

25+ years of barista & serv. exp.



## Orietta Dedushi

1259 White Plains Rd  
New York, NY 10472  
+1-347-220-9009 | orideda71@gmail.com

### Objective

G.Manager, Floor Manager, Waitress,Bartender,Barista

### Education

Liceo Scientifico A. Oriani di Ravenna ITALY

1989

### Experience

**AL VIOLETTO RESTAURANT** -Manhattan, NY  
G. Manager

2017

**HOUDINI RESTAURANT** -Brooklyn, NY2013  
Waitress, Cashier,Manager, Bookkeeper, Accounting

2015

**DOMUS**-Manhattan, NY  
Barista

2009

**SALEMARE RESTAURANT**-Ravenna, Italia 2009 Manager

**CAFFE' ITALIA** -Ravenna, Italia  
Barista

2002

### Additional Information

**Languages:** Italian, English, Spanish

#### **Certifications:**

- Qualifying Certificate in Food Protection | The NYC Department of Health and Mental Hygiene (2017)
- Corso di Sommelier | Cantina Endrizzi (2016)

**Informatic:** Microsoft Office (Word, Excel, PowerPoint), Quickbooks, NY POS

93 days  
Monday



THE SERVICE  
COMPANIES

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## APPLICATION FOR EMPLOYMENT

Date: 1/30/18

First Name:

Orjeta

Middle Name:

Last Name:

Bedushi

Address:

659 White Plains Road

City:

NY

State:

NY

Zip:

10472

E-mail:

Orjeda71@gmail.com

Home Phone #:

Cell Phone #: (347) 220-9009

Have you ever worked for the Service Companies?

☐ Yes

☒ No

If Yes, under what Name & Date:

Are you over 18 years of age?

☒ Yes

☐ No

Are you over 21 years of age?

☒ Yes

☐ No

What Shift Are You Available to Work?

☒ Day Shift (1<sup>st</sup> Shift)

☐ Swing Shift (2<sup>nd</sup> Shift)

☐ Overnight Shift (3<sup>rd</sup> Shift)

Please check any special Skills:

☐ Oven Cleaning / Dishwasher

☐ Hotel / Timeshare Housekeeping

☐ Gardening

Which Location Are You Applying for?

Dropbox NY

Were You Referred By A Current Employee?

☐ Yes

☒ No

If Yes, Employee Name:

Do you Have a Reliable Transportation to and from Work?

☒ Yes

☐ No

Have you ever Been Convicted of a Felony or Misdemeanor?

☐ Yes

☒ No

If Convicted List Date and Type of Conviction:

Highest Level of Education Achieved:

How Did You Hear About The Job?

Craigslist

Can You Pass A Drug Test?

☒ Yes

☐ No

Are you willing to work any shift including Holidays?

☒ Yes

☐ No

How long do you plan on working for us?

☐ Less than 30 days

☒ More than 30 days

Are you willing to perform Manual Labor all day?

☒ Yes

☐ No

Are you willing to greet guest, co-workers and supervisors with smile?

☒ Yes

☐ No

Do you like working around other people?

☒ Yes

☐ No

Are you willing to follow all the safety Procedures?

☒ Yes

☐ No

Past Employment History

(1) Employer Name:

Al Nicoletto

Job Title:

Manager

Pay rate:

Fina

Address:

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Phone Number: \_\_\_\_\_

Beginning Month /Year: \_\_\_\_\_

Ending Month / Year: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

If Terminated by Employer, please explain: \_\_\_\_\_

(2) Employer Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Pay rate: \_\_\_\_\_

Final

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Beginning Month /Year: \_\_\_\_\_

Ending Month / Year: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

If Terminated by Employer, please explain: \_\_\_\_\_

(3) Employer Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Pay rate: \_\_\_\_\_

Final

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Beginning Month /Year: \_\_\_\_\_

Ending Month / Year: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

If Terminated by Employer, please explain: \_\_\_\_\_

Ethnicity:

- ☐ American Indian or Alaskan Name
- ☐ Asian
- ☐ Hispanic
- ☐ Black or African American
- ☒ White
- ☐ Native Hawaiian or Pacific Island
- ☐ Two or more races

Veteran Status:

- ☒ No Veteran Status
- ☐ Eligible Veteran
- ☐ Disable Veteran
- ☐ Eligible and Disabled

I certify that all answers that I have provided today are true and correct. I understand that any false or misleading information on this application may result in my termination if hired or rejection of this application. I understand that if hired my employment is at will and can quit at any time for any reason and that the company may terminate my employment at any time and for any reason. I further understand and authorize the company to perform any background check and will submit to pre-employment drug/alcohol screening. I understand that during the course of my employment I may require to further submit to drug/alcohol screening. Failure or refusal to do so may result in my immediate termination.

DD Initials

I Certify that All Answers Provided Are True and Correct:

- ☒ Yes
- ☐ No

The Service Companies is an EOE/Drug Free Employer. All Applicants must have the Legal Right to work in the United States at the time of hire.

Signature of Applicant: \_\_\_\_\_

*[Handwritten Signature]*



Department of Taxation and Finance

**Employee's Withholding Allowance Certificate**  
New York State • New York City • Yonkers**IT-2104**

First name and last name <b>Orjeta Deakshi</b>	Your social security number <b>762580964</b>
Permanent home address (number and street or rural route) <b>1249 White Plains Road</b>	Apartment number
City, village, or post office <b>New York</b>	State <b>NY</b>
ZIP code <b>10472</b>	Single or Head of household <input type="checkbox"/> Married <input checked="" type="checkbox"/> Married, but withhold at higher single rate <input type="checkbox"/> Note: If married but legally separated, mark an X in the Single or Head of household box.
Are you a resident of New York City? ..... Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Are you a resident of Yonkers? ..... Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Complete the worksheet on page 3 before making any entries.	
1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 17) .....	1 <input type="text" value="0"/>
2 Total number of allowances for New York City (from line 28) .....	2 <input type="text" value=""/>
Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.	
3 New York State amount .....	3 <input type="text" value=""/>
4 New York City amount .....	4 <input type="text" value=""/>
5 Yonkers amount .....	5 <input type="text" value=""/>

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Employee's signature <b>Orjeta Deakshi</b>	Date <b>1/30/18</b>
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Penalty -- A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

Employee: detach this page and give it to your employer; keep a copy for your records.

Employer: Keep this certificate with your records.

Mark an X in box A and/or box B to indicate why you are sending a copy of this form to New York State (see instructions):

A Employee claimed more than 14 exemption allowances for NYS ..... A ☐B Employee is a new hire or a rehire ... B ☐ First date employee performed services for pay (mm-dd-yyyy) (see instr.): Are dependent health insurance benefits available for this employee? ..... Yes ☐ No ☐If Yes, enter the date the employee qualifies (mm-dd-yyyy): 

Employer's name and address (Employer complete this section only if you are sending a copy of this form to the NYS Tax Department.)	Employer identification number

**Instructions****Changes effective for 2017**

Form IT-2104 has been revised for tax year 2017. The worksheet on page 3 and the charts beginning on page 4, used to compute withholding allowances or to enter an additional dollar amount on line(s) 3, 4, or 5, have been revised. If you previously filed a Form IT-2104 and used the worksheet or charts, you should complete a new 2017 Form IT-2104 and give it to your employer.

**Who should file this form**

This certificate, Form IT-2104, is completed by an employee and given to the employer to instruct the employer how much New York State (and New York City and Yonkers) tax to withhold from the employee's pay. The more allowances claimed, the lower the amount of tax withheld.

If you do not file Form IT-2104, your employer may use the same number of allowances you claimed on federal Form W-4. Due to differences in tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers. Complete Form IT-2104 each year and file it with your employer if the number of allowances you may claim

is different from federal Form W-4 or has changed. Common reasons for completing a new Form IT-2104 each year include the following:

- You started a new job.
- You are no longer a dependent.
- Your individual circumstances may have changed (for example, you were married or have an additional child).
- You moved into or out of NYC or Yonkers.
- You itemize your deductions on your personal income tax return.
- You claim allowances for New York State credits.
- You owed tax or received a large refund when you filed your personal income tax return for the past year.
- Your wages have increased and you expect to earn \$107,650 or more during the tax year.
- The total income of you and your spouse has increased to \$107,650 or more for the tax year.
- You have significantly more or less income from other sources or from another job.
- You no longer qualify for exemption from withholding.

# THE SERVICE COMPANIES

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## BACKGROUND CHECK AUTHORIZATION

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency, such as HireRight, Inc., to the Company and its designated representatives and agents. I understand that if the Company hires me, my consent will apply, and the Company may obtain reports, throughout my employment.

I also understand that information contained in my job application or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I certify the information I provided on this form is true and correct. I agree that this Disclosure and Authorization form in original, faxed, photocopied or electronic (including electronically signed) form will be valid for any reports that may be requested by or on behalf of the Company.

California, Minnesota or Oklahoma applicants only – You will be provided with a free copy of any consumer reports or investigative consumer reports obtained on you if you check the box below.

I wish to receive a free copy of the report (Check Here) \_\_\_\_\_

Candidate Name: Orjeta Dedushi

Social Security Number: 762-68-0964

Present Address: 1259 White Plains Rd NY NY 10472

What County In Your State Do You Live In? \_\_\_\_\_

Date of Birth: 9/11/91

Driver's License # \_\_\_\_\_ (only if you are applying for a job as a driver)

Applicant Signature Orjeta Dedushi

Date: 1/30/18



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## Absence/Late/No Call No Show

Absent during week (una ausencia entre semana)	1 Point
Absent on weekend Sat/ Sun (ausencia fin de semana)	2 Points
Late for Shift (Llegada tarde)	½ Point
Living Early (Retirarse temprano)	½ Point
No Call No Show (No llegar al trabajo y no avisar antes)	4 Points
Denied Day Off (Tomarse un día de descanso cuando fue negado)	4 Points
High Volume Business Days (Días de alto volume)	4 Points
Double Points for all Holidays and Special Events per Property (Por días festivos y eventos especiales aplica puntos dobles)	4 Points

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While on probation (under 90 days) employee is terminable at 3 Points. After probation – Once employee reaches 8 points within a 12 month period is reason for termination.

Durante el período de prueba (los primeros 90 días de empleo) los empleados pueden ser despedidos al acumular 4 puntos. Después del período de prueba si el empleado acumula 8 puntos es motivo de despido.

I, Orieta Dedushi, have read and understood this policy. (He leído y entendido esta política.)

Signature: 

Date: 1/30/18

Human Resources Manager:





**EMPLOYEE HANDBOOK ACKNOWLEDGEMENT RECEIPT - HireRight**

I acknowledge that I have received a copy of the Employee Handbook via e-mail or in paper format. If I have not I should not be signing this form.

I understand that all positions at all Service Companies locations are for a limited time and limited duration and are based on contracts between Client Companies and The Service Companies. My job could end suddenly due to factors beyond The Service Companies control due to a circumstance such as a contract (Project) cancellation or reduction.

I understand I am responsible for compliance with the regulations, policies and procedures contained Herein including the Anti-Harassment, Drug/Alcohol Free Workplace, Workplace Violence and other policies. I understand it is my responsibility to read the Handbook carefully and ask questions of my supervisor or the Human Resources Department if there is information I do not understand.

I understand that nothing contained in the Handbook is intended to create a contract of either employment or benefits. I also understand that I am employed at will. I understand that I have the right to separate my employment at any time, and the company has the same right, with or without cause.

I understand that The Service Companies is engaged in providing services to hotels, casinos, vacation ownership, malls and other businesses that have their own procedures, rules and regulations that I am required to comply with in addition to The Service Companies rules and regulations.

I understand the Handbook represents only current policies, procedures, regulations and benefits, and that the company may make changes from time to time.

I understand that for a period of one year after my employment terminates I may not work directly for the property at which I perform services on behalf of The Service Companies.

Name: Orjeta Dedushi

Date of Birth: 9-11-71

Address: 1259 White Plains Rd NY NY 10472

Signature: *Orjeta Dedushi*

Date: 11/30/18

July 27, 2016

From: Matt Sanfilippo  
To: Sensitive Key Holders  
Subject: Guestroom Keys

We have recently had some challenges at several of our properties regarding sensitive keys. As such, we are redeploying our key policy training across the company. This guidance is intended to ensure you understand the complexities and responsibilities regarding sensitive keys. Please ensure you fully comprehend the material and ask questions of your leader if you have any challenges with the material provided.

The training will cover the following topics:

- All master keys are to be signed in and out when issuing or receiving
- Supervisors are the only team members authorized to access key boxes and key cabinets
- Supervisors are required to audit key boxes at the start of their shifts and must have a manager audit at the end of the shift to confirm all keys have been reconciled
- Lost keys are to be reported immediately to your supervisor or manager
- Mishandled keys will result in disciplinary suspension and/or final written warning
- Lost keys that are not found will result in termination of your employment

I have been trained on the appropriate key procedures for my property. I have read and understand my responsibilities in accordance with this program.

Orjeta Dedushi  
Name

11/30/2018  
Date





Debbie McKee &lt;debbie@acrobatoutsourcing.com&gt;

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**AcrobatOutsourcing Offer Letter sent to orideda71@gmail.com**

1 message

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**doNotReply@acrobatoutsourcing.com** <doNotReply@acrobatoutsourcing.com>

Fri, Feb 2, 2018 at 9:21 AM

To: debbie@acrobatoutsourcing.com

This is a copy of an email sent to [orideda71@gmail.com](mailto:orideda71@gmail.com)

## Offer letter

Orjeta Dedushi

[1259 White Plains Road](#)  
[New York NY 10472](#)

Acrobat Outsourcing is pleased to offer you the following position(s) starting on 2/2/2018.  
Barista at a rate of \$18.00

This offer is contingent upon the satisfactory completion of the background check process. By accepting this offer, you also agree to comply with the policies set forth by the company and acknowledge the guidelines that are shared with you at the time of hire. Additionally, the rate offered above may vary depending on location and client. If the rate is different than your standard offered rate, it will be disclosed to you before you accept the offered position. Rate may also vary if your perform a position other than that stated above.

By digitally signing this offer letter, I, Orjeta Dedushi, accept the job offer of Barista from Acrobat Outsourcing.

By accepting the job with Acrobat Outsourcing, you agree that you have done so voluntarily and acknowledge that there is no specified length of employment. Your employment is at will and either Acrobat Outsourcing or you may terminate the relationship with or without notice at any time. Prompt reporting of all work-related injuries and/or illness is a requirement of employment and you agree to report such injuries and/or illnesses as required. Acrobat Outsourcing reserves the right to change the hours, wages and working conditions at any time based on business necessity. Policies are subject to change and revised information may supersede, modify, or eliminate existing policies. Any questions, please feel free to consult with the Human Resources Manager in our corporate office.

Signature: Orjeta Dedushi      Date: 2/2/2018

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Debbie McKee  
Staffing Manager: Woodbridge, New Jersey  
Acrobat Outsourcing

[165 Main Street • Woodbridge, NJ 07095](#)  
P: (732) 993-7235 • C: (908) 531-8986





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**Hourly Employee Job Offer Letter**

Job Offer Date: 1/30/2018

Name: Orjeta Dedushi

Wage Per Hour: \$18.00

Job Title: Barista

Project Location: Dropbox NUC

Shift: First Second Third  
(Circle One)

Congratulations on this offer of employment to join The Service Companies (FSS/SSC/JRS). We are excited to have you join our team. Our expectation of you is that you work hard, work safe, work with a smile and always ask your supervisor questions when you need assistance.

Paydays are on the 10<sup>th</sup> and 25<sup>th</sup> of each month except California and Puerto Rico which is paid weekly.

As a new hourly employee, you will be eligible to enroll in all of our great benefits to include voluntary health, dental and vision. Additionally you will be able to enroll in our payroll deduction IRA to save for retirement, enroll in a credit union and to take advantage of our nationwide employee discount program. You will be eligible after 90-Days of employment with the company. If you are a transfer from a customer location, your wait will be shorter. Please ensure that we have your correct address on file.

You will be an at-will employee with no contract or guarantee of continued employment and either you or the Company can terminate your employment at any time. All of our locations are considered projects that we are hired for and are of limited duration. The length of our projects are determined by our clients and could end suddenly with or without notice. Upon termination of employment due to the project ceasing or any other reason, your right to all foregone benefits shall cease (except as otherwise required by law).

Due to the nature of the hospitality industry business you will be required to work on holidays and weekends, be flexible as your work schedule and duties are subject to change, meet all of our appearance standards and follow the rules of our employee handbook and our Code of Ethics. By signing and accepting this offer you are agreeing to these employment terms, acknowledging you have received an employee handbook and are also agreeing that The Service Companies may use any pictures taken of you for marketing purposes during and after the course of your employment.

If required at your location, this offer is contingent upon passing drug testing and background checks. Depending on the location we also may engage in random and reasonable suspicion drug testing. At all locations you must satisfy the requirements of form I-9 Employment Eligibility (Authorization to work in the United States) and be subject to E-Verify. You will also be required to complete New Hire Orientation and Safety Orientation.

By accepting this offer you agree you cannot work for directly for the customer at the customer location you work at for The Service Companies for a period of one year from termination of your employment with The Service Companies.

We are excited for you and look forward to having you as part of the team.

Your Acceptance Signature: 

Date: 1/30/18



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**APPLICANT DATA SHEET:**

Date: 1/30/18

First Name: Orjeta Last Name: Dedushi

Date of Birth: 9/11/71 Social Security Number: 762-58-0964

Address: 1359 White Plains Road Apt #: \_\_\_\_\_

City: New York State: NY Zip Code: 10472

Cell Phone: 347-220-9009 Home Phone: \_\_\_\_\_

E-Mail: orideda11@gmail.com

Property: \_\_\_\_\_

Subcontractor Co.: \_\_\_\_\_

Employee Signature: *Orjeta Dedushi*

ID# (To be filled out by The Service Co.): \_\_\_\_\_