



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 Colleen D DeCunzio Date: 11/21/2019  
Home Telephone 404, 992-3723 Other Telephone (\_\_\_\_\_) \_\_\_\_\_  
Present Address 144 Bentley Woods Lane Lithonia GA 30058  
Permanent Address, if different from present address: \_\_\_\_\_  
Email Address cdccunzio@colleen@gmail.com

### EMPLOYMENT DESIRED

Position applying for: Housekeeping / Banquet Server / Guest Services Salary desired: \_\_\_\_\_

Are you currently registered with any staffing and/or employment agencies? If so, please list \_\_\_\_\_

Cornestone Hospitality

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?

11/25/2019  
12/24

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	10:00am	10:00am	10:00am	10:00am	10:00am	10:00am	10:00am
PM	6:00pm	6:00pm	6:00pm	6:00pm	6:00pm	6:00pm	6:00pm
Do you have any vacations or extended leaves planned in the next 12 months? If so, please list dates: <u>Thanksgiving Holiday (Nov 28-30), New Years, Birthday June 30th</u>							

### 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 ~~PPA~~ Crowne Management Services Pine Dusters 1/2011 - 3/2018

Type of Business Hospitality Telephone No. ( ) N/A Supervisor's Name Alexandro  
Your Position and Duties Clean Rooms Assigned to me in a timely manner.

Dates of Employment: From March 2019 to July 2019

Reason for Leaving: Temp Agency (Relocated)

Name and Address of Employer CareBridge International Corp.

Type of Business Hospitality <sup>Guest Services</sup> Telephone No. ( ) N/A Supervisor's Name \_\_\_\_\_  
Your Position and Duties Clean rooms assigned to me in a timely manner

Dates of Employment: From Nov. 1 2019 to Nov. 1 2019 To be Continued...

Reason for Leaving: Temp Agency (Not enough work/pay)

Name and Address of Employer CornerStone Hospitality

Type of Business Hospitality Telephone No. ( ) \_\_\_\_\_ Supervisor's Name Stephanie  
Your Position and Duties Clean rooms assigned to me in a timely manner

Dates of Employment: From 1/2015 to 10/2015

Reason for Leaving: Temp Agency (No Work / Low Pay) Relocated

Name and Address of Employer Temp Agency 1/2015 - 10/2015

Type of Business Early Morning Stocker Telephone No. (618) 529-0888 Supervisor's Name Keith

**Please Read Carefully, Initial Each Paragraph and Sign Below**

C.D.D. 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.

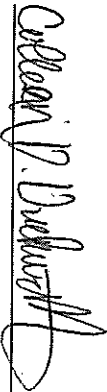
C.D.D. I hereby authorize Acrobat Outsourcing to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related 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.

C.D.D. 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.

C.D.D. 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.

C.D.D. 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 11/21/2019

# Interview Note Sheet

## General

Applicant Information					
Name:	Colleen Duckworth			Interviewer:	Mitchelene. Brown
Date:	11-21-19			Rate of Pay:	
Position (s) Applied for:	Housekeeping			Referred by:	N/A
Test Scores					Setting:
Server	/35	%	Bartender	/30	%
Prep Cook	/15	%	Barista	/10	%
Grill Cook	/40	%	Cashier	/10	%
Dishwasher	/10	%	Housekeeping	/16	%
					<del>Full-Time</del>
					<del>Part-Time</del>

Relevant Experience & Summary of Strengths			
Total of <u>100</u> Experience in Food Service/Hospitality			
Describe a time when you had to multitask, or work under pressure?	How would you handle a disagreement/argument with a coworker?	What do you do to go above and beyond and exceed your customer's expectations?	Notes:
able to multitask	Not confrontational	Not really into customer service	Housekeeping Banquet Setup
P.O.S. Experience: <u>Y</u> / <u>N</u> details: <u>Transportation</u>			
Reliable		any	
Certifications (if any)		Availability	
N/A		9a-7p.	
Uniforms Owned:		Recommendations:	
Bistro White	Chef Coat	Acrobat Academy	
Black Bistro	Chef Pants		
Tuxedo	Knives		
1/2 Tuxedo	Black Pants		
Black Vest	Non-Slip Shoes		
Long Black Tie	Bow Tie		
Other:	Cut Glove	Lead Academy	
		Other Languages Spoken:	

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

I hereby authorize Alto Police Department to conduct an inquiry for Aerobat (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>Colleen D. Duckworth</u>		
AKA name(s)			
Address	<u>149 Bentley Woods Lane Lithonia GA. 30058</u>		
Sex	Race	Date of Birth	Social Security Number
<u>Female</u>	<u>African American</u>	<u>06/30/1994</u>	<u>226-71-6460</u>

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

Signature Colleen D. Duckworth Date 11/25/2019

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 ANY INCLUDING TERMINATION OF EMPLOYMENT WITH LEVY.

Name (please print): Colleen D. Duckworth

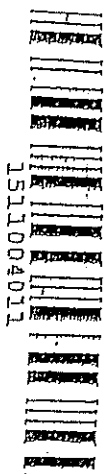
Signature:

Colleen D. Duckworth

Date: 11/21/19

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

Date:



1511004012

## STATE OF GEORGIA EMPLOYEES WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME <i>Colleen D. Duckworth</i>	1b. YOUR SOCIAL SECURITY NUMBER <i>226-71-6462</i>
2a. HOME ADDRESS (Number, Street, or Rural Route) <i>1449 Bentley Woods Lane</i>	2b. CITY, STATE AND ZIP CODE <i>Lithonia GA. 30058</i>

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 ☐4. DEPENDENT ALLOWANCES ☐B. Married Filing Joint, both spouses working:  
Enter 0 or 1 ☐C. Married Filing Joint, one spouse working:  
Enter 0 or 1 or 2 ☐5. ADDITIONAL ALLOWANCES ☐D. Married Filing Separately:  
Enter 0 or 1 ☐

(Worksheet below must be completed)

E. Head of Household:  
Enter 0 or 1 ☐6. ADDITIONAL WITHHOLDING \$ 

## WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES

1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION:  
(Must be completed in order to enter an amount on step 5)Youself ☐ 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

B. Georgia Standard Deduction (enter one):

Each Spouse

Single/Head of Household \$2,300

\$ 

C. Subtract Line 3 from Line A

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)

TOTAL ALLOWANCES (Total of Lines 3 - 5) 

8. EMPLOYER: The letter indicates the tax tables in Employer's Tax Guide

a) I claim exemption from withholding because I entered the 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

*Colleen D. Duckworth*Date *11/21/2019*

Employer: Complete Line 8 and mail entire form only if the employee claims over 14 allowances or exemption from withholding. If necessary, mail form to: Georgia Department of Revenue, Withholding Tax Unit, P.O. Box 49432, Atlanta, GA 30359.

EMPLOYER'S FEE: EMPLOYER'S VERIF: 

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.

# Colleen Duckworth

Experienced, dedicated worker with a range of skills suitable for a variety of working environments.

904 Little Bear Cove NE  
Conyers, GA 30012  
(404) 992-3723  
duckworth.colleen@gmail.com

## EXPERIENCE

### Crown Mgmt. Services, Atlanta, GA — *Housekeeping*

JANUARY 2017 - PRESENT

Maintain a clean and orderly work cart. Fulfill order quota of rooms to clean by end of day. Meet new coworkers on regular basis; requires strong conflict resolution skills.

### Pixie Dusters, Alpharetta, GA — *Housekeeping*

AUGUST 2015 - SEPTEMBER 2016

Mobile housekeeping position; first shift. Traveled based on customer need and cleaned homes and offices. Maintained proper safety attire and standards.

### Super Target, Atlanta, GA — *Early Morning Stocker/Cashier*

JANUARY 2015 - OCTOBER 2015

Arrived promptly at 4 am to unpack incoming shipments and restock shelves. Cashier and money handling work during later hours of shift.

### ABC Day Care & Learning Center, Covington, GA — *Team Lead/Caretaker*

MARCH 2010 - JULY 2012

Prepared breakfast, lunch and snacks for class. Updated computer system with class progress. Maintained open line of communication between parents and center.

## EDUCATION

### Middle Georgia State University, Cochran, GA — *Associate's Degree*

AUGUST 2012 - MAY 2014

CNA certification with course study in Social Work.

### Washington County High School, Sandersville, GA — *College Prep Diploma*

AUGUST 2009 - MAY 2012

## SKILLS

Hospitality (6 years)

Customer Service (3 years)

Money Handling

Housekeeping (3 years)

Computer and Internet Navigation

Microsoft Word and Excel

## REFERENCES

Daniel Oni-Eseleh  
(Manager/Mentor): (770)  
312-0579

Krystal Williams (Manager):  
(770) 875-1484  
[kriswilliams985@gmail.com](mailto:kriswilliams985@gmail.com)

Olivia Sanchez (Coworker):  
(404) 247-3162

Taylor Kennedy (Coworker &  
Personal Friend): (805)  
668-5504