

Acrobat

OUTSOURCING
Your Hospitality Staffing Professionals

Name: Eya Dokey (cont)

Taborca ID: 53018

Date of Hire: 8/27/19

Date of Re-Act: / /

New employee set up

- E-verify
- Hire Right EE
- Hire Right Internal (upload any list A docs)
 - Added to Orientation Time Sheet
 - Attended New Hire Orientation
- Direct Deposit (Scan to Payroll) and/or Global Cash Card – complete the form & have EE sign
- Notice to Employee Completed
 - 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

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 EVA NO KECY Date: 08/27/19
 Home Telephone (347) 605 9244 Other Telephone ()

Present Address 247 Ashton Oak cir Stone Mountain GA 30083

Permanent Address, if different from present address: _____

Email Address clayairiky@yahoo.com

EMPLOYMENT DESIRED

Position applying for: _____

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 Friend 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? _____

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</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: _____

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 Marshalls

Type of Business Distribution Telephone No. (270) 808-4780 Supervisor's Name Kiara
Your Position and Duties TRP

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:

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

Please Read Carefully, Initial Each Paragraph and Sign Below

 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.

 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.

 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.

 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.

 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  Date 08/27/19

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)	EYA DOKE		
AKA name(s)			
Address			
Sex	Race	Date of Birth	Social Security Number
F	BLACK	10/15/1981	821-43-2916

This authorization is valid for _____ days from date of signature.
 _____, _____ give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.


 Date 18/12/19

Purpose Code Used: (check one that apply)

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

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): EVA MOKEY

Signature: 

Date: 08/27/19

Levy Manager's Signature: _____

(or other person in charge)

Date: _____

1811004012

1a. YOUR FULL NAME

E.YA DOKERY

STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

2a. HOME ADDRESS (Number, Street or Rural Route)

817 Ashton Oak Cir Stone Mountain 30083

1b. YOUR SOCIAL SECURITY NUMBER

821432916

2b. CITY, STATE AND ZIP CODE

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 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

\$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) C TOTAL ALLOWANCES (Total of Lines 3-5) 1

(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 this year. Check here

b) I certify that I am not subject to Georgia withholding because I meet the conditions set forth under the Servicemember's

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 E.YA DOKERYDate 08/27/99

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:

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.

Eya Dokey

817 Ashton Oak Circle

Stone Mountain, GA 30083

347.605.9244 deyasika@yahoo.com

Summary: Experience warehouse and assembly line worker finding work in custodial/janitorial work. Dependable and hard worker willing to be trained.

Experience: TJX Companies

Decatur, GA

Rapid Pack

- Packaging, loading and unloading of warehouse products in assembly line

Self-employed

Stone Mountain, GA

Hair braider

- Braid hair for clients

La Deliverance

Togo

2006-2012

School Secretary

- Handled payments from students and gave receipts
- Made copies for exams and assignments
- Managed cleaning crew for the school

Education:

Prudencio

Togo

Finished grade 11

Languages:

French, English

References:

Available upon request.

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 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

~~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

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

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