

## 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 Shakeerah Kelly Date: 3  
Home Telephone (913) 609-7380 Other Telephone 913  
Present Address 611 HOBSON ST, NEWARK NJ  
Permanent Address, if different from present address: \_\_\_\_\_  
Email Address Shakeerahmoneil Kelly@gmail.com

EMPLOYMENT DESIRED

Position applying for: Cashier Salary desired: 10/11  
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 \_\_\_\_\_ 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? ASAP

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	open	open	open	open	open	open	open
PM	open	open	open	open	open	open	open

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.) \_\_\_\_\_

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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?
Allen University	Columbia, SC		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:			

## 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 Frederix

Type of Business \_\_\_\_\_ Telephone No. 901.344.1111 Supervisor's Name Frederix

Your Position and Duties Member

Dates of Employment: From Nov 2016 To Current

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

Name and Address of Employer Beshway Midway

Type of Business Trucking Telephone No. ( ) \_\_\_\_\_ Supervisor's Name Rabio

Your Position and Duties Admin

Dates of Employment: From 2015 To 2018

Reason for Leaving: School

Name and Address of Employer \_\_\_\_\_

Type of Business \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

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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: N/A

## MILITARY SERVICE

Have you obtained any special skills or abilities as the result of service in the military? Yes \_\_\_\_\_ No ☒ N/A  
If so, describe: \_\_\_\_\_

## UNRELATED REFERENCES

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name: Crystal Albert Telephone No. (913) - 622-4134

Address: N/A

Occupation: mail clerk Relationship: \_\_\_\_\_ Number of Years Acquainted: 8

Name: Edsel Evans Telephone No. (\_\_\_\_) \_\_\_\_\_

Address: N/A


Occupation: clerk Relationship: work friend Number of Years Acquainted: 8


Name: \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_


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

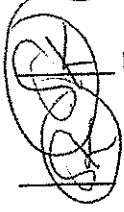
Occupation: \_\_\_\_\_ Relationship: \_\_\_\_\_ Number of Years Acquainted: \_\_\_\_\_

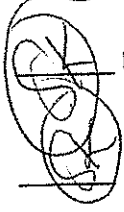
**Please Read Carefully, Initial Each Paragraph and Sign Below**

 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.

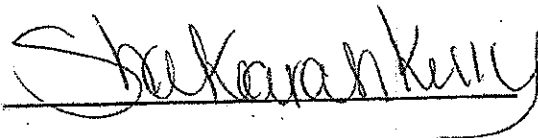
 I hereby authorize Acrobat Outsourcing and its authorized representatives to solicit information regarding my background, which may include but not be limited to, information about my employment, education, and/or criminal history, which may be in the files of any federal, state, or local criminal justice 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

06-06-18



## Case Verification Number: 20181621838 43DC

Report prepared: 06/11/2018

### Company Information

**Company ID:** 139349

**Company Name:** Acrobat Outsourcing

**Client Company ID:** 139349

**Client Company Name:** Acrobat Outsourcing

### Employee Information

**Name:** Shakearah M. Kelly

**Date of Birth:** 12/17/1990

**U.S. Social Security Number:** \*\*\*-\*\*-7630

**Employee's First Day of Employment:** 06/11/2018

**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:** 01/31/2022

**State:** New Jersey

**List C Document:** Social Security Card

### Case Information

**Current Case Result:** Closed

**Case Submitted By:** Josephine Paik

**Case Status:** Employment Authorized

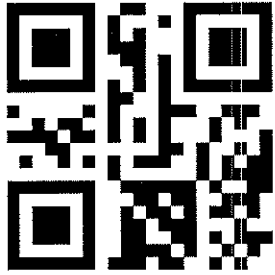
**Reason for Closure:** Employment Authorized Auto Close

**For optimal readability and durability, it is recommended to print employee cards on white card stock.**

**Kelly,  
Shakearah**

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## New Hire Acknowledgement Form

### For Employer

- ☐ Additional Information Sheet
- ☐ Application
- ☐ I-9
- ☐ W-4
- ☐ Offer Letter
- ☐ Background Authorization Release
- ☐ Sexual Harassment Prevention Policy
- ☐ Global Card / Direct Deposit Form
- ☐ Designation of Personal Physician / Emergency Contact Form
- ☐ Confidentiality & Non-Disclosure Agreement

### For Employee

- ☐ New Hire Orientation Manual
- ☐ Workers' Compensation Pamphlet
- ☐ Sexual Harassment Pamphlet
- ☐ Unemployment (For Your Benefit) Pamphlet
- ☐ Safety & Sanitation Guidelines

### Inform:

- ☐ State & Federal Poster
- ☐ Minimum Wage Poster
- ☐ Wage Order Poster

All of these items have been explained to me:

Print Name

Signature

Date

Ref 71

Shakeerah Kelly

Shakeerah Kelly

6-6-18

# Form W-4 (2018)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** You may claim exemption from withholding for 2018 if both of the following apply.

- For 2017 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2018 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you're exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

**Line F. Credit for other dependents.** When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b> OMB No. 1545-0074 <b>2018</b>	
▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.			
1 Your first name and middle initial <b>Shakirah Kelly</b>		2 Your social security number <b>223-59-7036</b>	
Home address (number and street or rural route) <b>61 Hobson St</b>		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."	
City or town, state, and ZIP code <b>Newark, NJ 07102</b>		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>	
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5 <b>1</b>	
6 Additional amount, if any, you want withheld from each paycheck		6 \$	
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption.			
• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and			
• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.			
If you meet both conditions, write "Exempt" here.			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.			
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶ <b>06/06/2018</b>	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment	
10 Employer identification number (EIN)			



# **:: Barnabas Health**

## **CONSENT FORM**

### **ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK**

I authorize COMPANY and the Absolute Background Search, Inc. to obtain consumer reports and/or investigative consumer reports regarding me from time to time for employment purposes throughout the time of employment, in compliance with the Fair Credit Reporting Act, as amended by the Consumer Credit Reporting Reform Act of 2003, Absolute Background Search, Inc. needs my authorization to obtain such a report. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all drug screening and background information requested by Absolute Background Search, Inc., or the Company itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only:

I acknowledge that I understand that I will have access to my completed report by logging back in to this applicant screening system any time within the next 60 days.

California applicants only:

Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows:

In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.

A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.

By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

\*\*\* I, Shakearrah Kelly, CERTIFY THAT I HAVE RECEIVED A COPY OF "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT" and have read and understand the documents \*\*\*

\*This information will not be used for the purpose of discrimination. The Federal Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age.

Signature: Shakearrah Kelly Date: 06-06-18

Print Name: Shakearrah Kelly Date of Birth: 12/17/1990

Additional Names Used (Maiden): \_\_\_\_\_

Address: 611 Johnson St Social Security #: 223-59-7630

City: Newark, NJ State & Zip: NJ 07102

Drivers License Number & State (if applicable): K240770374 62902

Updated 10/01/2015