

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 Cynthia Poche Date: 9/13/18
 Home Telephone (770) 364-2512 Other Telephone ()
 Present Address 1235 Natchez Trace SW.
 Permanent Address, if different from present address: _____
 Email Address cynthia.poche@gmail.com

EMPLOYMENT DESIRED

Position applying for: Hospitality Salary desired: \$13.00 - \$15.00 HR
 Are you currently registered with any staffing and/or employment agencies? If so, please list N/A

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 Cole Branton 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

+ Depending on the Day

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	<u>8-4</u>	<u>8-4</u>	<u>8-4</u>	<u>8-4</u>	<u>8-4</u>	<u>8-4</u>	<u>8-4</u>
PM						<u>5-11</u>	<u>3-11</u>

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

Cole Branton

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.)

I am a very strong lady :)

EDUCATION & SKILLS

NAME OF SCHOOL	CITY & STATE	GRADE OR DEGREE COMPLETED	DID YOU GRADUATE?
Harrison High	Kennesaw, GA	12	yes
Chattahoochee Tech	Marietta, GA	B.S. Marketing Business MEMPAD	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 Home a glow

Type of Business Cleaning Telephone No. () Number Supervisor's Name work for myself

Your Position and Duties I respected my client and cleaned their homes from the bottom to the top. Leaving them with a clean space and great results.

Dates of Employment: From To Weekly Pay: Starting Ending

Reason for Leaving: Started working more on my own business

Name and Address of Employer Berman Commons

Type of Business Assisted Living Telephone No. () Supervisor's Name William

Your Position and Duties I started off in housekeeping and picked up doing activities (activity coordinating) with my Elders.

Dates of Employment: From 2007 To Present Weekly Pay: Starting \$10.00 Ending \$13.45

Reason for Leaving: I haven't left New staff, New CEO, a lot of fickleness.

Name and Address of Employer Bella Cella Arts

Type of Business Apparel Telephone No. (710) 384-2512 Supervisor's Name (Myself)

Your Position and Duties I have been making apparel with my mother since 2009. We enjoy making things for beautiful people all over the world.

Dates of Employment: From 2009 To Present Weekly Pay: Starting 104 Ending _____

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 _____ Weekly Pay: Starting _____ Ending _____

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: Cole Branton Telephone No. (470) 234-8247

Address: 703 Brandywine Circle Atlanta, GA

Occupation: Business Owner Relationship: _____ Number of Years Acquainted: 10+

Name: Carrie Venzen Telephone No. (770) 844-2810

Address: _____

Occupation: Teacher Relationship: _____ Number of Years Acquainted: 1yr -

Name: Cory Williams Telephone No. (310) 968-7793

Address: _____

Occupation: Music Producer Relationship: _____ Number of Years Acquainted: 20+

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STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME Cynthia Poche	1b. YOUR SOCIAL SECURITY NUMBER 574-92-6662
2a. HOME ADDRESS (Number, Street, or Rural Route) 1235 Natchez Tr. S.W.	2b. CITY, STATE AND ZIP CODE Marietta, GA

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3-8

3. MARITAL STATUS

(If you do not wish to claim an allowance, enter "0" in the brackets beside your marital status.)

A. Single: Enter 0 or 1

4. DEPENDENT ALLOWANCES

B. Married Filing Joint, both spouses working:

Enter 0 or 1

C. Married Filing Joint, one spouse working:

Enter 0 or 1 or 2

5. ADDITIONAL ALLOWANCES

D. Married Filing Separate:

Enter 0 or 1

E. Head of Household:

Enter 0 or 1

6. ADDITIONAL WITHHOLDING

WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES

(Must be completed in order to enter an amount on step 5)

1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION:

Yourself Age 65 or over BlindNumber of boxes checked x 1300 \$

2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:

A. Federal Estimated Itemized Deductions B. Georgia Standard Deduction (enter one): Single/Head of Household \$ Each Spouse \$ C. Subtract Line B from Line A D. Allowable Deductions to Federal Adjusted Gross Income E. Add the Amounts on Lines 1, 2C, and 2D F. Estimate of Taxable Income not Subject to Withholding G. Subtract Line F from Line E (if zero or less, stop here) H. Divide the Amount on Line G by \$3,000. Enter total here and on Line 5 above

(This is the maximum number of additional allowances you can claim. If the remainder is over \$1,500 round up)

7. LETTER USED (Marital Status A, B, C, D, or E) **D** TOTAL ALLOWANCES (Total of Lines 3-5) **4**
(Employer: The letter indicates the tax tables in Employer's Tax Guide)

8. EXCEPT: (Do not complete Lines 3-7 if claiming exempt) Read the Line 8 instructions on page 2 before completing this section.

a) I claim exemption from withholding because I incurred no Georgia income tax liability last year and I do not expect to have a Georgia income tax liability this year. Check here b) I certify that I am not subject to Georgia withholding because I meet the conditions set forth under the Servicemembers Civil Relief Act as amended by the Military Spouses Residency Relief Act as provided on page 2. My state of residence is . My spouse's (servicemember) state of residence is . The states of residencemust be the same to be exempt. Check here

I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.

Employee's Signature **Cynthia Poche** Date **9/13/08**

Employer: Complete Line 9 and mail entire form only if the employee claims over 14 allowances or exempt from withholding. If necessary, mail form to: Georgia Department of Revenue, Withholding Tax Unit, P.O. Box 49432, Atlanta, GA 30359.

9. EMPLOYER'S NAME AND ADDRESS: **EMPLOYER'S FEIN: _____**

Do not accept forms claiming additional allowances unless the worksheet has been completed. Do not accept forms claiming exempt if numbers are written on Lines 3-7.