



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 YVETTE 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 YvetteMalone64@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.*

| SPECIFY<br>HOURS<br>AVAILABLE<br>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: YES

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.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 | DID YOU GRADUATE? |
|                |              | COMPLETED       |                   |

|                      |             |            |     |
|----------------------|-------------|------------|-----|
| ATLANTA TECH COLLEGE | ATLANTA, GA | ASSOCIATES | YES |
|----------------------|-------------|------------|-----|

|  |     |    |
|--|-----|----|
| Do you have any special licenses, certificates or special training? If so please list under "Special". | YES | NO |
|--|-----|----|

|  |     |    |
|--|-----|----|
| Are you computer literate? If so, list software knowledge under "Special." | YES | NO |
|--|-----|----|

|  |     |    |
|--|-----|----|
| Are you proficient with Point of Sales Systems? If, so please list which ones under "Special." | 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." | YES | NO |
|--|-----|----|

|          |           |  |
|----------|-----------|--|
| Special: | SERV SAFE |  |
|----------|-----------|--|

### 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 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

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: TERRYLYN STEVENSON  
Address: 4708 WILKINSON DRIVE FOREST PARK, GA.  
Telephone No. (678) 558-8922  
Relationship: Co-Worker Occupation: CHIEF Number of Years Acquainted: 6

Name: CATERA RUTMAN  
Address: MORELAND AVE ATLANTA, GA  
Telephone No. (678) 913-4612  
Relationship: Co-Worker Occupation: CHIEF Number of Years Acquainted: 6

Name: DEBRAH SPEARS  
Address: RUGERDALE RD, RIVERDALE CA  
Telephone No. (678) 524-5445  
Relationship: Co-Worker Occupation: CHIEF Number of Years Acquainted: 5

**Please Read Carefully, Initial Each Paragraph and Sign Below**

YH 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.

YH 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.

YH 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.

YH 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.

YH 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<br><b>YVETTE HORTON</b>                                       | 1b. YOUR SOCIAL SECURITY NUMBER<br><b>253-33-5831</b>           |
| 2a. HOME ADDRESS (Number, Street, or Rural Route)<br><b>7382 TIDEWATER TRACE</b> | 2b. CITY, STATE AND ZIP CODE<br><b>STONE MOUNTAIN, GA 30087</b> |

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.....[ ]

B. Married Filing Joint, both spouses working:  
Enter 0 or 1.....[ ]C. Married Filing Joint, one spouse working:  
Enter 0 or 1 or 2.....[ ]D. Married Filing Separate:  
Enter 0 or 1.....[ ]E. Head of Household:  
Enter 0 or 1.....[ ]

4. DEPENDENT ALLOWANCES [1]

5. ADDITIONAL ALLOWANCES [ ]  
(worksheet below must be completed)

6. ADDITIONAL WITHHOLDING \$

## 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 ☐ BlindSpouse: ☐ Age 65 or over ☐ Blind

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

## 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 GA. 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>YVETTE 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, YVETTE HORTON, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

Yvette Horton 6/19/2019  
Signature Date

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 (one) @ 1:30p

Taborca ID: \_\_\_\_\_

Date of Hire: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Re-Act: \_\_\_\_/\_\_\_\_/\_\_\_\_

New employee set up

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

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

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

Would you recommend this applicant for Acrobat Academy? *Yes An instructor ' yes*  
 Convention Candidate?   
 Other Languages Spoken:   
 Chef Coat Chef Pants Knives Black Bistro Tuxedo 1/2 Tuxedo Black Vest Long Black Tie Bow Tie Other:   
 Details: *day assignments only*  
 Open AM only PM only Weekdays only Weekends only   
 TIPS Serv-Safe LEAD Other Will Submit   
 East South West North   
 Car Public Transit Carpool ( Rider / Driver )   
 P.O.S. Experience Y / N details:   
 Culinary school certified - does a lot of catering event - would like part time work - needs proper advance notice for an assignment   
 Total of *15 years* in Food Service/Hospitality

|            |     |                |     |   |
|------------|-----|----------------|-----|---|
| Server     | /35 | % Bartender    | /35 | % |
| Prep Cook  | /20 | % Barista      | /15 | % |
| Grill Cook | /40 | % Cashier      | /15 | % |
| Dishwasher | /10 | % Housekeeping | /14 | % |

Part-Time   
 Full-Time

Name: *Wette Horton*  
 Date: *6/19/2019*  
 Position (s) Applied for: *Prepack*  
 Referred by:   
 Rate of Pay: *12.00 plus*  
 Interviewer: *Morgan B. Smith*



## Yvette Horton

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

Wet ✓  
6/19/19  
e 1:30p

### Experience

#### **Retail**

Atlanta Falcons

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

### Education

#### **Atlanta Technical College**

Associate's Degree, January, 2018

Powered by





## Prep Cooks Test

### Multiple Choice (1 point each)

- D 1) A gallon is equal to \_\_\_\_\_ ounces
- 56
  - 145
  - 32
  - 128
- A 2) Mesclun are what type of vegetable?
- Roots
  - Beans
  - Salad Greens
  - Spices
- B 3) What does the term braise mean?
- Sear quickly on both sides
  - Slowly cook in covered pan with little liquid
  - Cook on high heat and quickly
  - Slowly cook in simmering water
- B 4) At what internal temperature must chicken be cooked so that it is safe to eat?
- 155 degrees F
  - 165 degrees F
  - 175 degrees F
  - 185 degrees F
- A 5) How do you blanch vegetables?
- Immerse for a short time in boiling water
  - Cook lightly in butter over med heat
  - Soak in cold water overnight
  - Rub with salt before cooking
- C 6) Which of the following ingredients would you pack before measuring?
- Olive Oil
  - Salt
  - Brown Sugar
  - White Sugar
- A 7) What is Al Dente?
- Firm but not hard
  - Soft to the touch
  - Very hard
  - Very soft
- A 8) Food should be left out no more than
- 2 hours
  - 3 hours
  - 4 hours
  - 5 hours
- B+C 9) Which is the improper way to thaw frozen food?
- In the fridge
  - In a sink with cold water
  - On the counter
  - In the microwave

## Prep Cooks Test

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

- a. Baking Soda
- b. Baking Powder
- c. Flour
- d. Water

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

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

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

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

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

- a. Over the fire at all times

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

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

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

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

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

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

17) What is a julien cut?

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

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

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

Fill in the Blank (1 point each)

## Prep Cooks Test

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- 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.

