



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 YETTE HORTON Date: 6-19-2019

Home Telephone (404) 399-3881 Other Telephone ()

Present Address 7382 TIDEWATER TRACE STONE MOUNTAIN GA 30087

Permanent Address, if different from present address: SAME AS ABOVE

Email Address Yvette.malone.64@yahoo.com

EMPLOYMENT DESIRED

Position applying for: _____ Salary desired: _____

Are you currently registered with any staffing and/or employment agencies? If so, please list

Zip Recruiter

Are you applying for: Full-time work? Yes No Part-time work? Yes X 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 X No If hired, on what date could you start working?

JUNE 25, 2019

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.

<u>SPECIFY HOURS AVAILABLE DAILY</u>	<u>SUNDAY</u>	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>	<u>SATURDAY</u>
AM							
PM							
Do you have any vacations or extended leaves planned in the next 12 months? If so, please list dates: <u>YES</u>							

PERSONAL INFORMATION				Special:
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."				NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>
Are you proficient with Point of Sales Systems? If so please list which ones under "Special."				NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>
Are you computer literate? If so, list software knowledge under "Special."				NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>
Do you have any special licenses, certificates or special training? If so please list under "Special."				NO <input checked="" type="checkbox"/> YES <input type="checkbox"/>
NAME OF SCHOOL	CITY & STATE	GRADE OR DEGREE	DID YOU GRADUATE?	ATLANTA TECH COLLEGE ATLANTA, GA ASSOCIATES YES

EDUCATION & SKILLS

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

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.)

Are you able to perform the essential functions of the job for which you are applying? 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.

If hired, would you have a reliable means of transportation to and from work? Yes No

Do you have friends or relatives working for Acrobat Outsourcing? Yes No If yes, please state name and relationship

Have you ever applied to or worked for Acrobat Outsourcing before? Yes No If yes, when?

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 X

Name and Address of Employer ATLANTA FALCONS

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

Your Position and Duties RETAIL - SELL MERCHANDISE TO CUSTOMERS, OPERATE POS
DO INVENTORY, KEEP STORE CLEAN, TRAIN NEW EMPLOYEES

Dates of Employment: From 9/14 To 12/17

Reason for Leaving: SEASON ENDED

Name and Address of Employer J. CHRISTOPHER'S

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

Your Position and Duties EXPEDITE FOOD, TAKE ORDERS, ASSIST CUSTOMERS WITH
SEATING, CASH OUT CUSTOMERS

Dates of Employment: From 5/07 To 11/19

Reason for Leaving: GOT MARRIED

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

Occupation: CHEF Relationship: C-User Number of Years Acquainted: 5
Address: Bluevale Rd, Bluevale CA
Name: DEBRA SPEARS Telephone No. (678) 524-5445

Occupation: CHEF Relationship: C-User Number of Years Acquainted: 6
Address: MORELAKES Ave Atlanta, GA
Name: CARINA FUTMAN Telephone No. (678) 913-4612

Occupation: CHEF Relationship: C-User Number of Years Acquainted: 6
Address: 4708 Walkers Drive Forest Park, GA
Name: TERYLYN STEVENS Telephone No. (678) 558-8922

three years.

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

JOB RELATED REFERENCES

If so, describe:

Have you obtained any special skills or abilities as the result of service in the military? Yes No

MILITARY SERVICE

Have you ever been fired from any previous place of employment? If so, please explain:

Reason for Leaving: _____

Dates of Employment: From _____ To _____

Your Position and Duties

The Service Companies

Page 4 of 5

Please Read Carefully, Initial Each Paragraph and Sign Below

yft 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.

yd 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.

yt 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.

yt 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.

yt 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

Yvette Horton Date 6/19/2019

Levy

Non-Profit Associate, Subcontractor and Temporary Employee HEALTH REPORTING AGREEMENT*

* Applies to all associates of Non-Profit Group, Subcontractor or Temporary Employee
This form must be completed at least once every 12 months.

The purpose of this agreement is to ensure that you notify the Levy manager or other person in charge when you experience any of the conditions listed so that management can take appropriate steps to prevent the transmission of foodborne illness.

I AGREE TO REPORT TO THE MANAGER OR OTHER PERSON IN CHARGE:

FUTURE SYMPTOMS AND CONDITIONS:

IMPORTANT: It is not necessary to report symptoms, such as diarrhea, associated with chronic medical conditions or illnesses.

1. Diarrhea
2. Vomiting
3. Jaundice (yellowing of the skin and/or eyes)
4. Sore throat with fever
5. Infected cuts or wounds, or lesions containing pus on the hand, wrist, an exposed body part, or other body part and the cuts, wounds, or lesions are not properly covered (such as boils and infected wounds, however small)

FUTURE MEDICAL DIAGNOSIS:

1. Any diagnosis of foodborne illness
2. Diagnosis of being ill with Norovirus, Typhoid Fever (Salmonella Typhi), Shigellosis, Salmonellosis, E. coli O157:H7 or other EHEC/STEC infection, Hepatitis A infection or (California only) Amebiasis.

FUTURE HIGH-RISK EXPOSURES:

1. Exposure to or suspicion of causing any confirmed outbreak of foodborne illness
2. A household member diagnosed with a foodborne illness
3. A household member attending or working in a setting experiencing a confirmed outbreak of foodborne illness

I HAVE READ (OR HAD EXPLAINED TO ME) AND UNDERSTAND MY RESPONSIBILITIES UNDER THIS AGREEMENT TO COMPLY WITH:

1. Reporting requirements specified above involving symptoms, conditions, diagnoses, and high-risk exposures
2. Work restrictions or exclusions that are imposed upon me
3. Good hygienic practices

I UNDERSTAND THAT FAILURE TO COMPLY WITH THE TERMS OF THIS AGREEMENT MAY LEAD TO DISCIPLINARY ACTION UP TO ANY INCLUDING TERMINATION OF EMPLOYMENT WITH LEVY.

Name (please print): Yvette Horton

Signature: Yvette Horton Date: 6/19/2019

Levy Manager's Signature: _____ Date: _____
(or other person in charge)

YVETTE HORTON

7382 Tidewater Trace, Stone Mountain, GA 30087
Home: 4043993881
Yvettemalone64@yahoo.com

SUMMARY

Dedicated, enthusiastic, energetic individual seeking a position in a company where I can learn, grow, and interact with the public while sharing my skills and knowledge.

HIGHLIGHTS

- Reliable team worker
- Neat, clean and professional appearance
- Comfortable standing for long time periods
- Reliable and punctual
- Cash handling
- Math and language skills
- Delivers exceptional customer service
- Proven leader
- Engaging personality
- Excellent multi-tasker
- Culinary knowledge
- Restaurant management

ACCOMPLISHMENTS

Recognized by peers and management for going above and beyond normal job functions. Resolved 95% of customer service issues within 10 minutes to maximize loyalty and retention. Achieved sales goal. Generated a 95% increase in wine sales by making appropriate food-pairing suggestions to guests.

EXPERIENCE

GEORGIA DOME/ ATLANTA FALCONS Atlanta, GA

Cashier

- Open and close the registers, assisting in the training of 6 new cashiers, monitoring cash limits and ensuring quality customer service at all times. 09/2014 to
- Operate POS cash register, handling 92 transactions on average daily, and count money in cash drawers to ensure the amount is correct.
- Develop reputation for prompt, efficient services with high level of accuracy
- Maintain thorough knowledge of store merchandise, and responsible for selling in store credit cards

J. CHRISTOPHER'S

Decatur, GA

Server

- Greeted guests as they entered the restaurant and seated the guest. 05/2007 to 11/2009
- Assist with preparation, setting up and presentation of parties.
- Assist with taking orders, informed the guests of the daily specials, assisted with selecting menu items and helped with delivering orders.
- Assist with the training of new employees

BURGER KING

Decatur, GA

Manager

- Ensured that each customer was provided excellent customer service. 08/2004 to 03/2007
- Assist with the hiring and training of new employees.
- Responsible for back up inventory ordering and stocking merchandise



STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME YETTE HORTON	1b. YOUR SOCIAL SECURITY NUMBER 253-33-5831
2a. HOME ADDRESS (Number, Street, or Rural Route) 7382 TIDEWATER TRACE	2b. CITY, STATE AND ZIP CODE STONE MOUNTAIN, GA 30087

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.....4. DEPENDENT ALLOWANCES B. Married Filing Joint, both spouses working:
Enter 0 or 15. ADDITIONAL ALLOWANCES
(worksheet below must be completed)C. Married Filing Joint, one spouse working:
Enter 0 or 1 or 2

6. ADDITIONAL WITHHOLDING \$ _____

D. Married Filing Separate:
Enter 0 or 1E. Head of Household:
Enter 0 or 1

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 Blind

Number of boxes checked _____ x 1300.....\$ _____

Spouse: Age 65 or over Blind

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) D TOTAL ALLOWANCES (Total of Lines 3-5) 3
(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

CA. 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 *Yvette Horton* Date *6/19/2019*

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.

Name-Based Criminal Background History Record Information Consent/Inquiry Form

I hereby authorize Alto Police Department to conduct an inquiry for
Agency/Company
(company) with the purpose(s) listed below and receive any Georgia
and/or national criminal background history record information as authorized by state and federal law.

Full Name (print)	<u>YUETTE</u>	<u>HORTON</u>	
AKA name(s)			
Address	<u>7382 TIDEWATER TRACE STONE MOUNTAIN, GA 30087</u>		
Sex	Race	Date of Birth	Social Security Number
<u>F</u>		<u>02-26-1964</u>	<u>253-33-5831</u>

This authorization is valid for _____ days from date of signature.

I, YUETTE HORTON, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

Signature: Yvette Horton

Date: 6/18/2019

Purpose Code Used: (check one that apply)

<input checked="" type="checkbox"/> E - Employment
<input type="checkbox"/> N - Working with Elderly
<input type="checkbox"/> W - Working with Children

Official use only:

Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/> No Criminal Record Available
<input type="checkbox"/> Criminal Record (Attached/Released)
<input type="checkbox"/> No NCIC/GCIC Warrant
<input type="checkbox"/> Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Agency Designee Signature and Title

Date



Name: Yvette Horton (bnd)
(at 1:30p)

Taborca ID: _____

Date of Hire: _____

Date of Re-Act: _____

New employee set up

- o E-verify
- o Hire Right EE
- o Hire Right Internal (upload any list A docs)
- o Direct Deposit (Scan to Payroll) and/or Global Cash Card – complete the form & have EE sign
- o Notice to Employee Completed
- o Added to Orientation Time Sheet
- o Attended New Hire Orientation
- o Background Check
- o New Hire List (All fields)
- o Check Taborca Profile (All fields)
- o Upload Resume and Skills Tests (one doc)
- o Upload Food Handler's Card

Re Act employee set up (See Re Act Process for more detail)

- o File and I9 pulled (new one created/done in Hire Right if old ones are gone)
- o Re Act onboarding if initially hired before 1/1/16
- o Check W4
- o Check all demographic info and availability
- o Check for skills tests, app, FHC, and resume (get new app, new resume if hired more than 1 year ago)
- o Complete Notice to Employee with updated pay if necessary
- o Verify pay option (notify payroll) and take steps to Re Act any old pay options still current
- o Run new BGC if more than 1 year since last shift worked
- o New orientation/place on time sheet if it's been over a year since last shift
- o New Hire List (all fields)
- o Delete employee from the INA/TER spreadsheet if they are on it

Name: <i>Yvette Fletcher</i>		Interviewer: <i>Morgan B. Whitehead</i>		Position (if applicable): <i>Chapstick</i>		Rate of Pay: <i>12.00 plus</i>		Preferred by:		Position (if applicable): <i>Chapstick</i>			
		Full-Time		Part-Time		Prep Cook		Bartender		Barista		Grill Cook	
Server		/35 %		/35 %		/20 %		/20 %		/40 %		/10 %	
Dishwasher		Part-Time		Part-Time		Full-Time		Full-Time		Full-Time		Part-Time	
<p><i>Culinary School/Certified</i></p> <p><i>Total of 15 years in Food Service/Hospitality</i></p> <p><i>Does a lot of catering every event</i></p> <p><i>Will tell like part time work</i></p> <p><i>Wards Garage adwanc nothcs fee an assighnme</i></p> <p><i>P.O.S. Experience Y / N details: <i>0</i></i></p> <p><i>Carpool (Rider / Driver)</i></p> <p><i>Public Transit</i></p> <p><i>Carpool (Rider / Driver)</i></p> <p><i>North</i></p> <p><i>West</i></p> <p><i>South</i></p> <p><i>East</i></p> <p><i>Will submit</i></p> <p><i>LEAD</i></p> <p><i>Other</i></p> <p><i>Serv-Safe</i></p> <p><i>TPS</i></p> <p><i>Open</i></p> <p><i>AM only</i></p> <p><i>PM only</i></p> <p><i>Weekdays only</i></p> <p><i>Weekends only</i></p> <p><i>Details: <i>Only assigments only</i></i></p> <p><i>Open</i></p> <p><i>Black Bistro</i></p> <p><i>Bistro</i></p> <p><i>Tuxedo</i></p> <p><i>1/2 Tuxedo</i></p> <p><i>Black Vest</i></p> <p><i>Long Black Tie</i></p> <p><i>Other</i></p> <p><i>Other</i></p> <p><i>Non-Slip Shoes</i></p> <p><i>Bow Tie</i></p> <p><i>Other</i></p> <p><i>Black Pants</i></p> <p><i>Knives</i></p> <p><i>Black Pants</i></p> <p><i>Convention Center</i></p> <p><i>Other Languages Spoken:</i></p> <p><i>Would You recommend this applicant for Acrobats</i></p> <p><i>Acrobats</i></p>													

<i>Full-Time</i>	<i>Part-Time</i>	<i>Prep Cook</i>	<i>Bartender</i>	<i>Barista</i>	<i>Grill Cook</i>	<i>Dishwasher</i>
<i>/35</i>	<i>/35 %</i>	<i>/20</i>	<i>/20 %</i>	<i>/15</i>	<i>/40</i>	<i>/10</i>
<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>	<i>%</i>
<i>Server</i>	<i>Part-Time</i>	<i>Full-Time</i>	<i>Full-Time</i>	<i>Full-Time</i>	<i>Full-Time</i>	<i>Part-Time</i>

Name: <i>Yvette Fletcher</i>	Interviewer: <i>Morgan B. Whitehead</i>	Rate of Pay: <i>12.00 plus</i>	Preferred by:	Position (if applicable): <i>Chapstick</i>
Date: <i>6/19/2019</i>				

Yvette Horton
yvettemalone64@yahoo.com • (404) 399-3881

Wed ✓
6/18/19
e 130p

 Experience

Retail

Atlanta Falcons

July, 2015 — January, 2018 (2 years 6 months)

 Education

Atlanta Technical College

Associate's Degree, January, 2018

Powered by
 ZipRecruiter

Prep Cooks Test

Multiple Choice (1 point each)

D

1) A gallon is equal to _____ounces

- a. 56
- b. 145
- c. 32
- d. 128

A

2) Mesclun are what type of vegetable?

- a. Roots
- b. Beans
- c. Salad Greens
- d. Spices

B

3) What does the term braise mean?

- a. Sear quickly on both sides
- b. Slowly cook in covered pan with little liquid
- c. Cook on high heat and quickly
- d. Slowly cook in simmering water

B

4) At what internal temperature must chicken be cooked so that it is safe to eat?

- a. 155 degrees F
- b. 165 degrees F
- c. 175 degrees F
- d. 185 degrees F

A

5) How do you blanche vegetables?

- a. Immerse for a short time in boiling water
- b. Cook lightly in butter over med heat
- c. Soak in cold water overnight
- d. Rub with salt before cooking

C

6) Which of the following ingredients would you pack before measuring?

- a. Olive Oil
- b. Salt
- c. Brown Sugar
- d. White Sugar

A

7) What is Al Dente?

- a. Firm but not hard
- b. Soft to the touch
- c. Very hard
- d. Very soft

A

8) Food should be left out no more than

- a. 2 hours
- b. 3 hours
- c. 4 hours
- d. 5 hours

B+C

9) Which is the improper way to thaw frozen food?

- a. In the fridge
- b. In a sink with cold water
- c. On the counter
- d. In the microwave

Fill-in the Blank (1 point each)

- a. Sweat
- b. Boil
- c. Roast
- d. Grill

18) To cook a food in a pan without browning over low heat until the item softens and releases moisture.

- a. Food cut into long thin strips, matchstick
- b. Food cut into strips then turned and cut into $1/8$, dice
- c. Food diced into finely chopped and uniform pieces
- d. Cutting and peeling into dollops seven sided football like shapes

17) What is a julien cut?

- a. Season
- b. Sauté
- c. Broil
- d. Boil
- e. Fry

16) Which of the following means to cook in a small amount of fat?

- a. Basting Spoon
- b. Ladle
- c. Slotted Spoon
- d. Portion Spoon

15) Which spoon is used to remove fat from soups and stews?

- a. Vegetable
- b. Noodles
- c. Liquid
- d. Oil

14) When you poach something, you cook it with what?

- a. Over the fire at all times
- b. Turned towards you for better control
- c. Turned towards the right or left at all times
- d. Over the countertop at all times

13) Which direction should pan handles be turned while cooking on the stove?

- a. Dice, chop, mince
- b. Mince, chop, dice
- c. Chop, dice, mince
- d. Mince, dice, chop

12) Which of the following is listed from smallest to largest?

- a. 25-135
- b. 40-140
- c. 50-160
- d. 30-130

11) What is the temperature range of the danger zone?

- a. Water
- b. Flour
- c. Fat
- d. Water

10) Which of the following can you use to put out a grease fire?

Prep Cooks Test

- 19) SALT & PEPPER are the basic seasoning ingredients for all savory recipes.
- 20) Rough CUT: to cut into very small pieces when uniformity of size and shape is not important.

