

## 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 Paul Johnson Date: 6/27/2018  
 Home Telephone (831) 236-6421 Other Telephone ( )  
 Present Address 502 Precita Ave  
 Permanent Address, if different from present address:  
 Email Address PAULRMJOHNSON@GMAIL.COM

### EMPLOYMENT DESIRED

Position applying for: PORTER Salary desired: \_\_\_\_\_

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? 6/28/2018

**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                            |        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |
| PM                            |        | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |          |

Do you have any vacations or extended leaves planned in the next 12 months? If so, please list dates:

AVG 3-4 2018 AVG 7-14 2018

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

# Acrobat

outsourcing  
Your Hospitality Staffing Professionals

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: no

## 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: JEN ALVISO Telephone No. (510) 517 8542

Address \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: FRIEND Number of Years Acquainted: 9

Name: TONY MOSQUEDA Telephone No. (510) 292-5475

Address \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: FRIEND Number of Years Acquainted: 9

Name: PETER MOSQUEDA Telephone No. (310) 770-0873

Address \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: ~~FORMER~~ FRIEND, FORMER Number of Years Acquainted: 9

BOSS

Paul

10/10

## Dishwasher Test

- 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, chaffing 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 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