



Name: Saved Hull (Amy)

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

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): Jared Hull

Signature:

Jared Hull

Date:

08/06/19

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

Date:

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

I hereby authorize Alto Police Department to conduct an inquiry for
(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>JARED HULL</u>		
AKA name(s)			
Address	483 Parkway Dr Alto, Ga 30308		
Sex	Race	Date of Birth	Social Security Number
Male	BLK	08/06/19	254-89-6214

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

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

Jared Hull

Signature

08/06/19

Date

Purpose Code Used: (check one that apply)

E - Employment
N - Working with Elderly
W - Working with Children

Official Use Only

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

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

No Criminal Record Available
Criminal Record (Attached/Released)
No NCIC/GCIC Warrant
Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Agency Designee Signature and Title

Date

1811004012

STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME Jared Thomas Hull	1b. YOUR SOCIAL SECURITY NUMBER 254-89-6214
2a. HOME ADDRESS (Number, Street, or Rural Route) 483 Parkway Dr. Atlanta, GA 30308	2b. CITY, STATE AND ZIP CODE Atlanta, GA 30308

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3-5

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 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) **A** TOTAL ALLOWANCES (Total of Lines 3-5) **2**
(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

Georgia. 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 **Jared Hull**Date **8/6/19**

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 30369.

9. EMPLOYER'S NAME AND ADDRESS:

EMPLOYER'S FEIN: _____

EMPLOYER'S WHT# _____

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.



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 Jared Hull Date: 8/7/19
Home Telephone (404) 454-0015 Other Telephone ()
Present Address 403 Parkway Dr Atlanta, Ga 30308
Permanent Address, if different from present address: _____
Email Address JaredHull6@gmail.com

EMPLOYMENT DESIRED

Position applying for: Server, Barback, Dishwashing Salary desired: \$11/hr

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 _____ 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?

8/7/19

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.

<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	ANY	ANY	ANY	ANY	ANY	ANY	ANY
PM	ANY	ANY	ANY	ANY	ANY	ANY	ANY

Do you have any vacations or extended leaves planned in the next 12 months? If so, please list dates: _____

Page 4 of 5
The Service Companies

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: Tony Griffin Telephone No. (4) 641-6398

Address _____

Occupation: Entrepreneur Relationship: Mentor Number of Years Acquainted: 8

Name: Jerome Caradine Telephone No. (404) 931-0527

Address 217 S metropolitan Pkwy

Occupation: Pastor Relationship: Mentor Number of Years Acquainted: 15

Name: _____ Telephone No. (____) _____

Address _____

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

Please Read Carefully, Initial Each Paragraph and Sign Below

JH

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.

JH

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.

JH

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.

JH

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.

JH

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

David Hull

Date

8/7/19

Wed @ 1p
8/7/19

Jared Hull

Atlanta, GA 30344

jaredhull6@gmail.com

4044540015

Very responsible and hardworking

"Man doesn't work, man doesn't eat"

Willing to relocate to: Florida - Alabama - Tennessee

Authorized to work in the US for any employer

Work Experience

Bar Back and Food Runner

Levy - Atlanta, GA

October 2016 to Present

Prestock bars and properly maintain walkin storage. Always keeping bars iced and filled with beverages. Keeping tables clean and clear

Catering Associate

Levy - Atlanta, GA

October 2016 to Present

Preparing event tables/displays. Properly setting tables. Nice and neatly serving and working self-serve stationeries

Fry Cook and Dishwasher

Yard House - Atlanta, GA

March 2016 to February 2018

Properly prep and set up utensils, dishware and food for shift, precisely cook food at the correct temperature and style of restaurant and customer orders, break down station and clean

Floor Technician

GCA Services Group - Atlanta, GA

January 2015 to July 2017

Maintain and upkeep the buildin and trash, operating machines and properly storing them

Event Specialist

Safe Management - Atlanta, GA

March 2015 to February 2017

Part-time: Greet everyone with a smile and good attitude, providing great customer service. Eyes open and very alert to any activity in or around my designed post, check blind spots, bags/tickets and other suspicious areas

Education

Multiple Choice

A ✓ 1) Food is served on what side with what hand?
 a) On the left side with the left hand
 b) On the left side with the right hand
 c) On the right side with the left hand
 d) On the right side with the right hand

B ✓ 2) Drinks are served on what side with what hand?
 a) On the left side with the left hand
 b) On the left side with the right hand
 c) On the right side with the left hand
 d) On the right side with the right hand

D ✓ 3) Food and drinks are removed on what side with what hand?
 a) On the left side with the left hand
 b) On the left side with the right hand
 c) On the right side with the left hand
 d) On the right side with the right hand

A ✓ 4) What part of a glass should you handle at all times?
 a) The stem
 b) The widest part of the glass
 c) The top

D ✓ 5) When you are setting a dining room how should you set up your tablecloths?
 a) Neatly and evenly across the tables
 b) The creases should all be going in the same directions
 c) The chairs should be centered and gently touching the table cloth
 d) All of the above

D ✓ 6) If you bring the wrong entrée to a guest what should you do?
 a) Go back into the kitchen and patiently wait in line behind the rest of the servers until it's your turn
 b) Inform the guests that you will bring the correct entrée once everyone else in the dinning room is served
 c) Try to convince the guests to eat what you brought them
 d) Go back into the kitchen to the front of the line and inform the expeditor that you need a different entrée

Match the Correct Vocabulary

✓ D Scullery

✓ B Queen Mary

✓ A Chaffing Dish

✓ B French Passing

✓ G Russian Service

✓ F Corkscrew

✓ C Tray Jack

A. Metal buffet device used to keep food warm by heating it over warmed water

B. Style of service where food is prepared or served individually at the dinner table to fit the customer's specific taste (i.e. providing dressing and pepper for salad or handing out bread to each patron)

C. Used to hold a large tray on the dining floor

D. Area for dirty dishware and glasses

E. Large metal shelving unit for prepared food to be held or for dirty trays to be stored

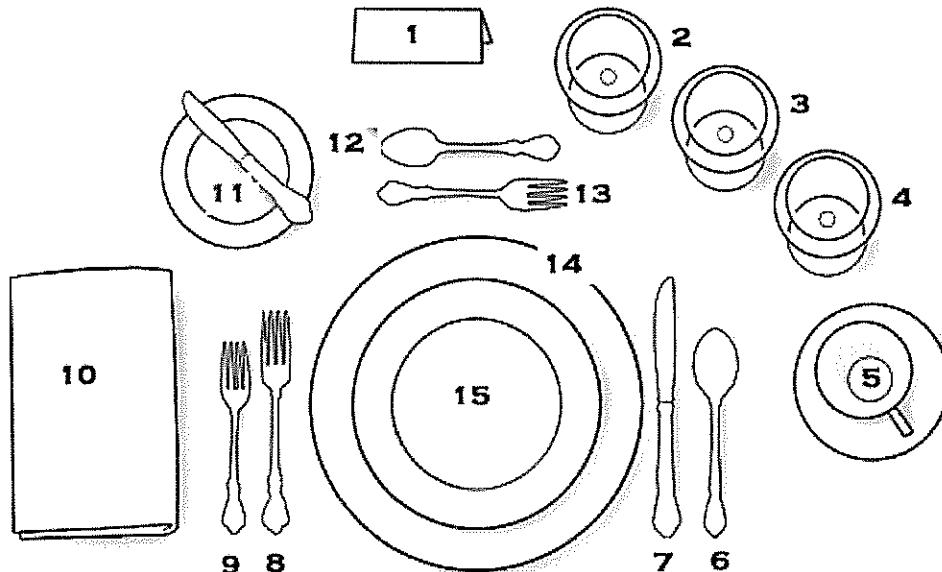
F. Used to open bottles of wine

G. Style of dining in which the courses come out one at a time

Name _____

Servers Test

Score / 35



Match the Number to the Correct Vocabulary

✓ <u>10</u>	Napkin	✓ <u>1</u>	Dinner Fork
✓ <u>11</u>	Bread Plate and Knife	✓ <u>5</u>	Tea or Coffee Cup and Saucer
✓ <u>1</u>	Name Place Card	✓ <u>7</u>	Dinner Knife
✓ <u>12</u>	Teaspoon	✓ <u>2</u>	Wine Glass (Red)
✓ <u>13</u>	Dessert Fork	✓ <u>9</u>	Salad Fork
✓ <u>6</u>	Soup Spoon	✓ <u>14</u>	Service Plate
✓ <u>15</u>	Salad Plate	✓ <u>3</u>	Wine Glass (White)
✓ <u>4</u>	Water Glass		

Fill in the Blank

1. The utensils are placed three X inch (es) from the edge of the table.
2. Coffee and Tea service should be accompanied by what extras? Condiments ✓.
3. Synchronized service is when: N/A X.
4. What is generally indicated on the name placard other than the name? Profession X.
5. The Protein on a plate is typically served at what hour on the clock? 6 ✓.
6. If a guest asks for a specialty dinner (i.e. Gluten-Free or Vegetarian) you should do what immediately?
Notify the Chef ✓.

10/10
Dishwasher Test

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, chafing 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 dry 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