

**Acrobat**  
outsourcing  
Your Hospitality Staffing Professionals

**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 Brooke Portor Date: 10/26/18  
 Home Telephone (    ) Other Telephone ( 021 ) 404 754 0688  
 Present Address 405 Fairburn Rd Sw #230 Atlanta, Georgia 30331  
 Permanent Address, if different from present address: \_\_\_\_\_  
 Email Address portorbrooke1@yahoo.com

**EMPLOYMENT DESIRED**

Position applying for: \_\_\_\_\_ 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? 10/27/18

*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>Open</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 \_\_\_\_\_

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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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.)

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## EDUCATION & SKILLS

NAME OF SCHOOL	CITY & STATE	GRADE OR DEGREE COMPLETED	DID YOU GRADUATE?
Carver High School	Atlanta, Georgia	Diploma	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 Sodexo Alpharetta, GA

Type of Business Hospitality Telephone No. (    )    Supervisor's Name Will Luchey

Your Position and Duties Cashier

Dates of Employment: From 3/2019 To Present Weekly Pay: Starting 11.00 Ending 11.00

Reason for Leaving: \_\_\_\_\_

Name and Address of Employer Laz Parking Atlanta, GA

Type of Business \_\_\_\_\_ Telephone No. (    )    Supervisor's Name \_\_\_\_\_

Your Position and Duties Cashier/Parking Attendant

Dates of Employment: From 11/2015 To 3/2018 Weekly Pay: Starting 10.00 Ending 16.00

Reason for Leaving: Better Opportunity

Name and Address of Employer Starbucks Atlanta, GA

Type of Business Hospitality Telephone No. (    )    Supervisor's Name \_\_\_\_\_

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Your Position and Duties \_\_\_\_\_

Dates of Employment: From 12/14 To 2/14 Weekly Pay: Starting 8.25 Ending 8.25

Reason for Leaving: \_\_\_\_\_

Name and Address of Employer SNACK SHACK

Type of Business \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Your Position and Duties \_\_\_\_\_

Dates of Employment: From 3/14 To 10/14 Weekly Pay: Starting 7.25 Ending 7.25

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: Kiel Luchey Telephone No. (670) 371 2934

Address \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: MANAGER Number of Years Acquainted: 1

Name: Lloyd Milneague Telephone No. (404) 273 9578

Address \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: MANAGER Number of Years Acquainted: 3

Name: Justin Curran Telephone No. (912) 342 3556

Address \_\_\_\_\_

Occupation: \_\_\_\_\_ Relationship: SUPERVISOR Number of Years Acquainted: 5

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## STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME <b>Brooke Porte</b>	1b. YOUR SOCIAL SECURITY NUMBER <b>248 91 6071</b>
2a. HOME ADDRESS (Number, Street, or Rural Route) <b>405 Fairburn Rd SW #230</b>	2b. CITY, STATE AND ZIP CODE <b>ATLANTA, Georgia, 30331</b>

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3-5

## 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 

## 5. ADDITIONAL ALLOWANCES

C. Married Filing Joint, one spouse working:

Enter 0 or 1 or 2 

(Worksheet below must be completed)

D. Married Filing Separate:

Enter 0 or 1 

## 6. ADDITIONAL WITHHOLDING

E. Head of Household:

Enter 0 or 1 

## 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  BlindSpouse:  Age 65 or over  Blind Number of boxes checked  x \$1500 \$

## 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 3-5) 

(Employer: The letter indicates the tax tables in Employer's Tax Guide)

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

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 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 Brooke PorteDate 10/20/18

Employer: Complete Line 8 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 FAX:

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.