



ACROBAT OUTSOURCING
TSC GROUP

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 MARQUETTA MITCHELL DAMIAN Date: 5-22-19
Home Telephone (512) 359-0228 Other Telephone () _____
Present Address 234 BIG SKYE RD DALLAS TX 78616
Permanent Address, if different from present address: _____
Email Address EMELYSWILLIAMS9@gmail.com

EMPLOYMENT DESIRED

Position applying for: Cook Salary desired: 15
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 JOHN MOORE 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?
5-27-19

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>NEG.</u>	<u>OPEN</u>	<u>OPEN</u>	<u>OPEN</u>	<u>OPEN</u>	<u>OPEN</u>	<u>OPEN</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 BROTHER

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.)

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?
LEAGON	AUSTIN TX	G.G.D.	YES
Do you have any special licenses, certificates or special training? If so please list under "Special".		<input checked="" type="radio"/> YES	NO
Are you computer literate? If so, list software knowledge under "Special."		<input checked="" type="radio"/> YES	NO
Are you proficient with Point of Sales Systems? If, so please list which ones under "Special."		<input checked="" type="radio"/> 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."		<input checked="" type="radio"/> YES	NO
Special: <u>COSMETOLOGY, BASIC, CASHIER, ABLE TO ADAPT TO ANY SITUATION</u>			

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 X If so, may we contact your current employer? Yes___ No___

Name and Address of Employer REGIS FAMILY HAIR SALON

Type of Business SALON Telephone No. (800) MY RIGHTS Supervisor's Name COLLEEN

Your Position and Duties MANAGER AND STYLIST

Dates of Employment: From Dec 09 To April 16

Reason for Leaving: MOVED TO ANOTHER CITY

Name and Address of Employer OUT REACH

Type of Business Home Health Telephone No. () Supervisor's Name CRYSTAL

Your Position and Duties ASSIST WITH DAILY LIVING

Dates of Employment: From Nov 2011 To April 2017

Reason for Leaving: PATIENT PASSED AWAY

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: _____

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: LAQUONIA ROSS Telephone No. (512) 797-9519

Address _____

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

Name: CAITIE WILLIAMS Telephone No. (512) 477-7180

Address _____

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

Name: JERMAINE WILLIAMS Telephone No. (512) 620-5798

Address _____

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

Please Read Carefully, Initial Each Paragraph and Sign Below

GNM 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.

GNM 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.

GNM 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.

GNM 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.

GNM 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 5.22.19

- 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, chaffing 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