

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.

Full Name Verlene Jackson Date: 2/26/
 Home Telephone () Other Telephone ()
 Present Address 1959 Pinedale PLACE
 Permanent Address, if different from present address:
 Email Address Ms Verlene JACKSON @g.mail.com

EMPLOYER REQUESTED

Position applying for: Server or Any Available Salary desired: 12 Dollars hour
 Are you currently registered with any staffing and/or employment agencies? If so, please list
people ready
 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 WALLY 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
	<u> </u>	<u>✓</u>	<u>✓</u>		<u>✓</u>	<u>✓</u>	<u>✓</u>
AM	7	7	7	7	7	7	7
PM	5	5	5	5	5	5	5

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
no relatives

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 SYSTEMS

NAME OF SCHOOL Monroe Area High	CITY & STATE Monroe Cea.	GRADE OR DEGREE COMPLETED 12	DID YOU GRADUATE? Yes
Do you have any special licenses, certificates or special training? If so please list under "Special".			
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: Attended cosmetology School			

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 People ready 110 Centennial Olympic Park

Type of Business _____ Telephone No. (470) 344-3650 Supervisor's Name Brandon

Your Position and Duties Server, runner, hospitality

Dec Feb

Dates of Employment: From _____ To _____ Weekly Pay: Starting _____ Ending _____

Reason for Leaving: Still working part time.

Name and Address of Employer _____

Type of Business Hair Salon Telephone No. (770) 653-1818 Supervisor's Name Eric

Your Position and Duties Hair Stylist

2011

Dates of Employment: From Feb To Oct 2018 Weekly Pay: Starting _____ Ending _____

Reason for Leaving: Closed shop

Name and Address of Employer _____ _____ The Cleaning Crew

Type of Business Beauty Telephone No. (404) 759-1330 Supervisor's Name M DRY

Your Position and Duties Chenn office building, desk, change trash bag etc.

Dates of Employment: From April 2006 To Jan 2011 Weekly Pay: Starting 350.00 Ending 450.00

Reason for Leaving: Had to take care of mom.

Name and Address of Employer Caring for others

Type of Business non profit organization Telephone No. (404) 409-3911 Supervisor's Name Cammie

Your Position and Duties Check out clients, put prices on item etc...

Dates of Employment: From Jan 2000 To OCT 2005 Weekly Pay: Starting 400.00 Ending 450.00

Reason for Leaving: Relocated

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: _____ Telephone No. (____) _____

Address _____

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

Name: _____ Telephone No. (____) _____

Address _____

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

Name: _____ Telephone No. (____) _____

Address _____

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

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STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME <i>Verlene Jackson</i>	1b. YOUR SOCIAL SECURITY NUMBER <i>252-21-0771</i>
2a. HOME ADDRESS (Number, Street, or Rural Route) <i>1959 Pine Dale Place</i>	2b. CITY, STATE AND ZIP CODE <i>Decatur Ga. 30032</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.....4. DEPENDENT ALLOWANCES

B. Married Filing Joint, both spouses working:

Enter 0 or 15. 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 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) 1
(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 Verlene Jackson Date 2/26/2019
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.