

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 Michael Keith Masley Date: 2/14/2019
Home Telephone (404) 468-5419 Other Telephone () _____
Present Address 2099 M.L.K. Jr. Dr. B-7
Permanent Address, if different from present address: Same as above
Email Address Masley m 220@gmail.com

EMPLOYMENT DESIRED

Position applying for: cook Fry Dishwasher Salary desired: 1200hr
Are you currently registered with any staffing and/or employment agencies? If so, please list

no

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 Kim 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? next wed. Thursday

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				open	open		
PM	evening		evening			evening	

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

Kimmbly

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?
Denetion Hill	Atl.	7	yes
D.M. Therrell	" "	5	yes
Do you have any special licenses, certificates or special training? If so please list under "Special".		YES	<input type="radio"/> NO
Are you computer literate? If so, list software knowledge under "Special."		YES	<input type="radio"/> NO
Are you proficient with Point of Sales Systems? If, so please list which ones under "Special."		YES	<input 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	<input type="radio"/> 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 Magnolia room Cafeteria 4450 Hush Howell rd.

Type of Business Food service Telephone No. (770) 864-1845 Supervisor's Name Danny

Your Position and Duties Fry cook

Dates of Employment: From 6/2018 To Now Weekly Pay: Starting 11 hr. Ending 12 hr.

Reason for Leaving: there now

Name and Address of Employer St S Cafeteria went out of business

Type of Business Food service Telephone No. () Supervisor's Name

Your Position and Duties Fry-cook veg cook, Dishwasher

Dates of Employment: From 6/2009 To 6/2016 Weekly Pay: Starting 9.75r Ending 10.50 hr.

Reason for Leaving: went out of Business

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: Carl Lee Telephone No. (404) 997-1844

Address dont know

Occupation: cook, chef Relationship: Friend Number of Years Acquainted: 30 yrs

Name: Devontae Telephone No. (404) 518-7731

Address S. Hirston rd.

Occupation: checker Relationship: Friend Number of Years Acquainted: 3 yrs

Name: Diana Mesley Telephone No. (404) - 791-3552

Address 2089 M.L.K B-7 Atl. GA

Occupation: gursl Relationship: sister Number of Years Acquainted: all my life



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STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME <u>Michael Keith Masley</u>	1b. YOUR SOCIAL SECURITY NUMBER <u>253-27-6245</u>
2a. HOME ADDRESS (Number, Street, or Rural Route) <u>2099 M.L.K. Jr.</u>	2b. CITY, STATE AND ZIP CODE <u>ATH. GA. 30310</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 []

4. DEPENDENT ALLOWANCES [4]

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 \$ _____

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) E TOTAL ALLOWANCES (Total of Lines 3 - 5) 4
(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 Michael Masley Date 2/14/2019

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.

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.

Michael Keith Masley
Full Name (Print)

2099 M.L.K. Jr. B-7
Address

m. Black 01/22/1963 253-27-6245
Sex Race Date of Birth Social Security Number

Michael Masley _____
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, Michael Masley give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.