

Interview Note Sheet

General

Applicant Information			
Name:	Alvin Bent		Interviewer: Mr Brown
Date:	12/21/19		Rate of Pay: 7.25
Position (s) Applied for:	Cook / Houseman		Referred by: Mr Brown
Test Scores			
Server	/35	% Bartender	/30 %
Prep Cook	/15	% Barista	/10 %
Grill Cook	/40	% Cashier	/10 %
Dishwasher	/10	% Housekeeping	/16 %
			Seeking: Full-Time Part-Time

Relevant Experience & Summary of Strengths			
Total of <u>4</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:
Always hustle	Not confrontative	Break customer service	Grill cook Start order Cook

P.O.S. Experience: Y / N details: _____	
Transportation	Regions Available to work:
Reliable	Marta
Certifications (if any)	Availability
None	Open
Uniforms Owned:	Recommendations:
<input type="checkbox"/> Bistro White <input type="checkbox"/> Black Bistro <input type="checkbox"/> Tuxedo <input type="checkbox"/> 1/2 Tuxedo <input type="checkbox"/> Black Vest <input type="checkbox"/> Long Black Tie <input type="checkbox"/> Other: _____	<input checked="" type="checkbox"/> Chef Coat <input checked="" type="checkbox"/> Chef Pants <input type="checkbox"/> Knives <input checked="" type="checkbox"/> Black Pants <input checked="" type="checkbox"/> Non-Slip Shoes <input type="checkbox"/> Bow Tie <input type="checkbox"/> Cut Glove
Lead Academy	Other Languages Spoken:



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 Alvin Thomas Dent Jr Date: 12/2/2019
 Home Telephone (678) 437-9042 Other Telephone (____) _____
 Present Address 1503 Caldwell Road Atlanta GA 30319
 Permanent Address, if different from present address: _____
 Email Address albdent@gmail.com

EMPLOYMENT DESIRED

Position applying for: Cook Salary desired: 13.00 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 _____ 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	8	8	8	8	8	8	
PM	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 Target CW

Type of Business lime scooter Telephone No. (858) 810-3000 Supervisor's Name Erica Bach

Your Position and Duties Special ops team, retrieval of scooters

Dates of Employment: From 8/12/14 to 11/19/14

Reason for Leaving: Downsizing

Name and Address of Employer Mr. Everything Cafe

Type of Business Restaurant Telephone No. (404) 854-6806 Supervisor's Name Monica Smith

Your Position and Duties Grille cook, standard requirements of opening & closing of restaurant on daily basis (owner)

Dates of Employment: From 1-14 to 6/18

Reason for Leaving: Personal Family issue.

Name and Address of Employer Anthony Law Care 4004 Day Trail AL.

Type of Business Landscaper Telephone No. (404) 354-0790 Supervisor's Name Terry Anthony

Your Position and Duties Landscaper

Dates of Employment: From 2/68 to 12/13

Reason for Leaving: business got slow

Name and Address of Employer _____

Type of Business _____ Telephone No. (____) _____ Supervisor's Name _____

Please Read Carefully, Initial Each Paragraph and Sign Below

AD 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.

AD 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.

AD 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.

AD 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.

AD 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 Alvin West Date 12/2/2019

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-RISKEXPOSURES:

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 COMPLETELY 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.

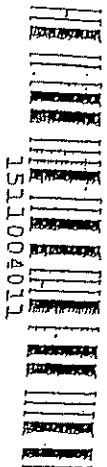
Name (please print): Alvin Dent

Signature:

Date: 12/2/2019

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

Date:



1511004017

STATE OF GEORGIA EMPLOYEES WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME Alvin Thomas Dent Jr	1b. YOUR SOCIAL SECURITY NUMBER 148-66-9889
2a. HOME ADDRESS (Number, Street, or Rural Route) 1503 Caldwell Road	2b. CITY, STATE AND ZIP CODE Brookhaven GA, 30319

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
- F. DEPENDENT ALLOWANCES
- G. ADDITIONAL ALLOWANCES (Worksheet below must be completed)
- H. ADDITIONAL WITHHOLDINGS \$

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 Blind Spouse Age 65 or over Blind
 Number of boxes checked _____ x 1500 = \$ _____

2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:
 A. Federal Estimated Earned Deductions _____ \$
 B. Georgia Standard Deduction (enter one): Single Head of Household \$2,500
 Each Spouse \$1,500 _____ \$
 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. Excess of Taxable Income not Subject to Withholding _____ \$
 G. Subtract Line F from Line E (if zero or less, stop here) _____ \$
 H. Divides 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 (Federal States A, B, C, D, or E) _____ TOTAL ALLOWANCES (Total of Lines 3 - 5) _____

8. EMPLOYER: (Do not complete Lines 3 - 7 if claiming exemption. 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 G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.

Employee's Signature Alvin Dent Date 12/2/2019
 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 NAME AND ADDRESS: _____
 EMPLOYER'S PHONE: _____

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.

Ahm Ben

Grill Cooks Test

- B 19) Which of the following best describes the process of Caramelization?
- a) To cook quickly in a pan on top of the stove until food is browned
 - b) Process through which natural sugars in food become browned and flavorful while cooking
 - c) Cooking method by which food is browned in fat, then cooked, tightly covered, in liquid at low heat
 - d) To plunge food into boiling water briefly, then into cold water to stop the cooking process

- C 20) What temperature should chicken be cooked to?
- a) 145°F
 - b) 155°F
 - c) 165°F
 - d) 175°F

- D 21) What temperature should ALL ground meat be cooked to?
- a) 145°F
 - b) 155°F
 - c) 165°F
 - d) 175°F

- A 22) What temperature should fish be cooked to?
- a) 145°F
 - b) 155°F
 - c) 165°F
 - d) 175°F

- 23) What is a roux and what is it used for? (2 points)
PASTE LIKE BASE FOR MAKING GRAVY.

- 24) What is the process of making clarified butter, and why is clarified butter used? (3 points)

- 25) What are the 5 mother sauces? (5 points)

1. Tomato
- 2.
- 3.
- 4.
- 5.

- 26) What does it mean to season a grill and why is this process important? (3 points)

- 27) What are the ingredients in Hollandaise sauce? (5 points)

Multiple Choice Test (1 point each)

- B 1) How much time should you take to wash your hands with soap?
a) 1 minute
b) 20 seconds
c) Time does not matter, water temperature does
d) 5 minutes
- D ~~B~~ ~~C~~ 2) The recommended temperature for your refrigerator is...
a) 45°F
b) 50°F
c) 40°F
d) 20°F
- D 3) Food handlers must always wash their hands
a) Before starting work
b) Switching between handling raw and ready-to-eat food
c) After going to the restrooms
d) All of the above
- D 4) The most important reason for having food handlers wear hair restraints is to
a) Prevent food from getting into food handlers' hair
b) Prevent food handlers from contaminating their hands by touching their hair
c) Keep the food handlers' hair in place
d) None of the above
- C 5) Which of these conditions requires immediate corrective action?
a) Packaged food items are stored at least 6 inches above the floor
b) Ice is being used to cool beef stew in a shallow pan
c) Raw meats are stored on a shelf above ready-to-eat egg salad in the walk-in cooler
d) Raw fish is stored above raw chicken in the walk-in freezer
- C 6) Bacteria grow best in the temperature "danger zone" which includes temperatures between?
a) 0°F and 100°F
b) 32°F and 220°F
c) 41°F and 135°F
d) 39°F and 178°F
- D 7) After cutting raw chicken, what should be done before the cutting board is used for slicing onions for salad?
a) Clean the cutting board with a wet wiping cloth
b) Turn the board over and use the other side
c) Rinse the board with running water
d) Wash, rinse, and sanitize the board prior to slicing the onions
- A 8) Which of the following is NOT an approved method to thaw potentially hazardous foods?
a) In a microwave oven
b) During the cooking process
c) Under cool running water
d) On a clean counter, at room temperature
- A 9) Wiping cloths stored submerged in a bucket of sanitizing solution are for:
a) Wiping spills only
b) Washing hands if the hand sinks are too far away
c) Sanitizing the blade of utensils such as knives
d) Maintaining moisture on the wiping cloth