

Interview Note Sheet  
General

Applicant Information					
Name:	Trevor Dixon		Interviewer:	Mr. Brown	
Date:	1/30/20		Rate of Pay:	7.25	
Position(s) Applied for:	Banquet server Concessions		Referred by:	N/A	
Experience & Summary of Strengths					
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?	
<p>Able to multitask</p>		<p>Not confronting Customer Service</p>		<p>Great Customer Experience</p>	
P.O.S. Experience: <input checked="" type="radio"/> Y <input type="radio"/> N details: Transportation		Total of _____ Experience in Food Service/Hospitality		Notes:	
Certifications (if any)		Regions Available to Work		Availability	
<p>WNA</p> <p>Red table</p>		<p>Acrobat Academy</p> <p>Lead Academy</p>		<p>Non-Slip Shoes</p> <p>Bow Tie</p> <p>Cut Glove</p>	
Uniforms Owned:		Recommendations:		Other Languages Spoken:	
Bistro White	<input type="checkbox"/>	Chef Coat	<input type="checkbox"/>	Spanish	<input type="checkbox"/>
Black Bistro	<input type="checkbox"/>	Chef Pants	<input type="checkbox"/>	French	<input type="checkbox"/>
Tuxedo	<input type="checkbox"/>	Knives	<input type="checkbox"/>	German	<input type="checkbox"/>
1/2 Tuxedo	<input type="checkbox"/>	Black Pants	<input type="checkbox"/>	Italian	<input type="checkbox"/>
Black Vest	<input type="checkbox"/>	Non-Slip Shoes	<input type="checkbox"/>	Portuguese	<input type="checkbox"/>
Long Black Tie	<input type="checkbox"/>	Bow Tie	<input type="checkbox"/>	Spanish	<input type="checkbox"/>
Other:	<input type="checkbox"/>	Cut Glove	<input type="checkbox"/>	French	<input type="checkbox"/>



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 Isaiah Dixon

Date: \_\_\_\_\_

Home Telephone (470) 407-8340 Other Telephone ( ) \_\_\_\_\_

Present Address 1330 Nash Rd

Permanent Address, if different from present address: \_\_\_\_\_

Email Address Isaiah.Dixon.617@yahoo.com

### EMPLOYMENT DESIRED

Position applying for: Banquet Server

Salary desired: 12

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.*

<u>SPECIFY HOURS AVAILABLE</u>	<u>SUNDAY</u>	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>	<u>SATURDAY</u>
<u>DAILY</u>							
AM	<input checked="" type="checkbox"/>						

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

Your Position and Duties Housekeeper cat tree Bizi  
Cartion

Dates of Employment: From 3 To 1/8/17  
Reason for Leaving: Not enough work

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

#### MILITARY SERVICE

Have you obtained any special skills or abilities as the result of service in the military? Yes        No ✓

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: \_\_\_\_\_

**Please Read Carefully, Initial Each Paragraph and Sign Below**

I.D.

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.

I.D.

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.

I.D.

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.

I.D.

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.

I.D.

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 Deborah Riner Date 11/30/120



## 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): Isaiah Dixon

Signature:



Date: 11/30/20

Levy Manager's Signature: \_\_\_\_\_

(or other person in charge)

Date: \_\_\_\_\_


  
1511004011

## STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME

Tishia Dixon

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

1330 NASH RD

2b. CITY, STATE AND ZIP CODE

Atlanta GA 30331

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 [ ]

## 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

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

\$ \_\_\_\_\_

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) \_\_\_\_\_

(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 Tishia DixonDate 11/30/10

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:

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.

## Buffet Service Test

### Multiple Choice:

1. The first thing a client is going to notice about you is:

- A. How much you went through to get there
- B. How far you had to park
- C. What you look like when you report for duty
- D. How Punctual you are
- E. A&B only
- F. C&D only
- G. All of the above

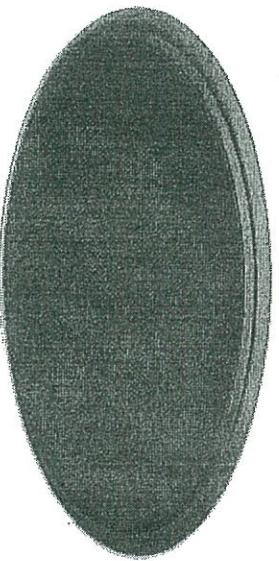
2. BEO stands for:

- A. Banquet Efficiency Order
- B. Better Events Organization
- C. Banquet Event Order
- D. Best Ever Odor
- E. None of the above

4. Which is an acceptable way to lite a sterno can?

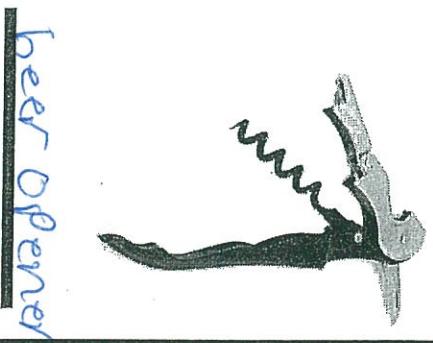
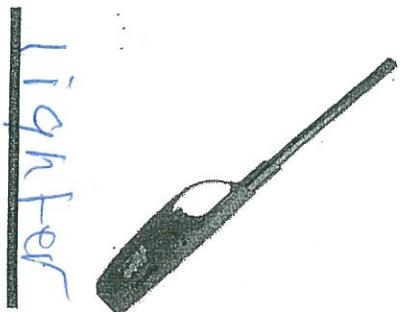
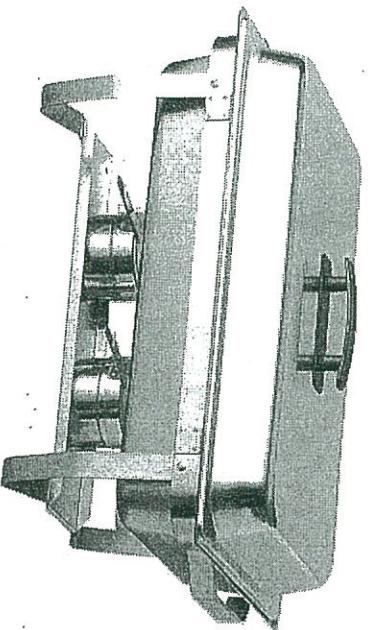
- A. With matches
- B. With a regular cigarette lighter
- C. With a long-neck lighter
- D. All of the above
- E. None of the above

Name that item:



fire burner

tray



server tray

hot pan

lighter

### Multiple Choice

A 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

B 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

C 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

D 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

E 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

A 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 dining 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

B Scullery

C Queen Mary

C Chafing Dish

D French Passing

E Russian Service

F Corkscrew

A Tray Jack

A. Metal buffet device used to keep food warm by heating it over warmed water

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)

C. Used to hold a large tray on the dining floor.

D. Area for dirty dishware and glasses

E. Large metal shelving unit for prepared food to be held or for dirty trays to be stored

F. Used to open bottles of wine

ACROBAT OUTSOURCING  
TSC GROUP

First and Last Name: Isaica Dixon  
Email: Isaica.Dixon.612@yahoo.com  
Phone number: 570-458-8340

Working Experience:

Company Name: Titan Event Security  
Dates of Employment: 1/20/19

Job Responsibility:

- Banquet server
- Security
- Host
- Server

Company Name: Priority  
Dates of Employment: 1/18/19

Job Responsibility:

- Company Name: PYS  
Dates of Employment: 1/15/2017
- Job Responsibility:
  - Wheel chair
  - Security
  - -

Skills

- -
- -
- -
- -
- -