

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 MOUHAMADOU DIOP Date: 5/21/18
 Home Telephone (415) 504 5982 Other Telephone () _____
 Present Address 323 SILLIMAN
 Permanent Address, if different from present address: _____
 Email Address JAMILBIOP@YMAIL.COM

EMPLOYMENT DESIRED

Position applying for: D/W Salary desired: 16.00
 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 YACOUBA 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	☒	☒	☒	☒	☒	☒	☒

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
Yacouba (brother)
 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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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?
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: _____			

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 BISSP BAObAb

Type of Business _____ Telephone No. (510) 2131537 Supervisor's Name JoTi

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 _____

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

_____ 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.

_____ 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.

_____ 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.

_____ 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.

_____ 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** _____