



Debbie McKee <debbie@acrobotoutsourcing.com>

Re: Employment Application New Jersey

JotForm <noreply@jotform.com>
 Reply-To: naomiccontreras493@gmail.com
 To: debbie@acrobotoutsourcing.com, josephine@acrobotoutsourcing.com

Wed, Aug 22, 2018 at 10:56 AM

Employment Application New Jersey

First Name	Bernardíta
Last Name	De leon
E-mail Address	naomiccontreras493@gmail.com
Phone	+1 (201) 598-8027
Address	47 Hamilton ave
Unit or Number	1
City, State	Clifton NJ
Zip Code	07011
What region(s) are you applying to work within?	New Jersey
Which position(s) are you applying for?	Dishwasher
Are you applying for:	Full-Time
When can you start?	08-22-2018
Can you work overtime?	Yes
How did you hear about us?	Referral
If you were referred, please tell us by whom:	Visión bistro
What days/times can you work? Select all that apply:	Monday AM Tuesday AM Wednesday AM Thursday AM Friday AM
Do you have any planned vacations or extended leave in the next 12 months? (If no, leave blank)	
Have you ever applied to or worked for Acrobat before?	No
Do you have any friends or relatives working for Acrobat? If so, please let us know who:	

If hired, would you have reliable means of transportation to and from work? Yes

If hired, can you present evidence of your legal right to live and work in this country? Yes

State age if under 18. If you are under 18, hire is subject to verification that you are of minimum age to work.

Are you able to perform the essential functions of the job for which you are applying? Yes

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.)

Name of School Escuela Santiago gusman

City & State Dominican Republic

Grade/Degree 8th

Graduated? Yes

Do you have any special licenses? (If so, label under "Special") No

Are you computer literate? (If so, label which programs under "Special") No

Are you proficient with Point of Sale systems? (If so, label which under "Special") No

Do you have any experience, training, qualifications or special skills? (If so, label under "Special") No

Special:

Are you currently employed? Yes

Can we contact your current employer? Yes

Name and Address of Employer Ferring pharmaceutical

Type of Business Vision bistro restaurant

Phone Number (201) 403-0265

Your Position & Duties Dishwaher

Date of Employment (from/to): July 2017 to present

Phone

Relationship:

Years Acquainted:

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.

(Checked box indicates acknowledgement)

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.

(Checked box indicates acknowledgement)

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

(Checked box indicates acknowledgement)

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.

(Checked box indicates acknowledgement)

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.

(Checked box indicates acknowledgement)

I hereby acknowledge that I have read and understand the above statements.

(Checked box indicates acknowledgement)

Applicant Digital Signature
(Type Name):

Bernardita de leon

Date:

08-22-2018

Please Attach Resume
Below

You can edit this submission and view all your submissions easily.



Case Verification Number: 2018269210821JA

Report prepared: 09/26/2018

Company Information

Company ID: 139349

Company Name: Acrobat Outsourcing

Client Company ID: 139349

Client Company Name: Acrobat Outsourcing

Employee Information

Name: Bernadita Deleon de corredor

Date of Birth: 08/20/1962

U.S. Social Security Number: ***-**-8226

Employee's First Day of Employment: 09/26/2018

Citizenship Status: Lawful Permanent Resident

Alien/USCIS Number: A042497726

Document Information

List B Document: Driver's license or ID card issued by a U.S. state or outlying possession

Document Subtype: Driver's License

Document Number: D23670850058622

Expiration Date: 07/31/2021

State: New Jersey

List C Document: Social Security Card

Case Information

Current Case Result: Closed

Case Submitted By: Debbie McKee

Case Status: Employment Authorized

Reason for Closure: Employment Authorized Auto Close