

Interview Note Sheet

Applicant Information	
Name: <u>Wendi Mosiro</u>	Interviewer: <u>Steven G</u>
Date: <u>5/14/18</u>	Rate of Pay: \$ <u>11</u>
Position (s) Applied for: <u>Housekeeping/Laundry/Server</u>	Referred by: <u>workforce Job fair</u>

Test Scores					
Server	/35	%	Bartender	/35	%
Prep Cook	/20	%	Barista	/15	%
Grill Cook	/40	%	Cashier	/15	%
Dishwasher	/10	%	Housekeeping	<u>11</u> /14	<u>78</u> %

Seeking:
Full-Time
<u>Part-Time</u>

Relevant Experience & Summary of Strengths
<p style="text-align: right;">Total of _____ in Food Service/Hospitality</p> <p><u>Wendi - is work experience is Home Care Assistants. She wants to come back to work after so many years of stay at home. She wants part-time only.</u></p>
P.O.S. Experience: Y / N details: _____

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

Regions Available to work:
<u>Kansas City, KS</u> <u>Overland Park, Kansas</u> Kansas City, MO Independence, MO

Certifications (if any)
TIPS Serv-Safe LEAD Other _____ Will Submit

Availability
Open AM only PM only Weekdays only Weekends only
Details: _____

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:
---	-----------------------	-------------------------

Wendi Mosiro

6508 Hedge Lane Terrace Apt 104
Shawnee Ks, 66226
wendimosiro@yahoo.com
Phone Number: 913-215-6123

Work Experience:**Home Care Assistants**

7214 College Blvd.
Overland Park, KS 66210

November 2016-January 2018

- ☐ Answer patients' call signals.
- ☐ Turn and reposition bedridden patients, alone or with assistance, to prevent bedsores.
- ☐ Observe patients' conditions, measuring and recording food and liquid intake and output and vital signs, and report changes to professional staff.
- ☐ Feed patients who are unable to feed themselves.
- ☐ Provide patients with help walking, exercising, and moving in and out of bed.
- ☐ Provide patient care by supplying and emptying bed pans, applying dressings and supervising exercise routines.
- ☐ Bathe, groom, shave, dress, or drape patients to prepare them for surgery, treatment, or examination.
- ☐ Transport patients to treatment units, using a wheelchair or stretcher.
- ☐ Clean rooms and change linens.
- ☐ Successful in charting all aspects of the patient's daily activities.

Stay at home mom

2012-2016

Licenses & Certifications

CNA, HHA, CPR - May 1994

Certified Nurse's Aide, Home Health Aide, Cardio Pulmonary Resuscitation.

Name: Wendy Masiro

Score 1 / 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? Spray for bugs clean. Notify supervisor.
10. What do you do if you find Lost and Found items in a guest rooms? Turn it into manager.
11. Describe the difference between a disinfectant and a cleaning solution? Cleaning just cleans. Disinfectant - Disinfects.



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 Wendy Mosiro Date: 5-14-18
 Home Telephone (913) 215-6123 Other Telephone ()
 Present Address 6508 Hedge Lane Terrace Apt. 104 Shawnee Kansas
 Permanent Address, if different from present address: Same
 Email Address wendymosiro@yahoo.com

EMPLOYMENT DESIRED

Position applying for: Dietary aid Salary desired: TBD
 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 current To:
 How did you find out about our open position? (Please check fill in proper name of source):
 Referral ☐ Name of Referral Workforce center 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? May 15, 2018

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	
PM		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

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?
Baseha High School	Baseha KS	12	yes
Do you have any special licenses, certificates or special training? If so please list under "Special."			
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:			

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 X/A

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 _____

Acrobat

outsourcing
Your Hospitality Staffing Professionals

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: Dave Johnson Telephone No. (913) 663-5000

Address _____

Occupation: RN Relationship: Supervisor Number of Years Acquainted: 1 1/2

Name: Dave Allen Telephone No. (913) 713-1948

Address _____

Occupation: _____ Relationship: Friend Number of Years Acquainted: 8

Name: _____ Telephone No. (____) _____

Address _____

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



Please Read Carefully, Initial Each Paragraph and Sign Below

wm 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.

wm 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.

wm 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.

wm 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.

wm 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 Uerdi Moria Date 5-14-18



Case Verification Number: 2018135160613BG

Report prepared: 05/15/2018

Company Information

Company ID: 139349

Company Name: Acrobat Outsourcing

Client Company ID: 139349

Client Company Name: Acrobat Outsourcing

Employee Information

Name: Wendi R. Mosiro

Date of Birth: 11/23/1975

U.S. Social Security Number: ***-**-0525

Employee's First Day of Employment: 05/15/2018

Citizenship Status: U.S. Citizen

Document Information

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

Expiration Date: 11/23/2023

State: Kansas

List C Document: Social Security Card

Case Information

Current Case Result: Closed

Case Submitted By: Diana Zamora

Case Status: Employment Authorized

Reason for Closure: Employment Authorized Auto Close