



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 Bri'Ana Moore Date: 11/20/19
Home Telephone (678) 517-5186 Other Telephone ()
Present Address 3150 Dessert Drive apt 9 Atlanta GA 30344
Permanent Address, if different from present address: _____
Email Address 3150 Dessert Drive apt 9 Atlanta GA 30344

EMPLOYMENT DESIRED

Position applying for: ~~Server~~ Server/anything Salary desired: 10

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 Indeed 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.

SPECIFY HOURS AVAILABLE DAILY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM	open	open	open	open	open	open	open
PM	open	open	open	open	open	open	open
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 KBS Amazon ATL 7 Union city GA

Type of Business cleaning Telephone No. 404-663-5932 Supervisor's Name Darrel Johnson
Your Position and Duties Clean Amazon offices and building
take trash clean Bathrooms

Dates of Employment: From Aug To Nov

Reason for Leaving: wanted Better opportunity

Name and Address of Employer ~~KBS Amazon ATL 7~~ Little Caesars pizza

Type of Business Pizza Telephone No. 678-748-9691 Supervisor's Name Katisha James
Your Position and Duties make pizza pick up phones, make orders

Dates of Employment: From March To July
2019 2019

Reason for Leaving: new job & new money

Name and Address of Employer Box X Tavern 1824 Chesapeake Bridge Rd NE
eating 404-892-4511 Atlanta GA

Type of Business Telephone No. ~~404-892-4511~~ Supervisor's Name N/A
Your Position and Duties Wash dishes, cook well make salads
take trash

Dates of Employment: From Nov To Jan
2019 2019

Reason for Leaving: Moved back Virginia

Name and Address of Employer Bet yeladin preschool

Type of Business child care Telephone No. 410-997-1378 Supervisor's Name Yonnette

Johnson

✓ 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

Brian

Date

11-20-19

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

I hereby authorize _____ Alto Police Department _____ to conduct an inquiry for
_____ Acrobat _____ (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>Bri'Ana Teleah Moore</u>		
AKA name(s)			
Address			
Sex	Race	Date of Birth	Social Security Number
<u>Female</u>	<u>Black</u>	<u>10-05-1992</u>	<u>224-67-4081</u>

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

☒ I, Bri'Ana T. Moore, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

Bri'Ana T. Moore
Signature

11-20-19
Date

Purpose Code Used: (check one that apply)

<input checked="" type="checkbox"/>	E - Employment
<input 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 AND INCLUDING TERMINATION OF EMPLOYMENT WITH LEVY.

Name (please print): Bri'Ana Moore

Signature: Bri'Ana Moore

Date: 11-23-19

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

Date: _____