



Your Hospitality Staffing Professionals
665 Third St., Suite 415 • San Francisco, CA 94107

First and Last Name: Sharon Cleveland Caw
Email: _____
Phone number: 512-770-3498

Working Experience:

Company Name: _____

Dates of Employment: _____

Job Responsibility:

-
-
-
-

Company Name: _____

Dates of Employment: _____

Job Responsibility:

-
-
-
-

Company Name: _____

Dates of Employment: _____

Job Responsibility:

-
-
-
-

Skills

-
-
-
-



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 Sharon Cleveland Caro Date: _____

Home Telephone (512) 770-3498 Other Telephone () _____

Present Address _____

Permanent Address, if different from present address: _____

Email Address N/A _____

EMPLOYMENT DESIRED

Position applying for: _____ Salary desired: _____

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 JobKing 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? Yes _____

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	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DAILY	<u>off</u>						<u>off</u>
AM							
PM							

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 _____

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



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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?
Do you have any special licenses, certificates or special training? If so please list under "Special".		YES	<input checked="" type="radio"/> NO <input type="radio"/> YES
Are you computer literate? If so, list software knowledge under "Special."		YES	<input checked="" type="radio"/> NO <input type="radio"/> YES
Are you proficient with Point of Sales Systems? If so please list which ones under "Special."		YES	<input checked="" type="radio"/> NO <input type="radio"/> YES
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."		<input checked="" type="radio"/> 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

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: _____

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: _____ 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: _____

Dishwasher Test

Score / 10

C 1) After washing your hands, which item should be used to dry them?
a) Clean apron
b) Sanitized wiping cloth
c) Single use paper towel
d) Common used cloth

C 2) While washing dishes by hand, which item should you wear?
a) Cutting glove
b) Oven Mitt
c) Rubber glove
d) Nothing

D 3) When should you wash your hands?
a) Before you start work
b) After handling non-food items (garbage, money, cleaning chemicals)
c) After using the restroom
d) All of the above

B 4) If you need to move a heavy load, you should PULL and not PUSH the object.
a) True
b) False

E 5) Which of the following could you be at risk for getting burned from?
a) Steam from boiling pots
b) Hot liquids (coffee, soup, tea)
c) Hot equipment (ovens, pots, chafing dishes)
d) Harsh chemicals
e) All of the above

A 6) All work-related injuries, accidents or illnesses should be reported immediately to the supervisor on duty.
a) True
b) False

C 7) What should you do if you spill liquids or see a liquid spill?
a) Leave it for someone else to clean up
b) Wait until the end of your shift to clean it
c) Flag the spill and clean it immediately
d) Not sure

C 8) When handling hot items you should?
a) Wear rubber gloves
b) No need to wear anything
c) Use an oven mitt or cloth towel
d) Nothing

A 9) If you are using a three-compartment sink for cleaning and sanitizing, the second sink is used for?
a) Rinsing
b) Scraping
c) Washing
d) Sanitizing

C 10) What is the proper method for cleaning and sanitizing stationary equipment?
a) Spray with a strong cleaning solution and wipe with a sanitized cloth
b) Spray with a sanitizing solution, then rinse with clean water and dry
c) Wash and rinse, then wipe or spray with a chemical-sanitizing solution
d) Brush off loose soil with a clean cloth, then wipe with a sanitizing solution