

SOPHIE MILES

291 DECATUR STREET • BROOKLYN, NY 11233
SOPHIEBMILES@GMAIL.COM • 802.272.0842

EXPERIENCE

2018 – 2019 **Misi, Server**

- Provided service to guests at 100-seat restaurant featuring handmade pastas and vegetable antipasti. Gained knowledge of a seasonal menu and evolving beverage program. Executed steps of service in a polished but warm setting. Worked with a tight-knit floor staff within a busy and high-profile establishment
- Developed strong knowledge of by-the-bottle Italian and Austrian wine list and joined an elective weekly blind tasting group
- Attended classes and field trips for professional development, including farm visits,, amari-making workshop, visits to distilleries, and Italian language class

2018 **Pompette, Floor Staff**

- Spent one month abroad in Copenhagen working at natural wine bar with carry-out bottle sales

2017 – 2018 **Contra, Server**

- Provided fast, warm, and knowledgeable service at a busy Michelin-starred tasting menu restaurant in the Lower East Side. Worked with a tight-knit team of servers to sell wine, pour wine pairings, take table orders, maintain tables, and polish. Staffing was kept very lean, with no job too big or too small.
- Worked with highly-regarded natural wine list. Helped guests navigate an exciting and often unfamiliar list. Attended bi-weekly wine class at sporadic field trips to regional distilleries, tastings, and wine fairs.

2016 – 2017 **Hart's, Server**

- Was on opening team for a 30-seat Mediterranean restaurant in Bed-Stuy, Brooklyn. Gained facility with a natural wine list and daily menu changes. In addition to running a server section, assisted with host responsibilities, food running, and table maintenance in a small dining room
- Assisted with odds-and-ends of the restaurant opening: painted interiors, installation, implement systems to improve efficiency, cultivated a base of neighborhood regulars from opening day forward

2014 – 2016 **EMILY, General Manager (2015-2016) Kitchen Manager (2015) Pizza Maker (2014)**

- As general manager:
 - Hired and onboarded new employees, encouraged growth and loyalty among existing staff, created FOH and BOH schedules, helped write first employee manual, ran daily pre-shift meeting, organized quarterly all-staff meetings
 - Served as point person for email inquiries and special requests, fostered relationships with our neighbors, regulars, and industry peers. Created content for social media
- As kitchen manager:
 - Expedited service 5 nights a week and served as link between the kitchen and dining room
 - Placed all food orders, developed relationships with suppliers, took inventory
 - Was person in charge through two consecutive "A" Dept of Health inspections

SKILLS

NYC Food Handler's Certificate. Experience with Resy, Reserve, Revel, Breadcrumb, OpenTable, Salido

EDUCATION

Oberlin College, Oberlin, OH • Class of 2011 • B.A. Visual Arts with Honors

VOLUNTEER

New York Presbetyrian Hospital, Brooklyn • 2019-- present • Patient Advocate

Crisis Text Line, Remote • 2018-- present • Crisis Counselor

Form W-4 (2019)

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 2019 if both of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2019 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 2019 expires February 17, 2020. 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 2019 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 not subject to withholding 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 2019. 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 filing jointly 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 not subject to withholding, 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 Additional 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 may 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 may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. 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 if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. 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

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
			▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.	2019
1	Your first name and middle initial SOPHIA B	Last name MILES	2 Your social security number 008-76-3441	
Home address (number and street or rural route) 291 DECATUR STREET APT 2			3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher Single rate. Note: If married filing separately, check "Married, but withheld at higher Single rate."	
City or town, state, and ZIP code Brooklyn, NY 11233			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)			5 1
6	Additional amount, if any, you want withheld from each paycheck			6 \$
7	I claim exemption from withholding for 2019, 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. ▶			7 1
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.) ▶				
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	10 Employer identification number (EIN)

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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 SOPHIA MILES Date: 1/14/2020
Home Telephone (802) 272-0842 Other Telephone () _____
Present Address 291 DECATUR STREET, APT 2
Permanent Address, if different from present address: _____
Email Address sophiebmiles@gmail.com

EMPLOYMENT DESIRED

Position applying for: Front of House Staff Salary desired: \$40/hr
Are you currently registered with any staffing and/or employment agencies? If so, please list
NONE

Are you applying for: Full-time work? Yes ___ No ___ Part-time work? Yes X No ___
Temporary work, e.g., summer or holiday work? Yes ___ No X From: _____ To: _____

How did you find out about our open position? (Please check fill in proper name of source):

Referral ☒ Name of Referral THOMAS CHESSBOEUF Newspaper ☐ Job Fair ☐ Agency ☐ Company Website ☐

Other Web Posting ☐ Other Source ☐

Could you work overtime, if necessary? Yes X No ___ If hired, on what date could you start working? Immediately - 1/14/20

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	✓	✓	✓	✓	✓	X	✓
PM	✓	✓	✓	✓	✓	✓	✓

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

PERSONAL INFORMATION

Have you ever applied to or worked for Acrobat Outsourcing before? Yes ___ No X If yes, when? _____

Do you have friends or relatives working for Acrobat Outsourcing? Yes ___ No X If yes, please state name and relationship _____

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

If hired, can you present evidence of your legal right to live and work in this country? Yes X 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 X 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.) _____

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

EDUCATION & SKILLS

NAME OF SCHOOL	CITY & STATE	GRADE OR DEGREE COMPLETED	DID YOU GRADUATE?
Oberlin College	Oberlin, OH	Bachelor of Arts	YES
Do you have any special licenses, certificates or special training? If so please list under "Special."		YES	NO
Are you computer literate? If so, list software knowledge under "Special."		YES	NO
Are you proficient with Point of Sales Systems? If, so please list which ones under "Special."		YES	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	NO
Special: NYC FOOD HANDLER'S LICENSE SERVSAFE CERTIFIED		Proficient with: RESY, REVEL, UPSERVE, BREADCRUMB, SALIDO, MICROSOFT OFFICE, ADOBE CREATIVE	

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 ERNESTO'S 259 EAST BROADWAY NEW YORK NY 10002

Type of Business Restaurant Telephone No. (714) 743-1332 Supervisor's Name Emily LaBonte

Your Position and Duties Server - provide service to guests drawing from food and beverage knowledge

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 _____

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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: NO

MILITARY SERVICE

Have you obtained any special skills or abilities as the result of service in the military? Yes _____ No X
If so, describe: _____

JOB RELATED REFERENCES

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: _____

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Please Read Carefully, Initial Each Paragraph and Sign Below

SM

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.

SM

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.

SM

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.

SM

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.

SM

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

SM

Date

1/14/2020

Absenteeism & Tardiness Policy

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.

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.

Form not yet accepted *Sm*

Authorization & Release to Obtain Information

As part of our hiring background and investigation, we may obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights under the Fair Credit Reporting Act.

Under the provisions of the Fair Credit Reporting Act, 15 USC, Section 1681 et seq., the Americans with Disabilities Act and all applicable federal, state, and local laws, I hereby authorize and permit Acrobat Outsourcing to obtain a consumer report and/or an investigative consumer report which may include the following:

- My employment records;
- Records concerning any driving, criminal history, credit history, civil record, workers' compensation (post-offer only) and drug testing;
- (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past 2 years;
- Verification of my academic and/or professional credentials; and information and/or copies of documents from any military service records.

I understand that an "investigative consumer report" may include information as to my character, general reputation, personal characteristics, and mode of living which may be obtained by interviews with individuals with whom I am acquainted or who may have knowledge concerning any such items of information.

I agree that a copy of this authorization has the same effect as an original.

I further direct and authorize such third parties who may be the custodians of or who may be in possession of requested records or information to disclose such information or records to Acrobat Outsourcing or their representatives and agents, in connection with this authorization and release.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as **Acrobat Outsourcing** from liability that might otherwise result from the request for use of and/or disclosure of any or all of the foregoing information.

I understand and acknowledge that under provision of the Fair Credit Reporting Act, I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize **Acrobat Outsourcing** to obtain and prepare an investigative consumer report as set forth above, as part of its investigation of my employment application. I voluntarily provide my date of birth in order to obtain, and verify records obtained in, the background check. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment.

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

SM

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.

SM

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