

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.

Full Name OMADAI HURZIL Date: 12/18/19
 Home Telephone () 973 592 8915 Other Telephone () _____
 Present Address 469 CONOVER TERRACE ORANGE NJ 07050
 Permanent Address, if different from present address: _____
 Email Address omadai.h@gmail.com

Position applying for: Hostesses Salary desired: my
 Are you currently registered with any staffing and/or employment agencies? If so, please list _____

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 Vanita 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	9	12	4		12		9
PM	2	5	9		9		5

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

Have you ever applied to or worked for Acrobat Outsourcing before? Yes ___ No ☒ If yes, when? _____
 Do you have friends or relatives working for Acrobat Outsourcing? Yes ___ No ☒ If yes, please state name and relationship _____

If hired, would you have a reliable means of transportation to and from work? Yes ☒ No ___

If hired, can you present evidence of your legal right to live and work in this country? Yes ☒ No ___

State age if you are under 18 _____. If you are under 18, hire is subject to verification that you are of minimum legal age to work.

Are you able to perform the essential functions of the job for which you are applying? Yes ☒ No ___

If no, describe the functions that cannot be performed. (Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.) _____

Pursuant to any and all Fair Chance Ordinances, we will consider for employment qualified applicants with arrest and conviction records.

NAME OF SCHOOL	CITY & STATE	GRADE OR DEGREE COMPLETED	DID YOU GRADUATE?
Rutgers University	Newark, NJ	BSCW	NO
Do you have any special licenses, certificates or special training? If so please list under "Special."		YES	<input type="radio"/> NO
Are you computer literate? If so, list software knowledge under "Special."		YES	<input type="radio"/> NO
Are you proficient with Point of Sales Systems? If, so please list which ones under "Special."		YES	<input type="radio"/> NO
Do you have any other experience, training, qualifications or special skills, which you feel make you especially suited for work at Acrobat Outsourcing? If so, please list under "Special."		YES	<input type="radio"/> NO
Special:			

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 Mary MacLure
 Type of Business SODA Telephone No. (973) 392-0000 Supervisor's Name Mary MacLure
 Your Position and Duties Room Service

Dates of Employment: From 06/18 To 10/18

Reason for Leaving: Grandma passed

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 _____

Your Position and Duties _____

Dates of Employment: From _____ To _____

Reason for Leaving: _____

Have you ever been fired from any previous place of employment? If so, please explain: _____

Have you obtained any special skills or abilities as the result of service in the military?
If so, describe: _____

Yes _____ No ✓

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name: _____

Telephone No. (____) _____

Address _____

Occupation: _____

Relationship: _____

Number of Years Acquainted: _____

Name: _____

Telephone No. (____) _____

Address _____

Occupation: _____

Relationship: _____

Number of Years Acquainted: _____

Name: _____

Telephone No. (____) _____

Address _____

Occupation: _____

Relationship: _____

Number of Years Acquainted: _____

Please Read Carefully, Initial Each Paragraph and Sign Below

OK 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.

OK 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.

OK 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.

OK 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.

OK 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

7/1/17

Absenteeism & Tardiness Policy

All Acrobat Outsourcing employees are expected to be at their client site prepared to work at the scheduled time. Regardless of the reason, absenteeism and tardiness are subject to disciplinary action. **Employees must clock in and out at all client sites.**

Absenteeism: is defined as failure to report for work without prior approval of the Acrobat Outsourcing Staffing Supervisor.

Tardiness: is defined as arriving late for work or returning late from breaks/meals, or early departure from work. Walking off of an assignment may lead to disciplinary action up to termination.

Policy

Calling Off/Absent: If you are not able to make it to your scheduled shift, you are required to give us 24-hour notice for a cancellation!

Illness: If you are sick, you are required to contact your Staffing Manager at Acrobat Outsourcing no less than 3 hours before your scheduled shift.

NO CALL/NO SHOW: Grounds for automatic termination.

Clocking IN/OUT: You are required every time to clock in and out of your shift. If there is no timesheet present at the time of clocking in/out, you must notify your staffing manager immediately.

Disciplinary Action

First Occurrence: Verbal Warning from Staffing Manager.

Second Occurrence: Employee will receive a written counseling form and placed on suspension. Any additional occurrences may result in further disciplinary action up to and including termination.

X Signature: 

Injury Reporting Acknowledgement

Acrobat Outsourcing is committed to providing and maintaining a safe work environment. All employees play an important role in the safety and protection of other employees, clients, guests, and property. You must always set a good example to other employees and client's employees by following proper procedures. You must immediately report unsafe conditions as well as accidents. If your branch is located in Orlando, Atlanta or Auburn, all personnel injuries, regardless of severity, should be reported immediately to 1-800-252-5275 and give the nurse the Acrobat code: DS9800. If your branch is in another Acrobat location the injury must be reported immediately to 1-800-252-5275 and give the nurse the Acrobat code: 981100. Additionally, you must notify your supervisor or Acrobat representative. Furthermore, the injury will be investigated and you will be asked details about how the injury occurred.

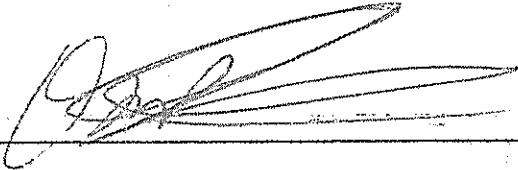
Acrobat Outsourcing reserves the right to test any employee, subject to state law and/or other contractual obligations, including but not limited to preemployment (including newly hired, rehired or reinstated employees), job transfers, reasonable cause, accidents with property damage or in this case, injuries requiring professional medical treatment. In compliance with all applicable laws, separation of employment may result after:

- a positive test for any drug not prescribed by a physician
- a deliberately tampered with or adulterated sample;
- a refusal to take the test.

Asking another person to take the test, or taking the test for another employee will result in Separation of Employment for all employees involved in the incident.

Please note, providing false information, or omitting pertinent information regarding a work-related injury will lead to termination. Any employee discovered to be making a fraudulent report will be reported to the Department of Insurance Regulation and prosecuted to the full extent of the law.

I, the undersigned employee, have read and understand employee injury reporting process. I understand that any work-related injury or illness must be reported immediately to 1-800-252-5275 and the Acrobat supervisor.

X Signature: 

Unlawful Harassment & Sexual Harassment Policy

Acrobat Outsourcing is committed to a work environment in which all individuals are treated with respect and dignity. Each individual has the right to work in a professional atmosphere that promotes equal employment opportunities and prohibits unlawful discriminatory practices, including harassment. Therefore, Acrobat Outsourcing expects that all relationships among persons in the office will be business-like and free of bias, prejudice, and harassment.

Acrobat Outsourcing has developed this policy to ensure that all its employees can work in an environment free from unlawful harassment, discrimination, and retaliation. Acrobat Outsourcing will make every reasonable effort to ensure that all concerned are familiar with these policies and are aware that any complaint in violation of such policies will be investigated and resolved appropriately.

Any employee who has questions or concerns about these policies should talk with the Director of Human Resources or a member of Acrobat Outsourcing management.

These policies should not, and may not, be used as a basis for excluding or separating individuals of a particular gender, or any other protected characteristic, from participating in business or work-related social activities or discussions. In other words, no one should make the mistake of engaging in discrimination or exclusion to avoid allegations of harassment. The law and the policies of Acrobat Outsourcing prohibit disparate treatment on the basis of sex or any other protected characteristic, with regard to terms, conditions, privileges, and perquisites of employment. The prohibitions against harassment, discrimination, and retaliation are intended to complement and further those policies, not to form the basis of an exception to them.

Equal Employment Opportunity

It is the policy of Acrobat Outsourcing to ensure equal employment opportunity without discrimination or harassment on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, age, disability, marital status, citizenship, national origin, genetic information, or any other characteristic protected by law. Acrobat Outsourcing prohibits any such discrimination or harassment.

Retaliation

Acrobat Outsourcing encourages reporting of all perceived incidents of discrimination or harassment. It is the policy of Acrobat Outsourcing to promptly and thoroughly investigate such reports. Acrobat Outsourcing prohibits retaliation against any individual who reports discrimination or harassment or participates in an investigation of such reports.

Sexual Harassment

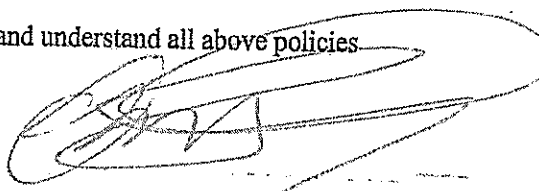
Sexual harassment constitutes discrimination and is illegal under federal, state and local laws. For the purposes of this policy, "sexual harassment" is defined, as in the Equal Employment Opportunity Commission Guidelines, as unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when, for example a) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, b) submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual, or c) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.

If a party to a complaint does not agree with its resolution, that party may appeal to Steve Scher, Chief Executive Officer.

False and malicious complaints of harassment, discrimination or retaliation (as opposed to complaints that, even if erroneous, are made in good faith) may be the subject of an appropriate disciplinary action.

Acknowledgment

I have read and understand all above policies.

X Signature 

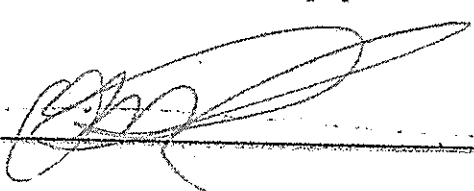
Confidentiality & Non-Disclosure Agreement

I, the undersigned employee, understand that in the course of my employment with Acrobat Outsourcing, I may have access to and become acquainted with information of a confidential, proprietary or secret nature which is or may be either applicable or related to the present or future business of Acrobat Outsourcing, its research and development, or the business of its customers. Such trade secret information includes, but is not limited to, software, inventions, processes, compilations of information, records, specifications and information concerning customers and/or vendors.

I agree that I will not disclose any of the above mentioned trade secrets, directly or indirectly, or use them in any way, either during the term of my employment or at any time thereafter, except as required in the course of my employment with Acrobat Outsourcing. I understand that I am immune from civil or criminal liability for disclosing trade secrets for the purpose of reporting or investigating a suspected violation of law, or for disclosing trade secrets in a legal proceeding if the information is filed under seal.

I also understand that client lists of Acrobat Outsourcing, for which I have, or may have, access to during my employment, are trade secrets and shall be solely the property of Acrobat Outsourcing. I agree that I shall neither directly nor indirectly solicit business as to products or services competitive with those of [Acrobat Outsourcing] based on information from the client lists.

Finally, I understand that I am an at-will employee of Acrobat Outsourcing and that this agreement is not to be construed as constituting a promise of continued employment.

X Signature 

Download Form

Form W-4 (2018)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2018 if both of the following apply.

- For 2017 you had a right to a refund of all federal income tax withheld because you had no tax liability, and

- For 2018 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you're exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet

on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2018	
1 Your first name and middle initial Omada		Last name Humi		2 Your social security number	
Home address (number and street or rural route) 4640 N. 7th Ave		City or town, state, and ZIP code Orange MS 39070		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."	
4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>		5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		6 Additional amount, if any, you want withheld from each paycheck	
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here.		8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		Employee's signature (This form is not valid unless you sign it.)		Date 2/18/19	
10 Employer identification number (EIN)		11		12	

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Cat. No. 102200

Form W-4 (2018)

New Hire Acknowledgement Form

For Employer

- ☐ Additional Information Sheet
- ☐ Application
- ☐ I-9
- ☐ W-4
- ☐ Offer Letter
- ☐ Background Authorization Release
- ☐ Sexual Harassment Prevention Policy
- ☐ Global Card / Direct Deposit Form
- ☐ Designation of Personal Physician/Emergency Contact Form
- ☐ Confidentiality & Non-Disclosure Agreement

For Employee

- ☐ New Hire Orientation Manual
- ☐ Workers' Compensation Pamphlet
- ☐ Sexual Harassment Pamphlet
- ☐ Unemployment (For Your Benefit) Pamphlet
- ☐ Safety & Sanitation Guidelines

Inform

- ☐ State & Federal Poster
- ☐ Minimum Wage Poster
- ☐ Wage Order Poster

All of these items have been explained to me:

Amada Hiri
Print Name

[Signature]
Signature

12/15/19
Date

ServSafe
National Restaurant Association

ServSafe® CERTIFICATION

HALEE WING

for successfully completing the standards set forth for the ServSafe® Food Protection Manager Certification Examination, which is accredited by the American National Standards Institute (ANSI)—Conference for Food Protection (CFP).



#0655

17677077

CERTIFICATE NUMBER

10698

EXAM FORM NUMBER

4/5/2019

DATE OF EXAMINATION

4/5/2024

DATE OF EXPIRATION

Local laws apply. Check with your local regulatory agency for recertification requirements.

Sherman Brown

Sherman Brown

Executive Vice President, National Restaurant Association Solutions

In accordance with Maritime Labour Convention 2006, Resolution ADM N 068-2013 (Regulation 32, Standard A3.2),
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Contact us with questions at 233 S. Wacker Drive, Suite 3600, Chicago, IL 60606-6383 or ServSafe@restaurant.org.

