11pm</u>	<u>6pm-11pm</u>	<u>6pm-11pm</u>	<u>6pm-11pm</u>	<u>All day</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.

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 any and all Fair Chance Ordinances, 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?
Test college of Tech	Bethsville MD	Medical Assistant	✓
Laurel High School	Laurel MD		✓
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:

Cert Medical Assistant TAM cert, TARC cert, Food Handler cert, Microsoft Excel

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 St. Joseph Hospital

Type of Business Hospital Telephone No. (872) 790-9197 Supervisor's Name Jennifer Hernandez

Your Position and Duties Patient Coordinator

Dates of Employment: From Nov 2017 To

Reason for Leaving:

Name and Address of Employer Casey Health Institute

Type of Business Clinic Telephone No. (202) 391-3981 Supervisor's Name Breanda Adams

Your Position and Duties Patient Care Coordinator

Dates of Employment: From Jan 2016 To Aug 2017

Reason for Leaving: Relocation

Name and Address of Employer TRMAC

Type of Business Clinic Telephone No. (202) 230-1579 Supervisor's Name Kayanna Bryant

Your Position and Duties Referral Coordinator

Acrobat

outsourcing
Your Hospitality Staffing Professionals

Dates of Employment: From _____ To _____

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 _____

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: Wayne Warren Telephone No. (281) 779-1287

Address _____

Occupation: Event Company Own Relationship: Boss Number of Years Acquainted: _____

Name: Natalie Ziegler Telephone No. (391) 768-5303

Address _____

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

Name: Alvin Smith Telephone No. (252) 321-4737

Address _____

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

Please Read Carefully, Initial Each Paragraph and Sign Below

MF 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.

MF 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.

MF 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.

MF 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.

MF 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 Michael Z

Date 1/30/18

Interview Note Sheet

Applicant Information

Name: <u>Michael Ford</u>	Interviewer: <u>Camille Pounce</u>
Date: <u>4/30/18</u>	Rate of Pay:
Position (s) Applied for: <u>Bartender / Servers</u>	Referred by: <u>Orange list</u>

Test Scores

Server	/35	%	Bartender	/35	%
Prep Cook	/15	%	Barista	/15	%
Grill Cook	/40	%	Cashier	/15	%
Dishwasher	/10	%	Housekeeping	/16	%

Seeking:

Full-Time

Part-Time

Relevant Experience & Summary of Strengths

Total of 3 in Food Service/Hospitality

Great personality

Great communication

Hard worker

First one in, last one out

committed

like constructive criticism

P.O.S. Experience: Y / N details: _____

Transportation:

Car

Public Transit

Carpool (Rider / Driver)

Regions Available to work:

SF City

SF North

SF Peninsula

East Bay

Outer East Bay

San Jose

South San Jose

SJ Peninsula

Midtown

Certifications (if any)

TIPS

Serv-Safe

LEAD

Other

TAAC

Will Submit

Availability

Open

AM only

PM only

Weekdays only

Weekends only

Details:

DPier 10pm open on Saturday

Uniforms Owned:

Bistro

Black Bistro

Tuxedo

1/2 Tuxedo

Black Vest

Long Black Tie

Chef Coat

Chef Pants

Knives

Black Pants

Non-Slip Shoes

Bow Tie

Other:

Would you recommend this applicant for Acrobat Academy?

Convention Candidate?

Other Languages Spoken: