

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 CLAY PRICE Date: 3/29/19

Home Telephone (203) 600-4319 Other Telephone () _____

Present Address 1625 CONLEY ROAD CONLEY GA

Permanent Address, if different from present address:

Email Address CLAY PRICE 708@GMAIL.COM

Position applying for: OPEN

Salary desired: OPEN

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 _____ 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? ASAP

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	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AVAILABLE DAILY	<input checked="" type="checkbox"/>						
AM	<input checked="" type="checkbox"/>						
PM	<input checked="" type="checkbox"/>						

Do you have any vacations or extended leaves planned in the next 12 months? If so, please list dates:

YES FLYING TO NY JUNE 6 TO JUNE 9

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

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.)

NAME OF SCHOOL	CITY & STATE	GRADE OR DEGREE COMPLETED	DID YOU GRADUATE?
ELI WHITNEY TECH	HAMDEN, CT.	DRAFTING	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: COOKED FOR 34 YRS			

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 YALE UNIVERSITY

Type of Business SCHOOL Telephone No. (203) 432-7160 Supervisor's Name TONY FERRARA

Your Position and Duties 2ND COOK

COOKED FOR STUDENTS AND FACULTY

Dates of Employment: From 84 To 2018 Weekly Pay: Starting \$33.53 Ending \$33.53

Reason for Leaving: RETIRED

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: _____

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: NO

EMPLOYMENT SERVICES

Have you obtained any special skills or abilities as the result of service in the military? Yes _____ No ✓
If so, describe: _____

EMPLOYMENT SERVICES

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name: HEIDE CIOLINO Telephone No. (203) 343-9524

Address _____

Occupation: PANTRY WORKER Relationship: FRIEND Number of Years Acquainted: 25

Name: PHIL RICHARDSON Telephone No. (610) 5305

Address 1625 Cony Road # 85 Telephone No. 678-851-3865

Occupation: ELECTRICIAN Relationship: COUSIN Number of Years Acquainted: 50

Name: KEISHA SULLINS Telephone No. (404) 414-8265

Address _____

Occupation: PANTRY WORKER Relationship: FRIEND Number of Years Acquainted: 25

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STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME CLAY PRICE	1b. YOUR SOCIAL SECURITY NUMBER 049-60-0109
2a. HOME ADDRESS (Number, Street, or Rural Route) 1025 Cowley Road	2b. CITY, STATE AND ZIP CODE Newton, Cowley GA

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) **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 **Clay Price**Date **3/29/19**

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.