

## Interview Note Sheet

### Applicant Information

Name:	Interviewer: <i>Griffin Long</i>
Date: <del>8/28/2018</del> 8/28/2018	Rate of Pay:
Position (s) Applied for: <i>Dish</i>	Referred by:

### Test Scores

Server	/35	%	Bartender	/35	%
Prep Cook	/15	%	Barista	/15	%
Grill Cook	/40	%	Cashier	/15	%
Dishwasher	/10	%	Housekeeping	/16	%

### Seeking:

Full-Time

Part-Time

### Relevant Experience & Summary of Strengths

Total of \_\_\_\_\_ in Food Service/Hospitality

- Some COOK experience
- Dishwasher
- Fast food experience

*- Sat - Tuesday*

*12:00 - 11:*

P.O.S. Experience: Y / N details: \_\_\_\_\_

### Transportation

Car                      Public Transit                      Carpool ( Rider / Driver )

### Regions Available to work:

Region 1	Region 2	Region 3	Region 4
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### Certifications (if any)

TABC	Food Handler's	LEAD	Other _____	Will Submit
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### Availability

Open	AM only	PM only	Weekdays only	Weekends only
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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:
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## 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 Phillip Morris Date: \_\_\_\_\_  
 Home Telephone (\_\_\_\_) \_\_\_\_\_ Other Telephone Cell (512) 917-8746  
 Present Address 108 West Colorado Drive Spicewood TX 78669  
 Permanent Address, if different from present address: \_\_\_\_\_  
 Email Address woodytrim@aol.com

### EMPLOYMENT DESIRED

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

Are you currently registered with any staffing and/or employment agencies? If so, please list

All Team

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? \_\_\_\_\_

*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	<u>12:00</u>	<u>12:00</u>	<u>12:00</u>				<u>12:00</u>

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

No

### 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?
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: <i>Fast Food experience</i>			

## 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 Lawn Service Mowing and Trimming

Type of Business Lawn Service Telephone No. (512) 917-8746 Supervisor's Name Self employed

Your Position and Duties owner/worker

Dates of Employment: From 12/8/94 To 8/28/18

Reason for Leaving: still working

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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665 Third St., Suite 415 • San Francisco CA 94107

First and Last Name: Phillip Morris  
Email: WoodyTrim@aol.com  
Phone number: 51-917-8746

**Working Experience:**

Company Name: Lawn Service Mow, and Trimming  
Dates of Employment: 12/08/1994  
Job Responsibility: Owner

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Company Name: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Job Responsibility: \_\_\_\_\_

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Company Name: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Job Responsibility: \_\_\_\_\_

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**Skills**

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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: Karl Key Telephone No. (512) 633-0507

Address \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: Business Number of Years Acquainted: 10 yrs.

Name: Ed Thompson Telephone No. (512) 892-4443

Address \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: Business Number of Years Acquainted: 5 yrs

Name: Bill Thomas Telephone No. (512) 809-3993

Address \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: Friends Number of Years Acquainted: 40 yrs

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

PM

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.

PM

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.

PM

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.

PM

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.

PM

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

Philip Morris

Date

8/28/18



[eFoodcard.com](http://eFoodcard.com)  
888.243.0222



ASTM D2850  
CERTIFICATE NUMBER: 00000000000000000000

Employee Card

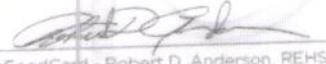
## Food Handler Certificate of Completion

Phillip Morris

is recognized for successfully completing  
the eFoodcard Food Handler Basics Course

Certificate Number TXFC-1050891

Issued: 08/12/2018 Valid Through: 08/12/2020

  
eFoodCard - Robert D. Anderson, REHS

