

Interview Note Sheet
General

Applicant Information					
Name: <u>M. Brown</u>			Interviewer: <u>M. Brown</u>		
Date: <u>1-6-2020</u>			Rate of Pay: <u>7.25</u>		
Position (s) Applied for: <u>Banquet Server</u>			Referred by: <u>N/A</u>		
Test Scores					
Server	/35	%	Bartender	/30	%
Prep Cook	/15	%	Barista	/10	%
Grill Cook	/40	%	Cashier	/10	%
Dishwasher	/10	%	Housekeeping	/16	%
Seeking: <input checked="" type="checkbox"/> Full-Time <input type="checkbox"/> 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:		
<u>able to multitask</u>	<u>NOT confrontational</u>	<u>Very good at customer service</u>	<u>Banquet Server Cook Dishwasher</u>		
P.O.S. Experience: <input checked="" type="radio"/> Y <input type="radio"/> N details: _____					
Transportation			Regions Available to work:		
<u>Reliable</u>			<u>Open</u>		
Certifications (if any)					
<u>Open</u>					
Availability					
<u>Mornings & Afternoons</u>					
Uniforms Owned:			Recommendations:	Other Languages Spoken:	
Bistro White	<input type="checkbox"/>	Chef Coat	Acrobat Academy		
Black Bistro	<input type="checkbox"/>	Chef Pants			
Tuxedo	<input type="checkbox"/>	Knives			
1/2 Tuxedo	<input type="checkbox"/>	Black Pants			
Black Vest	<input type="checkbox"/>	Non-Slip Shoes			
Long Black Tie	<input type="checkbox"/>	Bow Tie	Lead Academy		
Other:	<input type="checkbox"/>	Cut Glove			



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 Joan Tine Date: 1/6/2020

Home Telephone (____) 7622179777 Other Telephone (____) _____

Present Address 1401 North Hairston Road, Stone Mountain, GA, 30083

Permanent Address, if different from present address: _____

Email Address joan_tine@yahoo.com

EMPLOYMENT DESIRED

Position applying for: Banquet Server Salary desired: \$13

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

Not Yes, Elegant Staffing

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?

Immediately

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 DAILY</u>	<u>SUNDAY</u>	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>	<u>SATURDAY</u>
AM		<u>4:30 am</u>	<u>4:30 am</u>	<u>4:30 am</u>	<u>4:30 am</u>	<u>4:30 am</u>	<u>4:30 am</u>
PM							

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 Elegant Staffing, Tilly mill Road.
Type of Business Event Management Staffing Telephone No. (4049323948) Supervisor's Name Helen
Your Position and Duties Banquet Service, Cook, Dishwashing..

Dates of Employment: From Aug. 2018 To Present

Reason for Leaving: Problems with pay check.

Name and Address of Employer _____

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

Dates of Employment: From _____ To _____

Reason for Leaving: _____

Name and Address of Employer _____

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

Dates of Employment: From _____ To _____

Reason for Leaving: _____

Name and Address of Employer _____

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

Please Read Carefully, Initial Each Paragraph and Sign Below

JT

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.

JT

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.

JT

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.

JT

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.

JT

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

11/6/2020

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): Joan Fine

Signature: Joan Fine Date: 1/6/2020

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



1511004011

STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME <i>Joan Unoma Inc</i>	1b. YOUR SOCIAL SECURITY NUMBER <i>824 69 2270</i>
2a. HOME ADDRESS (Number, Street, or Rural Route) <i>230 North Harrison Road, Stone Mountain, GA</i>	2b. CITY, STATE AND ZIP CODE <i>Stone Mountain, GA, 30083</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 25. ADDITIONAL ALLOWANCES

(worksheet below must be completed)

D. Married Filing Separate:

Enter 0 or 1

E. Head of Household:

Enter 0 or 1

6. ADDITIONAL WITHHOLDING \$ _____

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 BlindSpouse: Age 65 or over Blind Number of boxes checked _____ x 1300.....\$ _____

2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:

A. Federal Estimated Itemized Deductions\$ _____

B. Georgia Standard Deduction (enter one): Single/Head of Household \$2,300

Each Spouse \$1,500 \$ _____

C. Subtract Line B 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) 1

(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 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 JoanDate 11/6/2020

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 FEIN: _____

EMPLOYER'S WH#:

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.

Servers Test

Multiple Choice

- 1) Food is served on what side with what hand?
 - a) On the left side with the left hand
 - b) On the left side with the right hand
 - c) On the right side with the left hand
 - d) On the right side with the right hand**

- 2) Drinks are served on what side with what hand?
 - a) On the left side with the left hand**
 - b) On the left side with the right hand
 - c) On the right side with the left hand
 - d) On the right side with the right hand

- 3) Food and drinks are removed on what side with what hand?
 - a) On the left side with the left hand**
 - b) On the left side with the right hand
 - c) On the right side with the left hand
 - d) On the right side with the right hand

- 4) What part of a glass should you handle at all times?
 - a) The stem**
 - b) The widest part of the glass**
 - c) The top

- 5) When you are setting a dining room how should you set up your tablecloths?
 - a) Neatly and evenly across the tables**
 - b) The creases should all be going in the same directions
 - c) The chairs should be centered and gently touching the table cloth**
 - d) All of the above**

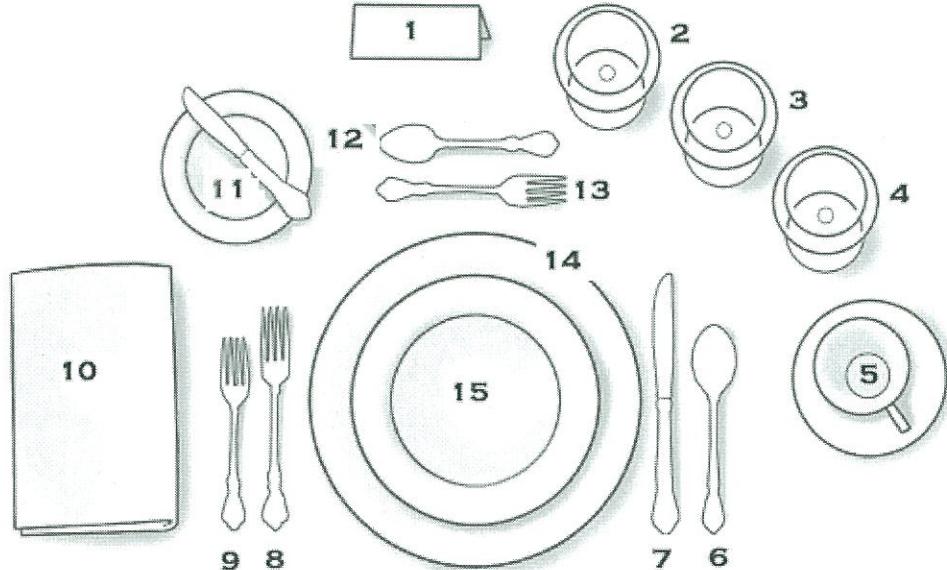
- 6) If you bring the wrong entrée to a guest what should you do?
 - a) Go back into the kitchen and patiently wait in line behind the rest of the servers until it's your turn
 - b) Inform the guests that you will bring the correct entrée once everyone else in the dinning room is served
 - c) Try to convince the guests to eat what you brought them
 - d) 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

<u>D</u>	Scullery	A. Metal buffet device used to keep food warm by heating it over warmed water
<u>E</u>	Queen Mary	B. Style of service where food is prepared or served individually at the dinner table to fit the customer's specific taste (i.e. providing dressing and pepper for salad or handing out bread to each patron)
<u>A</u>	Chaffing Dish	C. Used to hold a large tray on the dining floor
<u>B</u>	French Passing	D. Area for dirty dishware and glasses
<u>G</u>	Russian Service	E. Large metal shelving unit for prepared food to be held or for dirty trays to be stored
<u>F</u>	Corkscrew	F. Used to open bottles of wine
<u>C</u>	Tray Jack	G. Style of dining in which the courses come out one at a time

Name _____ Score / 35

Servers Test



Match the Number to the Correct Vocabulary

<u>10</u>	Napkin	<u>8</u>	Dinner Fork
<u>11</u>	Bread Plate and Knife	<u>5</u>	Tea or Coffee Cup and Saucer
<u>1</u>	Name Place Card	<u>7</u>	Dinner Knife
<u>12</u>	Teaspoon	<u>2</u>	Wine Glass (Red)
<u>13</u>	Dessert Fork	<u>9</u>	Salad Fork
<u>6</u>	Soup Spoon	<u>14</u>	Service Plate
<u>15</u>	Salad Plate	<u>3</u>	Wine Glass (White)
<u>4</u>	Water Glass		

Fill in the Blank

1. The utensils are placed _____ inch (es) from the edge of the table.
2. Coffee and Tea service should be accompanied by what extras? Milk, Sugar,
3. Synchronized service is when: _____
4. What is generally indicated on the name placard other than the name? Vegetarian, Vegan, Regular/Alleg
5. The Protein on a plate is typically served at what hour on the clock? _____
6. If a guest asks for a specialty dinner (i.e. Gluten-Free or Vegetarian) you should do what immediately?
Look for your supervisor or chef