

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 Steve Larkin Date: 03-21-18
 Home Telephone (916) 807-1281 Other Telephone () _____
 Present Address 111 Taylor Street
 Permanent Address, if different from present address: _____
 Email Address N/A

EMPLOYMENT DESIRED

Position applying for: any Salary desired: open
 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 No From: _____ To: _____
 How did you find out about our open position? (Please check fill in proper name of source):
 Referral Name of Referral 111 Taylor Street 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? 03-21-18

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 <u>DAILY</u>	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 _____

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

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Your Hospitality Staffing Professionals

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?
Fernmont School For Adults	Sacramento CA	GED	yes
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: Sacramento Job CORP Certificate in Retail Sales Windows Excel word perfect			

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 _____

Type of Business _____ Telephone No. (____) _____ Supervisor's Name _____

Your Position and Duties _____

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: _____

Name and Address of Employer _____

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Type of Business _____

Telephone No. (_____) _____ Supervisor's Name _____

Your Position and Duties _____

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: _____ **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:** _____

Please Read Carefully, Initial Each Paragraph and Sign Below

SSC 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.

SAC 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.

SAC 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.

SAC 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.

SAC 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 03-21-18

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

First and Last Name: Steve Larkin

Email: _____

Phone number: (916) 807-1281

Working Experience:

Company Name: Seagoville FCI Food Service TX

Dates of Employment: Aug 17 2013 - March 12 2018

Job Responsibility: over all responsibilities of the kitchen

- Cook
- Prep cook
- Dishwasher
- Head of the Vegetable Department

Company Name: Seagoville FCI Maintenance Department TX

Dates of Employment: March 29 2013 - Aug 16, 2013

Job Responsibility: Janitor / cleaner

- Stripping and polishing floors
- Cleaning building floors by sweeping, mopping, and scrubbing them
-
-

Company Name: Oregon Trail Trading Post OR

Dates of Employment: Nov. 14 2008 - Feb 11, 2011

Job Responsibility: Sales Manager

- Planned and directed staffing, training, and performance in developing control
- ~~and sales and service programs~~
- hiring of supporting staff that brings about the best of the company
-

Skills

- 20+ years of Customer service experience
- over 2 years of warehouse experience
- management
- ~~Customer service specialist~~

Cashier Test

Score 12/15

B 1) A roll of quarters is worth?
a) \$5.00
 b) \$10.00
c) \$15.00
d) \$20.00

A 2) A roll of dimes is worth?
 a) \$5.00
b) \$4.00
c) \$3.00
d) \$2.00

D 3) A roll of nickels is worth?
a) \$8.00
b) \$6.00
c) \$4.00
 d) \$2.00

A 4) A roll of pennies is worth?
 a) \$1.00
b) \$0.75
c) \$0.50
d) \$0.25

C 5) What does POS stand for?
a) Patience over standards
b) Percentage of sales
 c) Point of sales
d) People over service

B 6) What is the current sales tax rate in your city 6.50%?

C 7) A customer buys a bowl of soup for \$1.25, an apple \$0.90 and a soda is \$0.79. If you are given \$10.00 how much change should you give back?
a) \$4.06
b) \$2.06
 c) \$7.06
d) \$5.06

B 8) A customer buys two shirts for 10.50 each and two ball caps for \$7.25 each. If you are given \$50.00 how much change should you give back?
a) \$19.50
 b) \$14.50
c) \$9.50
d) \$4.50

D 9) A customer buys soda for \$3.75 and a hot dog for \$4.25. If you are given \$20.00 how much change should you give back?
a) \$6.00
b) \$8.00
c) \$10.00
 d) \$12.00

A 10) A customer buys two hamburgers at \$3.75 each, two bags of chips at \$1.25 each, two cookies at \$2.50 each and two sodas at \$3.25 each. If you are given \$100.00 how much change should you give back?
 a) \$78.50
b) \$58.50
c) \$38.50
d) \$28.50

Cashier Test

Score 12 / 15

A 11) Counterfeit pens should be used on which three denominations?

- a) \$20, \$50, \$100
- b) \$10, \$20, \$50
- c) \$5, \$50, \$100
- d) \$10, \$20, \$50

A B 12) How many times should you count change when giving it to the customer?

- a) one
- b) two
- c) three
- d) no need to count

Question & Answer:

13) What is the minimum age for legal alcohol purchases? 21

14) What are the acceptable forms of ID for alcohol purchases? COL Passports Military

15) How many \$20 bills are in a bank band? 100

C

1) After washing your hands, which item should be used to dry them?

- a) Clean apron
- b) Sanitized wiping cloth
- c) Single use paper towel
- d) Common used cloth

C

2) While washing dishes by hand, which item should you wear?

- a) Cutting glove
- b) Oven Mitt
- c) Rubber glove
- d) Nothing

D

3) When should you wash your hands?

- a) Before you start work
- b) After handling non-food items (garbage, money, cleaning chemicals)
- c) After using the restroom
- d) All of the above

B

4) If you need to move a heavy load, you should PULL and not PUSH the object.

- a) True
- b) False

E

5) Which of the following could you be at risk for getting burned from?

- a) Steam from boiling pots
- b) Hot liquids (coffee, soup, tea)
- c) Hot equipment (ovens, pots, chafing dishes)
- d) Harsh chemicals
- e) All of the above

A

6) All work-related injuries, accidents or illnesses should be reported immediately to the supervisor on duty.

- a) True
- b) False

C

7) What should you 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 immediately
- d) Not sure

C

8) When handling hot items you should?

- a) Wear rubber gloves
- b) No need to wear anything
- c) Use an oven mitt or dry cloth towel
- d) Nothing

A

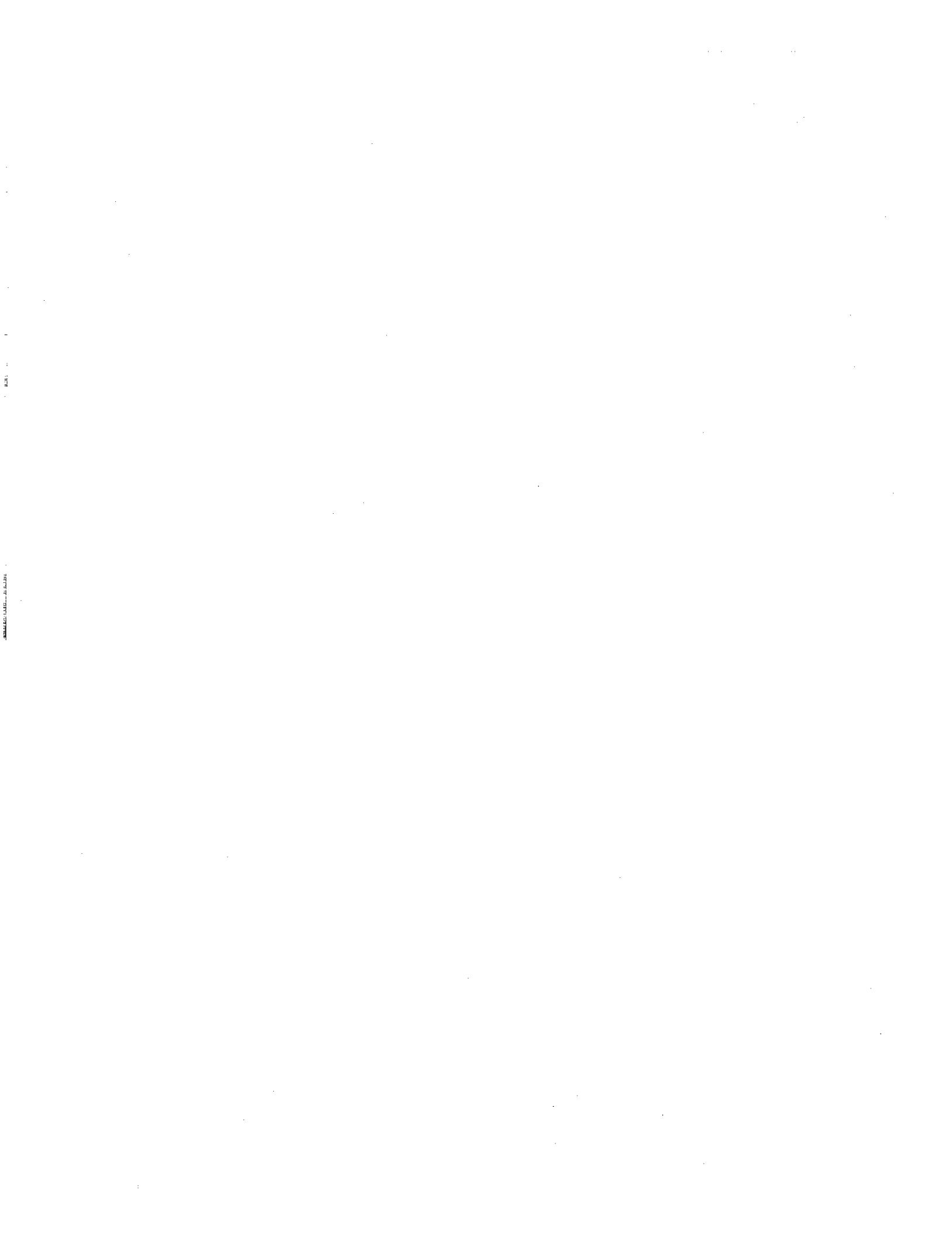
9) If you are using a three-compartment sink for cleaning and sanitizing, the second sink is used for?

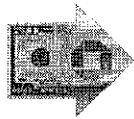
- a) Rinsing
- b) Scraping
- c) Washing
- d) Sanitizing

C A

10) What is the proper method for cleaning and sanitizing stationary equipment?

- a) Spray with a strong cleaning solution and wipe with a sanitized cloth
- b) Spray with a sanitizing solution, then rinse with clean water and dry
- c) Wash and rinse, then wipe or spray with a chemical-sanitizing solution
- d) Brush off loose soil with a clean cloth, then wipe with a sanitizing solution





Direct Deposit Set-Up Form

EMPLOYEE INFORMATION

Employee

STEVEN ALAN LARKIN

Address

111 TAYLOR ST APT 332

City

SAN FRANCISCO

State

CA

Zip

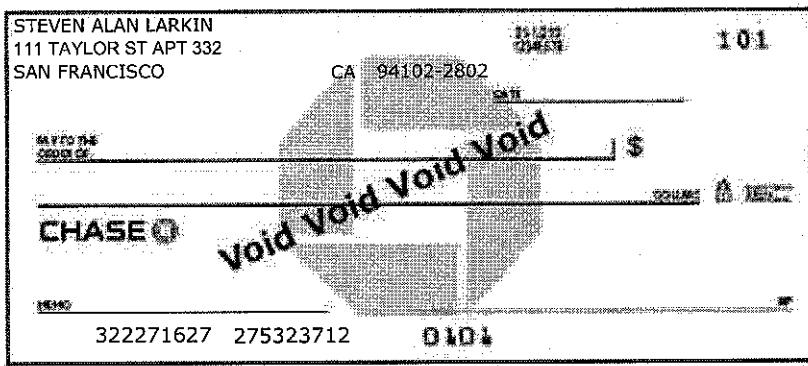
94102-2802

Company Employee ID

ACCOUNT INFORMATION

Chase routing number

322271627

**Account number**

275323712

Deposit To:

Checking

Savings

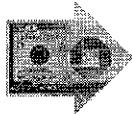
EMPLOYEE AGREEMENT

I authorize ACROBAT OUTSOURCING to automatically deposit my payroll check into my account listed above. (This includes authorization to correct any entries made in error.) This authorization will remain in effect until I give written notice to cancel it.

Employee Signature

Date

Employee: If there are any questions, please call: TRUNG D NGUYEN
Chase Banker (415) 391-7419



Direct Deposit Instructions

For: STEVEN ALAN LARKIN

From: TRUNG D NGUYEN

Chase Banker (415) 391-7419

Re: Direct Deposit request

INSTRUCTIONS FOR

Deliver the Direct Deposit Set-up Information Form to your employer right away (if banker did not submit on your behalf today). The Direct Deposit Set-up Information Form on the next page provides the necessary information required by your company's system.

Thank You!

Chase Banker Instructions:

1. Make a copy of this Cover Sheet and Direct Deposit Set-up Information Form.
2. Help the customer save time by submitting the direct deposit on their behalf.
3. If unable to submit for the customer, instruct customer to give this Cover Sheet and Direct Deposit Set-up Information Form to the employer to activate direct deposit.
4. File a copy of this Cover Sheet and the completed Direct Deposit Set-up Information Form for follow-up. Once the deposit is confirmed, destroy the copy using sensitive trash guidelines.



Acrobat Outsourcing
Corporate Headquarters
665 Third Street, Suite 415, San Francisco, CA 94107
Phone: 415-431-8826 | Fax: 415-431-1580
www.acrobatoutsourcing.com

DIRECT DEPOSIT FORM

 New Cancel

Today's Date

04 - 09 - 2018

Last Name

LARKIN

First Name

Steven

MI

A

Address

1114 Taylor Street 332

Apartment #

City

San Francisco CA 94102

State

Zip Code

Social Security Number

618-03-9777

Date of Birth

05-18-1975

Bank Name

Chase

Checking



Savings



Other



Routing Number

322271627

Account Number

275323712

Please attach a VOIDED check

This form (and check) may be faxed to the SF Corporate Office at 415-431-1580

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.

Steven Alan Larkin

Print Name

Employee Signature

04-09-18

Date



Outsourcing
Your Hospitality Staffing Professionals

Acrobat Outsourcing
Corporate Headquarters
665 Third Street, Suite 415, San Francisco, CA 94107
Phone: 415-431-8826 | Fax: 415-431-1680
www.acrobotoutsourcing.com

GLOBAL CASH CARD FORM

New

Replacement

Cancel

Today's Date - - **20**

Last Name

First Name

MI

Address

Apartment #

City

State

Zip Code

Social Security Number

Date of Birth

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

ACCOUNT NUMBER (16-digits)

Branch Office:

Completed By:

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

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.

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Print Name

Employee Signature

Date