

Acrobat

outsourcing
Your Hospitality Staffing Professionals

Name: Murphy Davis

Taborca ID: 53382.

Date of Hire: 9/16/19.

Date of Re-Act: / /

New employee set up

- | | |
|---|--|
| <input type="radio"/> E-verify | <input type="radio"/> Added to Orientation Time Sheet |
| <input type="radio"/> Hire Right EE | <input type="radio"/> Attended New Hire Orientation |
| <input type="radio"/> Hire Right Internal (upload any list A docs) | <input type="radio"/> Background Check |
| <input type="radio"/> Direct Deposit (Scan to Payroll) and/or
Global Cash Card – complete the form &
have EE sign | <input type="radio"/> New Hire List (All fields) |
| <input type="radio"/> Notice to Employee Completed | <input type="radio"/> Check Taborca Profile (All fields) |
| | <input type="radio"/> Upload Resume and Skills Tests (one doc) |
| | <input type="radio"/> 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, FHG, 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



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 Mauricea Davis Date: 9-10-19
Home Telephone () _____ Other Telephone (410) 633-0337
Present Address 377 North Decatur Rd Apt. B
Permanent Address, if different from present address: _____
Email Address dajana2012@yahoo.com

EMPLOYMENT DESIRED

Position applying for: Dishwasher Salary desired: _____

Are you currently registered with any staffing and/or employment agencies? If so, please list
NO

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?
9-9-19

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.

SPECIFY HOURS AVAILABLE DAILY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM	5	5	5	5	5	5	5
PM	10	10	10	10	10	10	10

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 Subway

Type of Business Fast Food Telephone No. () Supervisor's Name EUTONYA
Your Position and Duties SANAWICH ARTIST, CASHIER, PREP, DISHWASHER,
3. CUSTOMER SERVICE

Dates of Employment: From 3/19 To 5/19

Reason for Leaving: MOVED back to Atlanta

Name and Address of Employer ROSE ACRES Egg Farm

Type of Business FARMING Telephone No. (706) 342-3132 Supervisor's Name ERIN
Your Position and Duties PACKER,

Dates of Employment: From 3/19 To 3/19

Reason for Leaving: BETTER WORK environment

Name and Address of Employer BIG A1'S BUTTER BURGER

Type of Business FAST FOOD Telephone No. (404) 351-0450 Supervisor's Name CARL
Your Position and Duties COOK, CASHIER, SERVER, BARTENDER, PREP,
DISHWASHER, 3. CUSTOMER SERVICE

Dates of Employment: From 9/18 To 2/19

Reason for Leaving: FAMILY ISSUES back home

Name and Address of Employer Wal-Mart

Type of Business _____ Telephone No. (706) 485-5052 Supervisor's Name LISA

Please Read Carefully, Initial Each Paragraph and Sign Below

MP 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.

MP 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.

MP 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.

MP 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.

MP 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 Shawna Davis Date 9-16-19

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

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

Full Name (print)	<u>Mauriceya Daigana Davis</u>		
AKA name(s)			
Address	<u>3777 North Decatur Rd Apt. B</u>		
Sex	Race	Date of Birth	Social Security Number
<u>Female</u>	<u>Black</u>	<u>02-04-1994</u>	<u>255-89-2025</u>

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

Signature Mauriceya Davis _____ Date 9-8-19 _____

Purpose Code Used: (check one that apply)

<input type="checkbox"/> E - Employment
<input checked="" 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 _____

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): Mauricea Davis

Signature:

Mauricea Davis

Date: 9-8-19

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

Date:

1811004012

STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME Maurice Dajana Davis	1b. YOUR SOCIAL SECURITY NUMBER 255-89-2025
2a. HOME ADDRESS (Number, Street, or Rural Route) 3777 North Decatur Rd Apt. B	2b. CITY, STATE AND ZIP CODE Decatur, Georgia 30032

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

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 ☐ BlindNumber 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)

(Employer: The letter indicates the tax tables in Employer's Tax Guide)

TOTAL ALLOWANCES (Total of Lines 3-5)

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 GA-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.

Employee's Signature

Maurice DavisDate **9-8-19**

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 30359.

9. EMPLOYER'S NAME AND ADDRESS:

EMPLOYER'S FEIN:

EMPLOYER'S With#:

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.

MAURICEYA D. DAVIS

2693 Boulder Pointe Way, Ellenwood, GA 30294 | 470-226-4841 | mauriceyadavis@yahoo.com

SUMMARY

- Line Assembly Production Team Leader with excellent supervisory and communication skills and understands what it takes to meet production goals. Strong ability to complete production assignments within project completion time frames. A self-motivated and hard-working individual who is able to cope well under pressure. Proven ability to use initiative and problem -solving skills to successfully deal with challenges and effectively handle difficult situations. Detail-orientated, resourceful and highly organized. An energetic and fast learner who is committed to excellent customer service.

SKILLS

- Technical Skills
 - MS Office 2010 Business Software
 - Typing and data management skill
- Core Skills
 - Excellent oral and written communication skills
 - Great time-management abilities
 - Understands and implements all safety standards
 - Strong product line analysis
 - Good leadership skills
 - Good problem-solving capabilities

EXPERIENCE

7/2017 -2/2018 Overnight Stocker, Walmart

- Deal with incoming stock deliveries during the night by assisting in unloading trucks
- Sort out received items and make piles according to types of materials
- Transport freight to the sales floors after sorting and ensuring that sufficient quantity has been delivered
- Ensure that any excess materials are placed in storage rooms
- Handle stock inventory and make sure that it is accurate by rechecking it
- Ensure that items are marked properly before they are sent to the sales floors
- Place price tags on items and ensure that barcodes are correctly placed
- Stock shelves with items by making sure that items are brought forward
- Clean and dust items and shelves
- Follow company rules and protocols governing top product placement activities
- Assist customers shopping during night hours by providing them with product information
- Accompany customers to required shelves and provide them with price and expiry information
- Ensure that no damaged or expired items are placed on shelves
- Gather shopping carts and baskets and ensure that they are in good working order
- Report any damages to shelves, carts or baskets to the supervisor on immediate basis

7/2016 – 7/2017 Crew Member, Subway

- Prepares food neatly, accurately and in a timely manner.

- Demonstrates a complete understanding of menu items and explains it to guests accurately. Exhibits a cheerful and helpful manner when dealing with guests.
- Checks products in sandwich unit area and restocks items to ensure a sufficient supply throughout the shift.
- Cleans as directed.
- Greets guests and prepares their orders, uses Point of Sale system/cash register to record their order, collects payment from guests and makes change.
- Understands and adheres to all quality standards, formulas and procedures.
- Accounts for cash flow and inventory during the shift.
- Understands and adheres to proper food handling, safety and sanitization standards while preparing food.

6/2015 – 7/2016 Line Assembly Production Team Lead, Ranstad Staffing

- Supervise production line to ensure production orders were completed on a timely basis.
- Motivate team members to meet production goals and enforce safety rules at all times.
- Keep careful inventories and complete requisitions and orders as needed.
- Confer with management regarding production line issues and goals.
- Maintain high standards of excellence.
- Operate numerically controlled equipment used to automatically move frozen food products on assembly line.
- Inspect ingredients and product to ensure conformance to company specifications.
- Keep machines dirt free at all times and adjusting the momentum of the conveyor belt if required.
- Great team working skills and the aptitude to work alone.

2014 Housekeeping, Goodwill Staffing

- Clean corridors, lobbies, stairways, elevators and lounges as well as guest rooms
- Organize work schedule from the room status list, arrivals and departures
- Distribute linen, towels and room supplies using wheeled carts or by hand
- Restock room supplies such as drinking glasses, soaps, shampoos, writing supplies, mini bar
- Replace dirty linens with clean items and inspect and turn mattresses regularly
- Store all dirty laundry in line with company policy
- Monitor guest laundry bags and replace laundry bags and slippers
- Check all appliances in rooms are in working order and realign furniture and amenities according to prescribed layout
- Respond to guest queries and requests and deliver any requested housekeeping items to guest rooms
- Remove room service items and organize and restock cart at the end of the shift
- Ensure confidentiality and security of guest rooms and followed all company safety and security procedures
- Report any maintenance issues or safety hazards and observe and report damage of hotel property

8/2012 – 9/2013 Crew Member, McDonald's

- Received customers pleasantly, took their orders, transmitted to kitchen staff, served, and prepared bills
- Prepared food items per the established standards and adhered to the quality and work standards of the chain
- Maintained the equipment, such as oven and grill, in proper condition and maintained cleanliness in the work stations
- Assisted the other staff members in taking orders and assist new crew members with on job training
- Analyzed customer complaints and feedback for constant improvements.

- Off load trucks and move raw materials and supplies to appropriate and designated places

EDUCATION

5/2012 College Preparatory Diploma, Jasper County High School

- 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, chaffing 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
- a 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