

# Employment Application Sacramento

**Submission Date** 05-09-2019 12:56:13

**First Name** ALISHA

**Last Name** WETHERFORD

**E-mail Address** alikat525@gmail.com

**Phone** 916-996-1860

**Address** 12801 FAIR OAKS BLVD

**Unit or Number** 539

**City, State** CITRUS HEIGHTS, CA

**Zip Code** 95610

**What region(s) are you applying to work within?** Sacramento

**Which position(s) are you applying for?** Barback  
Drink pouring

**Are you applying for:** Part-Time

**When can you start?** 05-18-2019

**Can you work overtime?** Yes

**How did you hear about us?** Referral

**If you were referred, please tell us by whom:** Katie Linehan

**What days/times can you work? Select all that apply:** Saturday PM  
Sunday PM

**Do you have any planned vacations or extended leave in the next 12 months? (If no, leave blank)** JULY 20TH THROUGH JULY 27TH, 2019

**Have you ever applied to or worked for Acrobat before?** Yes

**If hired, would you have reliable means of transportation to and from work?** Yes

**If hired, can you present Yes**

**evidence of your legal right to live and work in this country?**

**Are you able to perform the Yes**

**essential functions of the job for which you are applying?**

**Name of School** Elk Grove High school

**City & State** Elk Grove, CA

**Grade/Degree** DIPLOMA

**Graduated?** Yes

**Do you have any special No**

**licenses? (If so, label under "Special")**

**Are you computer literate? (If Yes**

**so, label which programs under "Special")**

**Are you proficient with Point No**

**of Sale systems? (If so, label which under "Special")**

**Do you have any experience, Yes**

**training, qualifications or special skills? (If so, label under "Special")**

**Special:** 13 years experience in healthcare, billing, and computer literate.

**Are you currently employed?** Yes

**Can we contact your current Yes**

**employer?**

**Name and Address of UC DAVIS MEDICAL GROUP,**

**Employer** 4900 BROADWAY

SACRAMENTO, CA 95820

**Type of Business** MEDICAL GROUP

**Phone Number** 916-734-9200

**Your Position & Duties** MEDICAL BILLING

**Date of Employment 4/20/15 - CURRENT**

**(from/to):**

**Still Employed:** Yes

**Name and Address of Employer** SUTTER SHARED SERVICES,  
9100 Foothills Blvd, Roseville, CA 95747

**Type of Business** MEDICAL GROUP

**Phone Number** (916) 854-6600

**Your Position & Duties** MEDICAL BILLING

**Date of Employment (from/to):** SEPTEMBER 2013 - APRIL 2015

**Reason for Leaving** ACCEPTED OFFER WITH UC DAVIS

**Still Employed:** No

**Name and Address of Employer** SUTTER PHYSICIAN SERVICES,  
10470 OLD PLACERVILLE RD, SACRAMENTO CA

**Type of Business** MEDICAL GROUP

**Phone Number** (916) 854-6600

**Your Position & Duties** MEDICAL BILLING

**Date of Employment (from/to):** AUGUST 2009 - AUGUST 2013

**Reason for Leaving** ACCEPTED OFFER WITH SUTTER SHARED SERVICES

**Still Employed:** No

**Have you ever been fired from a previous place of employment? If yes, please explain:** NO

**Have you obtained any special skills or abilities as the result of service in the military? If yes, please explain:** NO

**First Name** DANIELLE

**Last Name** LINEHAN

**E-mail Address** dmlinehan@ucdavis.edu

**Phone** 916 734 9652

**Years Acquainted:** 4

**First Name** Leetta

**Last Name** Alan

**E-mail Address** lyallen@ucdavis.edu

**Phone** 916 734 9257

**Relationship:** Coworker

**Years Acquainted:** 4

**First Name** Sarah

**Last Name** Larson

**E-mail Address** salarson@ucdavis.edu

**Phone** 916 734 9547

**Relationship:** Coworker

**Years Acquainted:** 4

**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.** (Checked box indicates acknowledgement)

**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.**

(Checked box indicates acknowledgement)

**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.**

(Checked box indicates acknowledgement)

**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.**

(Checked box indicates acknowledgement)

**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.**

(Checked box indicates acknowledgement)

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

(Checked box indicates acknowledgement)

**Applicant Digital Signature  
(Type Name):** Alisha Wetherford

**Date:** 05-09-2019

**Please Attach Resume Below** [RESUME.docx](#)