

MOHAMMED FOYSOL
718-764-3529
MFoyso10819@gmail.com

WORK EXPERIENCE

FRENCHETTE

New York City 212.334.2883

2018 - Present

- Food Runner

CONTRA

New York City 212.466.4633

2015 - Present

- Food Runner

RYEHOUSE

New York City 212.255.7260

2009 - 2018

- Lead Server/Captain for 10 years

REFERENCES:

Choun Yeh - 646.239.9830

Manager at Ryehouse

Reid Robinson - 404.384.4448

Manager at Frenchette

Morgan Borchardt - 301.873.3291

Former Manager at Contra

Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of all federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2019	
1 Your first name and middle initial Mohammed				2 Your social security number 071-86-5303	
3 Last name Toysol				4 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."	
5 Home address (number and street or rural route) 434 With St #4C				6 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>	
7 City or town, state, and ZIP code New York NY 10011				8 Total number of allowances you're claiming (from the applicable worksheet on the following pages) 5	
9 Additional amount, if any, you want withheld from each paycheck 0				10 \$	
11 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here. 7					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) [Signature]					
12 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)				13 First date of employment	
14 Date 05/13/19				15 Employer identification number (EIN)	

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Your Hospitality Staffing Professionals

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 Mohammed Toysol Date: 05/13/19
Home Telephone (718) 764-3529 Other Telephone (347) 955-6488
Present Address 434 W 17th St New York 10011
Permanent Address, if different from present address: _____
Email Address MToysol0819@gmail.com

EMPLOYMENT DESIRED

Position applying for: Front of the House Server ohana Pro Salary desired: \$40.00 Subject to change
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 _____ 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							
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 ___
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.) _____

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Pursuant to any and all Fair Chance Ordinances, we will consider for employment qualified applicants with arrest and conviction records.

EDUCATION & SKILLS

NAME OF SCHOOL	CITY & STATE	GRADE OR DEGREE COMPLETED	DID YOU GRADUATE?
<u>St. Bernard High School</u>	<u>NYC</u>		<u>Yes</u>
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 <input checked="" type="checkbox"/>
Are you proficient with Point of Sales Systems? If so please list which ones under "Special."		YES	NO <input checked="" type="checkbox"/>
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 Contra 138 Orchard St New York NY

Type of Business _____ Telephone No. (____) _____ Supervisor's Name Morgan

Your Position and Duties Runner/Bark Server

Dates of Employment: From _____ To _____

Reason for Leaving: _____

Name and Address of Employer KeyHouse 11 14th St New York

Type of Business _____ Telephone No. (____) _____ Supervisor's Name Joe

Your Position and Duties Server

Dates of Employment: From 11/09 To 04/18

Reason for Leaving: _____

Name and Address of Employer Frenchette

Type of Business _____ Telephone No. (____) _____ Supervisor's Name _____

Your Position and Duties _____

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Your Hospitality Staffing Professionals

Dates of Employment: From _____ To _____

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 _____

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: R Choun Yeh Telephone No. (646) 239-9830

Address: 27th House
11 West 17th St New York NY 10011

Occupation: Manager Relationship: _____ Number of Years Acquainted: 5y

Name: ~~Morgan~~ Reid Robinson Telephone No. (404) 384-4448

Address: Frenchette

Occupation: Manager Relationship: _____ Number of Years Acquainted: 4y

Name: Morgan Borchardt Telephone No. (301) 813-3291

Address: 138 Orchard St New York NY

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

Please Read Carefully, Initial Each Paragraph and Sign Below

MF

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material facts on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

MF

I hereby authorize Acrobat Outsourcing to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

MF

I hereby authorize Acrobat Outsourcing and its authorized representatives to solicit information regarding my background, which may include but not be limited to, information about my employment, education, and/or criminal history, which may be in the files of any federal, state, or local criminal justice and law enforcement agency and general public records history.

MF

I understand that if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 form in this regard within three days of my hire date.

MF

Acrobat Outsourcing is an at-will employer. I understand that nothing contained in the application, or conveyed during any interview, which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, with or without cause, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

I hereby acknowledge that I have read and understand the above statements.

Applicant's Signature



Date 05/13/19



Case Verification Number: 2019134163813JL

Report prepared: 05/14/2019

Company Information

Company ID: 139349

Company Name: Acrobat Outsourcing

Client Company ID: 139349

Client Company Name: Acrobat Outsourcing

Employee Information

Name: Mohammed Foyso

Date of Birth: 05/10/1983

U.S. Social Security Number: ***-**-5303

Employee's First Day of Employment: 05/14/2019

Citizenship Status: U.S. Citizen

Document Information

List B Document: Driver's license or ID card issued by a U.S. state or outlying possession

Document Subtype: Driver's License

Document Number: *****8336

Expiration Date: 05/10/2021

State: New York

List C Document: Social Security Card

Case Information

Current Case Result: Closed

Case Submitted By: Debbie McKee

Case Status: Employment Authorized

Reason for Closure: Employment Authorized Auto Close