



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 Duckworth Date: 11/21/2019
Home Telephone (404) 992-3723 Other Telephone ()
Present Address 149 Bentley Woods Lane Lithonia GA 30058
Permanent Address, if different from present address:
Email Address duckw0rth.colleen@gmail.com

EMPLOYMENT DESIRED

Position applying for: Housekeeping/Banquet Server/Custodial Salary desired: _____

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

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
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.

<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>
<u>DAILY</u>							
AM	<u>10:00 a.m.</u>						

PM 6:00 p.m. 6:00 p.m. 6:00 p.m. 6:00 p.m. 6:00 p.m. 6:00 p.m. 6:00 p.m.

Do you have any vacations or extended leaves planned in the next 12 months? If so, please list dates:
Thanksgiving Holiday Christmas New Years Birthdays June 30th

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 Yes No Yes If so, may we contact your current employer? Yes Yes No No

Name and Address of Employer Crowne Management Services Telephone No. 305-520-3701

Type of Business Hospitality Telephone No. 305 Supervisor's Name Alejandro
Your Position and Duties Clean Rooms Assigned Home 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 Services Telephone No. (305) 474 Supervisor's Name _____
Your Position and Duties Clean rooms assigned to me in a timely manner

Dates of Employment: From Sept 2017 To Nov 1 2018 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. (305) 529-0888 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/No Pay) Relocated

Name and Address of Employer Target / Dillons

Type of Business Early Morning Stocker Telephone No. (305) 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 Colleen D. Diefenbach

Date 11/21/2019

Interview Note Sheet
General

Interviewer's Information

Name: Colleen Duckworth

Date: 11-21-10

Position (s) Applied for:

Housekeeping

Interviewer: Mitchellene. Rose

Rate of Pay:

Referred by: N/A

Position	Experience	Salary
Server	/35	%
Prep Cook	/15	%
Grill Cook	/40	%
Dishwasher	/10	%
Bartender	/30	%
Cashier	/10	%
Housekeeping	/16	%

Total of <u>10</u> Experience in Food Service/Hospitality	
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?

Describe a time when you had to multitask, or work under pressure?	
able to prioritize	Not confrontational - Not really into customer service

P.O.S. Experience: Y / <input checked="" type="checkbox"/> details:	
Preparation	Registration

Reliable	
any	

N/A	
9a-7p.	

Chef Coat	
Black Bistro	Chef Pants

Kgives	
Black Pants	

Non-Slip Shoes	
Bow Tie	

Cut Glove	
Other	

Acrobat Academy	
Lead Academy	

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

I hereby authorize _____

Alto Police Department _____

Agency/Company _____

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>Colleen D. Duckworth</u>		
AKA name(s)			
Address	149 Bentley Woods Lane, Lithonia GA 30058		
Sex	Race	Date of Birth	Social Security Number
Female	African American	06/30/1994	226-71-6460

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

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.

Colleen D. Duckworth

Signature

Date

11/21/2019

Purpose Code Used: (check one that apply)

E - Employment

N - Working with Elderly

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 _____

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 REMEDICAL 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. Dickaworth

Signature: Colleen D. Dickaworth Date: 11/11/19

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

151104011

STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME

Alfred Dickey

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

149 Bentlee Woods Lane

2b. CITY, STATE AND ZIP CODE

Union GA 30059

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, one spouse working

Enter 0 or 1 or 2 []

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 []

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3-8

(If you do not wish to claim an allowance, enter "0" in the brackets beside your marital status.)

4. DEPENDENT ALLOWANCES

[]

5. ADDITIONAL ALLOWANCES

(Marital status below must be completed)

6. ADDITIONAL WITHHOLDING

[]

WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES

(First be completed in order to enter in boxes on step 5)

1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION

Youself Age 65 or over BlindSpouse Age 65 or over Blind

Number of Boxes Chosen _____ x 1300 _____ \$

2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS

A. Federal Standard Deduction (Line A):

Single Person Household \$ 2,300

Each Spouse

Single Person Household \$ 2,300

C. Subtract Line 3 from Line A

\$ 0

D. Allowable Deductions to Federal Standard Deduction Gross Income

\$ 0

E. Add the Amounts on Lines 1, 2C, and 2D

\$ 0

F. Estimate of Taxable Income Not Subject to Withholding

\$ 0

G. Subtract Line F from Line E (if less, stop here)

\$ 0

H. Divide the Adjustment Line G by \$3,000. Enter the result and on Line 5 above

\$ 0

(This is the maximum number of additional allowances you can claim. If the remainder is over \$1,300 round up)

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

7. LETTER (SEE MARRIED STATUS A, B, C, D, OR E)

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

8. EXEMPT: (Do not complete Lines 3-7 if claiming an exemption based on Line 8 instructions or if you have 2 or more dependents on Line 8 instructions. If you have 2 or more dependents on Line 8 instructions, enter "0" in the brackets beside your marital status.)

I. I claim exemption from withholding because I received my income in military base pay and I do not expect to

D. I am not subject to Georgia withholding because I meet the requirements set forth under the Service Members

GI Bill Act as amended by the Military Spouse Retirement Relief Act as provided on page 2. My spouse's 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 additional allowances or the exemption from withholding I claim based on this Form G-4. I authorize my employer to deduct per pay period the amount(s) indicated above.

Employee's Signature *Alfred Dickey*Date *1/1/2019*

Employer: Complete Line 8 and enter entire sum 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.

9. EMPLOYER'S NAME AND ADDRESS:

EMPLOYER'S FIRM: _____

Do not accept forms claiming additional allowances unless the worksheet has been completed. Do not accept forms claiming except for numbers are written on Lines 3-7.

Colleen Duckworth

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

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

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

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

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

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

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duckworth.colleen@gmail.com