

Acrobat

Outsourcing
Your Hospitality Staffing Professionals

Name: Marielle Dehart (Clock-in)
9/24/19

Taborca ID: _____

Date of Hire: 1/1/_____

Date of Re-Act: 1/1/_____

New employee set up

- E-verify
- Hire Right EE
- Hire Right Internal (upload any list A docs)
 - Added to Orientation Time Sheet
 - Attended New Hire Orientation
- Direct Deposit (Scan to Payroll) and/or Global Cash Card – complete the form & have EE sign
- Notice to Employee Completed
 - Upload Resume and Skills Tests (one doc)
 - Upload Food Handler's Card

Re Act employee set up (See Re Act Process for more detail)

- File and I9 pulled (new one created/done in Hire Right if old ones are gone)
- Re Act onboarding if initially hired before 1/1/16
- Check W4
- Check all demographic info and availability
- Check for skills tests, app, FHC, and resume (get new app, new resume if hired more than 1 year ago)
- Complete Notice to Employee with updated pay if necessary
- Verify pay option (notify payroll) and take steps to Re Act any old pay options still current
- Run new BGC if more than 1 year since last shift worked
- New orientation/place on time sheet if it's been over a year since last shift
- New Hire List (all fields)
- Delete employee from the INA/TER spreadsheet if they are on it



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 Mariade Dehart Date: 9/24/19
Home Telephone (305) 412-5046 Other Telephone ()

Present Address 1543 California Ave.

Permanent Address, if different from present address:

Email Address mariadehart@yahoo.com

EMPLOYMENT DESIRED

Position applying for: Hospitality / Server Salary desired: 11.00/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?

ASAP

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
AM	<u>Open</u>						<u>Open</u>
PM	<u>3:30pm</u>						

Do you have any vacations or extended leaves planned in the next 12 months? If so, please list dates:

N/A

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 Dekalb School of Technology

Type of Business School Telephone No. (404) 643-4280 Supervisor's Name Tee Brown
Your Position and Duties Teacher's Aide / plan Curriculum, assist Instructor
w/ Classroom management!

Dates of Employment: From 7/19 To Current

Reason for Leaving: Currently Employed

Name and Address of Employer Grade A Staffing

Type of Business Selling Telephone No. (404) 500-6715 Supervisor's Name _____
Your Position and Duties Brand Ambassador

Dates of Employment: From 3/16 To Current

Reason for Leaving: Temporary Employment

Name and Address of Employer Dems Sales, Inc

Type of Business Sales Telephone No. (_____) _____ Supervisor's Name _____
Your Position and Duties Product Demonstrator

Dates of Employment: From 6/17 To Current

Reason for Leaving: Seasonal

Name and Address of Employer _____

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

Please Read Carefully, Initial Each Paragraph and Sign Below

MD

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.

MD

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.

MD

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.

MD

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.

MD

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

M. Dehort Date 9/24/19

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): Marielle Dehart

Signature: *Marielle Dehart*

Date: 12/19/12

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

Date: _____

1511004011

STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME

Marike Deharf

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

636 Sinclair Way

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

4. DEPENDENT ALLOWANCES

5. ADDITIONAL ALLOWANCES

(Worksheet below must be completed)

6. ADDITIONAL WITHHOLDING \$ 0

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

Yoursell Age 65 or over Blind

Spouse: Age 65 or over Blind

Number of Boxes Checked 1 x 1300 \$ 1,300

2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS

A. Federal Estimated Itemized Deductions

B. Georgia Standard Deduction (Enter One): Standard Head of Household \$2,300

C. Subtract Line B from Line A \$1,300

D. Allowable Deductions to Federal Adjusted Gross Income \$

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

F. Estimated or 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 (Married Status A, B, C, D, or E) 0 TOTAL ALLOWANCES (Total of Lines 3-5) 0

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

8. EXEMPT: (Do not complete Lines 3-7 if claiming exempt) 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 am not subject to Georgia withholding because I meet the conditions set forth under the Servicemembers

Gini Relif Act as amended by the Military Spouse 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 M. Deharf

Date 12/19/19

Employer: Complete Line 9 and mail entire form only if the employee claims over 14 allowances or exempt 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 FBN:

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

Name Marielle Dekart Score 9/24/19

Servers Test

Multiple Choice

A B

1) Food is served on what side with what hand?

- On the left side with the left hand
- On the left side with the right hand
- On the right side with the left hand
- On the right side with the right hand

D C

2) Drinks are served on what side with what hand?

- On the left side with the left hand
- On the left side with the right hand
- On the right side with the left hand
- On the right side with the right hand

C D

3) Food and drinks are removed on what side with what hand?

- On the left side with the left hand
- On the left side with the right hand
- On the right side with the left hand
- On the right side with the right hand

A B

4) What part of a glass should you handle at all times?

- The stem
- The widest part of the glass
- The top

C D

5) When you are setting a dining room how should you set up your tablecloths?

- Neatly and evenly across the tables
- The creases should all be going in the same directions
- The chairs should be centered and gently touching the table cloth
- All of the above

C D

6) If you bring the wrong entrée to a guest what should you do?

- Go back into the kitchen and patiently wait in line behind the rest of the servers until it's your turn
- Inform the guests that you will bring the correct entrée once everyone else in the dining room is served
- Try to convince the guests to eat what you brought them
- Go back into the kitchen to the front of the line and inform the expeditor that you need a different entrée

Match the Correct Vocabulary

C D scullery

C E Queen Mary

A A Chafing Dish

C B French Passing

G E Russian Service

C F Corkscrew

C C Tray lack

(24)

Mariale Dehart

3200 North Ave. Apt B Richmond, VA 23222 | (804)412-5046 | marialedhart@yahoo.com

Objective

- Seeking a job as a Human Service Worker to use experience, patience, and empathy gained as a counselor to help guide at-risk/special needs youth/adults to make better choices and to be independent and successful in life.

Education

AAS | 02/2014-Current | JCTCC

- Major: Human Services
- Minor: Business

AOS | 10/2015 | Centura College

- Major: Medical Assisting
- Minor: Medical Billing & Coding

Skills & Abilities

- Proficient utilizing Microsoft Word, Excel, PowerPoint, and Outlook
- Highly organized and efficient.
- Proven communication skills.
- Streamline processes by prioritizing multiple tasks, handling administrative projects, and meeting hard deadlines.
- Diverse counseling skills applicable to developmental and physical disabilities, and substance abuse.
- CPR & First Aid certified
- Medication Aide Certified and TOVA

Leadership

- A natural leader with a proven success record and positive attitude.
- Served as first point of contact with clients, set up conference calls, scheduled meetings, and priced and ordered supplies.
- Promoted within first month to administrative assistant and call center supervisor.

Experience

Community Living Counselor | J & D Residential | 10/2015-Current

- Actively support 6-9 individuals with intellectual disabilities to live as independently as possible within our community by providing a platform for learning life skills, applying those skills and working with our individuals to provide opportunities for independent living based on person centered plans. Also, assists with activities of daily living, or ADLs, such as tooth brushing,

showering and cooking, and arranging and transporting residents to appointments. Properly chart and record services rendered in accordance with agency standards.

Medical Assistant/PCA | Care Advocates | 02/2010-10/2015

Performed direct nursing tasks including taking vital signs, assisting with ADL's, meal preparation, and hygiene needs. Also, assisted in maintaining and providing a clean, safe environment. Charted observations and activities, reporting pertinent changes in the patient's conditions daily while adhering to the Health Insurance Portability and Accountability Act (HIPPA) privacy policies and procedures. Maintain confidentiality of all information pertaining to clients, families and employees.