

Name: Octavio Bauza (walkin)

Taborca ID: 52475

Date of Hire: 6/25/19

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?		Convention Candidate?		Other Languages Spoken:	
Chef Coat		Chef Pants		Knives	
Bistro		Black Bistro		Tuxedo	
Black Vest		1/2 Tuxedo		Black Vest	
Long Black Tie		Bow Tie		Other:	
Details:					
Open		AM only		PM only	
Weekdays only		Weekends only			
Availability:					
TIPS		Serv-Safe		LEAD	
Other		Will Submit			
Certifications (if any):					
Regions Available to work:					
East		South		West	
North					
Car		Public Transit		Carpool ( Rider / Driver )	
Transportation:					
P.O.S. Experience: Y / N details:					
Total of _____ in Food Service/Hospitality					
Reference: _____					

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

Name: <b>Octavio Baza Boeranda</b>	Date: <b>6/25/19</b>	Position (s) Applied for: <b>Cook, Server</b>
Interviewer:	Rate of Pay:	Referred by:





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First and Last Name: Octavio Buzza  
Email: octavio.buzza@gmail.com  
Phone number: 470 3015030

Working Experience:

Company Name: Lq Promesas Bakery  
Dates of Employment: 2019  
Job Responsibility:

- - Kitchen helper
- -
- -
- -

Company Name: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Job Responsibility:

- -
- -
- -
- -

Company Name: \_\_\_\_\_  
Dates of Employment: \_\_\_\_\_  
Job Responsibility:

- -
- -
- -
- -

Skills

- -
- -
- -
- -

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**Multiple Choice** (1 point each)

- 1) A gallon is equal to \_\_\_\_\_ ounces
- a. 56
  - b. 145
  - c. 32
  - d. 128
- 2) Mesclun are what type of vegetable?
- a. Roots
  - b. Beans
  - c. Salad Greens
  - d. Spices
- 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
- 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
- 5) How do you blanch 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
- 6) Which of the following ingredients would you pack before measuring?
- a. Olive Oil
  - b. Salt
  - c. Brown Sugar
  - d. White Sugar
- 7) What is Al Dente?
- a. Firm but not hard
  - b. Soft to the touch
  - c. Very hard
  - d. Very soft
- 8) Food should be left out no more than
- a. 2 hours
  - b. 3 hours
  - c. 4 hours
  - d. 5 hours



## Prep Cooks Test

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





## Prep Cooks Test

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)

19) Salt & pepper are the basic seasoning ingredients for all savory recipes.

20) Chop: to cut into very small pieces when uniformity of size and shape is not important.





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## 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 Octavio Jesus Baza Bocaranda Date: 06/25/19  
Home Telephone ( ) \_\_\_\_\_ Other Telephone (470) 301 5030  
Present Address 5897 MaryJo Lane, Norcross, GA, 30093  
Permanent Address, if different from present address: \_\_\_\_\_  
Email Address OctavioBaza@gmail.com

### EMPLOYMENT DESIRED

Position applying for: Server/Kitchen helper Salary desired: \$12

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 Zulay Pereira 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?

06/26/2019

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 HOURS AVAILABLE DAILY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM							
PM	<u>2:00</u>	<u>2:00</u>	<u>2:00</u>	<u>All Day</u>	<u>All Day</u>	<u>2:00</u>	<u>2:00</u>
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.) \_\_\_\_\_

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	

Do you have any special licenses, certificates or special training? If so please list under "Special".	YES	<input checked="" type="checkbox"/> NO
Are you computer literate? If so, list software knowledge under "Special".	YES	<input checked="" type="checkbox"/> NO
Are you proficient with Point of Sales Systems? If, so please list which ones under "Special".	YES	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> NO

Special: I have in similar companies



### 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 La Promesa Bakery / 6230 S Norcross Trce, RD Ste B  
Tucker GA 30084

Type of Business Bakery Telephone No. (678) 4060563 Supervisor's Name Rafael Rodriguez

Your Position and Duties Kitchen helper

Dates of Employment: From 02/01/14 To Currently

Reason for Leaving: ~~4353 Tilly Mill rd #250~~

Name and Address of Employer Elegant Staffing / 4353 Tilly Mill rd #250  
Atlanta GA 30360

Type of Business Server Telephone No. (800) 807 8503 Supervisor's Name Vanessa Castillo

Your Position and Duties Server / Kitchen helper

Dates of Employment: From 2014 To Currently

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: \_\_\_\_\_

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: Libia Mujica  
Address: 1814 Lenox Park Drive, Gainsville Ga  
Occupation: Receptionist  
Relationship: Friend  
Number of Years Acquainted: 10  
Telephone No. (321) 3147650

Name: Jorge Torres  
Address: 2550 Akers Mills road, Atlanta 30339  
Occupation: Assistant  
Relationship: Friend  
Number of Years Acquainted: 24  
Telephone No. (404) 9488361

Name: Hector Lopez  
Address: 3202 Old Oakdale way, Atlanta, Ga, 30008  
Occupation: Server  
Relationship: Friend  
Number of Years Acquainted: 3  
Telephone No. (404) 2871427

Please Read Carefully, Initial Each Paragraph and Sign Below

OB 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.

OB 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.

OB 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.

OB 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.

OB 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 Octavio Bauza Date 06/25/19







**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): Octavio Jesus Bauza Bocaranda

Signature: Octavio Bauza Date: 06/25/19

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





## STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME <u>Octavio Jesus Buzza Bacaranda</u>	1b. YOUR SOCIAL SECURITY NUMBER <u>204-45-2488</u>
2a. HOME ADDRESS (Number, Street, or Rural Route) <u>5897 MaryJo Lane</u>	2b. CITY, STATE AND ZIP CODE <u>Norcross, GA 30093</u>

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.....[0]

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

4. DEPENDENT ALLOWANCES [0]

5. ADDITIONAL ALLOWANCES [0]  
(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) A TOTAL ALLOWANCES (Total of Lines 3 - 5) 0  
(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 \_\_\_\_\_ 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 Octavio BuzzaDate 06/25/14

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.

