

RIKKI RUSSO

264 Driggs Ave. #3L, Brooklyn, NY 11222 • 415-517-9638 • rikkirusso@gmail.com

Professional Summary

Food service professional adept at FOH and BOH operations. Demonstrated team leader with excellent staff management skills.

Skills

- Extensive food/beverage knowledge
- Strong work ethic
- Thrives in fast-paced environment
- Staff scheduling
- Attention to detail
- NYC food Handlers card
- Focused and disciplined
- Inventory control and record keeping

Work History

Server /Bartender, 12/2018 to 09/2019
Uchu – NYC

Assistant General Manager, 05/2017 to 10/2017
Estela – NYC

- Carefully interviewed, selected, trained and supervised staff
- Promoted a positive atmosphere and went above and beyond to guarantee each customer received exceptional food and service
- Quickly identified problem situations and skillfully resolved incidents to the satisfaction of involved parties
- Purchased adequate quantities of necessary restaurant items, including food, beverages, equipment and supplies

Server/Bartender, 11/2016 to 05/2017
Flora Bar – NYC

Server/Bartender, 08/2015 to 10/2016
Prune – NYC

Chef De Partie, 10/2013 to 04/2015
Chefs Table at Brooklyn Fare – Brooklyn, NY

Sous Chef, 03/2012 to 03/2013
Salumeria, Ne Timeas restaurant group – San Francisco, CA

Sous Chef, 09/2010 to 03/2012
Biwa – Portland, OR

Sous Chef, 08/2008 to 09/2010
Slow Club – San Francisco, CA

Education

Associates of Occupational Studies
California Culinary Academy - San Francisco, CA
• Nutrition for foodservice and culinary professionals. NRA

References

Tina Byrne, Pastis, NYC 646-957-7411
Hannah Norwick, Polaner Selections, NYC 336-263-2969
Gabrielle Hamilton, Prune, NYC 917-373-2811

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Your Hospitality Staffing Professionals

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 VICKI RUSSO Date: 9/18/19

Home Telephone (415) 517-9138 Other Telephone ()

Present Address 264 Driggs Ave. #31 Brooklyn NY 11222

Permanent Address, if different from present address:

Email Address VICKI.RUSSO@gmail.com

EMPLOYMENT DESIRED

Position applying for: FDT Events Salary desired: \$40/hr.

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 Morgan 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? 9/19/19

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	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
DAILY							
AM							
PM							

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

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.) _____



Case Verification Number: 2019263194541HG

Report prepared: 09/20/2019

Company Information

Company ID: 139349

Company Name: Acrobat Outsourcing

Client Company ID: 139349

Client Company Name: Acrobat Outsourcing

Employee Information

Name: Rikki m. Russo

Date of Birth: 10/11/1982

U.S. Social Security Number: ***-**-8284

Employee's First Day of Employment: 09/20/2019

Citizenship Status: U.S. Citizen

Document Information

List A Document: U.S. Passport or Passport Card

Document Number: 648510246

Expiration Date: 06/18/2029

Case Information

Case Status: Closed

Case Submitted By: Debbie McKee

Current Case Result: Employment Authorized

Reason for Closure: Employment Authorized Auto Close

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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 COMPLETED	DID YOU GRADUATE?
CCA	SE CA	AOS	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:			

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 Uchu

Type of Business Restaurant Telephone No. 212-203-7134 Supervisor's Name Khale

Your Position and Duties

Dates of Employment: From To

Reason for Leaving: Closed

Name and Address of Employer Drive

Type of Business Restaurant Telephone No. 212-477-0201 Supervisor's Name Anna

Your Position and Duties

Dates of Employment: From To

Reason for Leaving: Went to Uchu

Name and Address of Employer Matter house

Type of Business Restaurant Telephone No. 212-558-5283 Supervisor's Name Tina

Your Position and Duties

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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: Tina Byrne Telephone No. (646) 957-7411

Address _____
Occupation: PASTIS Relationship: _____ Number of Years Acquainted: _____
Name: Hannah Novnick Telephone No. 336-263-2969

Address _____
Occupation: Mike Salas Relationship: _____ Number of Years Acquainted: _____
Name: Gabrielle Hamilton Telephone No. 917-373-2811

Address _____
Occupation: Restaurant Owner Relationship: _____ Number of Years Acquainted: _____



Please Read Carefully, Initial Each Paragraph and Sign Below

(Initials)
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.

(Initials)
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.

(Initials)
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.

(Initials)
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.

(Initials)
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

9/18/19

Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2019 if both of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2019 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

W-4
Form
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

OMB No. 1545-0074

2019

► Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

Your first name and middle initial	Last name	2 Your social security number
RICK M.	RUSSO	519-08-8884
Home address (number and street or rural route)	3 1 Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."	
244 Driggs Ave. #2	4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ► <input type="checkbox"/>	
City of town, state, and ZIP code	519-08-8884	
Brooklyn NY 11223		
6 Additional amount, if any, you want withheld from each paycheck	5	
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption.	6 \$	
• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and		
• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.		
If you meet both conditions, write "Exempt" here	7	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature		
(This form is not valid unless you sign it.)		
8 Employer's name and address (Employer: Complete Boxes 9 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)	9 First date of employment	10 Employer identification number (EIN)
Date ► 9/18/19		