

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 Tanya MORRIS Date: 10/20/18
 Home Telephone (678) 508-8341 Other Telephone ()
 Present Address 4892 Longview Run Decatur GA 30035
 Permanent Address, if different from present address: _____
 Email Address tanyamorris3690@gmail.com

EMPLOYMENT DESIRED

Position applying for: Security / cook Salary desired: open
 Are you currently registered with any staffing and/or employment agencies? If so, please list
Yes HSS

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	10 AM	10 - AM			10 - AM	10 - AM	10 AM
PM	6 - PM	6 PM			6 PM	6 PM	6 PM

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

none

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

Acrobat

outsourcing
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.)

None

EDUCATION & SKILLS

NAME OF SCHOOL	CITY & STATE	GRADE OR DEGREE COMPLETED	DID YOU GRADUATE?
Edison High	Stockton CA	YES	YES
BCC & Le Cordon Bleu Berkley CA/Tuck GA	YES	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:
A.A Degree Social Work. AA-Degree Pastry & Baking

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

Marriot

Type of Business

Hotel

Telephone No.

(707) 529-0126

Supervisor's Name

Chef Daniel

Your Position and Duties

Cook

Dates of Employment: From 2/4/13 To current Weekly Pay: Starting \$12.00 Ending

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 _____

Weekly Pay: Starting _____ 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: _____

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: Chef Robert Telephone No. (678) 663-6088

Address _____

Occupation: Chef Sup. Relationship: Chef Sup. Number of Years Acquainted: 1

Name: Chef Michael Telephone No. (770) 841-6785

Address _____

Occupation: Chef Relationship: Chef Sup. Number of Years Acquainted: 1

Name: _____ Telephone No. (____) _____

Address _____

Occupation: _____ Relationship: _____ Number of Years Acquainted: _____

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STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1. YOUR FULL NAME Tanya S MORRIS	2. YOUR SOCIAL SECURITY NUMBER 546-51-9744
3. HOME ADDRESS (Number, Street, or Rural Route) 4692 Longview Run	4. CITY, STATE AND ZIP CODE Decatur GA 30035

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

3

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

(Worksheet below must be completed)

D. Married Filing Separate:
Enter 0 or 1 E. Head of Household:
Enter 0 or 1

6. ADDITIONAL WITHHOLDING

5

WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES

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

1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION:

- Yourself Age 65 or over Blind- Spouse: Age 65 or over Blind Number of boxes checked x 1300 \$

2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:

A. Federal Estimated Taxed Deductions

B. Georgia Standard Deduction (Enter one): Single/Head of Household \$2,300

Each Spouse \$1,500

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) TOTAL ALLOWANCES (Total of Lines 3-6) **3**
(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 requirements set forth under the Servicemember's Civil Relief Act as amended by the Military Spouse Residency Relief Act as provided on page 2. My state of residence is _____ My spouse's (servicemember) state of residence is _____ The states of residence

must 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 **Tanya Morris**Date **10/20/2018**

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: _____

EMPLOYER'S NAME _____

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.