

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 Ogilvie Date: 2/1/19
Home Telephone (404) 523-6701 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 Steggis 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 Steggis 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 McCLARIN	College Park Ga		Yes
Do you have any special licenses, certificates or special training? If so please list under "Special".		YES	<input checked="" type="radio"/> NO
Are you computer literate? If so, list software knowledge under "Special."		YES	<input checked="" type="radio"/> NO
Are you proficient with Point of Sales Systems? If, so please list which ones under "Special."		YES	<input checked="" type="radio"/> 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 Eddies LANDSCAPING

Type of Business _____ Telephone No. (404) 956-7170 Supervisor's Name Eddie Sones

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 FERNANDEZ

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 com Telephone No. (____) _____ Supervisor's Name JOSEY 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: Flow Masteres Relationship: Friend Number of Years Acquainted: 30 YEARS

Name: Yony - 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: Chabria 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 Acrobat

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

Joseph Ogletree 2/1/19
Signature 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 <u>Joseph D. Dole</u>	1b. YOUR SOCIAL SECURITY NUMBER <u>258-33-3927</u>
2a. HOME ADDRESS (Number, Street, or Rural Route) <u>568 Wells St</u>	2b. CITY, STATE AND ZIP CODE <u>Atlanta, GA 30312</u>

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.....[]

B. Married Filing Joint, both spouses working:

Enter 0 or 1.....[]

C. Married Filing Joint, one spouse working:

Enter 0 or 1 or 2.....[]

D. Married Filing Separate:

Enter 0 or 1.....[]

E. Head of Household:

Enter 0 or 1.....[]

4. DEPENDENT ALLOWANCES []

5. ADDITIONAL ALLOWANCES []

(worksheet below must be completed)

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 ☐ 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 D. Dole Date 2/1/19

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.