

## 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 Joseph Ogle Date: 2/11/19  
 Home Telephone (404) 573-6701 Other Telephone ( )  
 Present Address 565 Wells St ATLANTA, GA 30318  
 Permanent Address, if different from present address: \_\_\_\_\_  
 Email Address \_\_\_\_\_

### EMPLOYMENT DESIRED

Position applying for: OPEN Salary desired: 9-10 hourly  
 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 Victoria Steagall 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	7	3	7	7	7	7	7
PM	3	3	3	3	3	3	3

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

Victoria Steagall friend

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.)

---



---



---

## EDUCATION & SKILLS

NAME OF SCHOOL	CITY & STATE	GRADE OR DEGREE COMPLETED	DID YOU GRADUATE?
FRANK McCloskey	College Park Ga		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 Eddie's Landscaping

Type of Business \_\_\_\_\_ Telephone No. (404) 956-7170 Supervisor's Name Eddie Songs

Your Position and Duties cutting grass

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Weekly Pay: Starting \_\_\_\_\_ Ending \_\_\_\_\_

Reason for Leaving: still works

Name and Address of Employer Construction

Type of Business \_\_\_\_\_ Telephone No. (678) 247-4536 Supervisor's Name Miguel Fernandes

Your Position and Duties construction laborer

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_ Weekly Pay: Starting \$12 hourly Ending \$14 hourly

Reason for Leaving: went out of town

Name and Address of Employer Trinity Building Services

Type of Business CLEANING CO Telephone No. ( ) \_\_\_\_\_ Supervisor's Name JANEY DANIELS

Your Position and Duties porter

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: Eddie Santos Telephone No. (404) 956-7170

Address 1410 North Ave. Atlanta GA

Occupation: Florist Relationship: Friend Number of Years Acquainted: 30 years

Name: Tony - Patrick Telephone No. (404) 664 - 5309

Address 3054 Valleydale Dr Atlanta GA

Occupation: City of Atlanta Water Relationship: Friend Number of Years Acquainted: 30 years

Name: Chabkin Banks Telephone No. (678) 816 - 8298

Address 2064 MLK Jr Dr Atlanta, GA

Occupation: porter Relationship: \_\_\_\_\_ Number of Years Acquainted: 20 years

Georgia Bureau of Investigation  
Georgia Crime Information Center  
Consent Form

I hereby authorize

Acrobot

to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Joseph Ogletree Jr.  
Full Name (Print)

565 Well St, Atlanta, GA 30312  
Address

M Sex    Black Race    10/25/75 Date of Birth    252-33-3922 Social Security Number

Joseph Ogletree Signature    2/11/19 Date

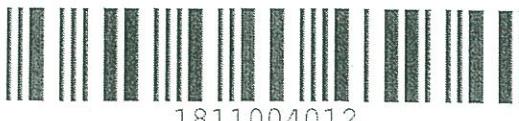
Special Employment Provisions (Check if applicable)

- Employment with mentally disabled (Purpose code 'M')
- Employment with elder care (Purpose code 'N')
- Employment with children (Purpose code 'W')
- Employment with firefighter agency, public/private agency, licensing, adoption/foster parents, individual record, public housing (Purpose code 'E')

One of the following must be checked:

This authorization is valid for 90/180 (circle one) days from date of signature.

I, Joseph Ogletree give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.



1811004012

## STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME <i>Joseph Ogletree Jr.</i>	1b. YOUR SOCIAL SECURITY NUMBER <i>258-33-3929</i>
2a. HOME ADDRESS (Number, Street, or Rural Route) <i>565 Wells St</i>	2b. CITY, STATE AND ZIP CODE <i>Atlanta, GA 30312</i>

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..... <input type="checkbox"/>	4. DEPENDENT ALLOWANCES <input type="checkbox"/>
B. Married Filing Joint, both spouses working: Enter 0 or 1 .. <input type="checkbox"/>	5. ADDITIONAL ALLOWANCES <input type="checkbox"/> (worksheet below must be completed)
C. Married Filing Joint, one spouse working: Enter 0 or 1 or 2 .. <input type="checkbox"/>	6. ADDITIONAL WITHHOLDING \$ _____
D. Married Filing Separate: Enter 0 or 1 .. <input type="checkbox"/>	
E. Head of Household: Enter 0 or 1 .. <input type="checkbox"/>	

## 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 1300 .....\$ \_\_\_\_\_

## 2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:

A. Federal Estimated Itemized Deductions (If Itemizing Deductions).....\$ \_\_\_\_\_

B. Georgia Standard Deduction (enter one): Single/Head of Household \$4,600

Each Spouse \$3,000 \$ \_\_\_\_\_

C. Subtract Line B from Line A (If zero or less, enter zero).....\$ \_\_\_\_\_

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) A TOTAL ALLOWANCES (Total of Lines 3 - 5) 0  
(Employer: The letter indicates the tax tables in Employer's Tax Guide)

## 8. EXEMPT: (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 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 Joseph L OgletreeDate 2/11/19

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 WH#: \_\_\_\_\_

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.