



263 N Jog Road  
West Palm Beach, FL 33413  
Phone: 561-486-2323  
www.naztecstaffing.com

## Employment Application

### Personal Information

Date: \_\_\_\_\_ Social Security: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Trade Applying For: \_\_\_\_\_ Years Experience: \_\_\_\_\_

Other trades you have experience in: \_\_\_\_\_

\_\_\_\_\_

Expected Pay Rate: \_\_\_\_\_

Are you at least 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a valid Drivers License? Yes \_\_\_\_\_ No \_\_\_\_\_

### Employment Information

When would you available to begin work? \_\_\_\_\_

How did you hear about our company? \_\_\_\_\_

Were you referred by an employee or ours? \_\_\_\_\_

Do you have Dependable Transportation? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to travel? Yes \_\_\_\_\_ No \_\_\_\_\_

**Employment History**

Upload Resume Here: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Final Wage: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Employed From: \_\_\_\_\_ to \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Final Wage: \_\_\_\_\_

Name and Title of Supervisor: \_\_\_\_\_

Employed From: \_\_\_\_\_ to \_\_\_\_\_

Duties Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Education History**

High School: \_\_\_\_\_

College: \_\_\_\_\_

Other / Technical: \_\_\_\_\_

Military Branch: \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Job Relevant Courses Completed: \_\_\_\_\_

Equipment You Can Operate: \_\_\_\_\_

Additional Skills or Experience: \_\_\_\_\_

\_\_\_\_\_

## Emergency Contact Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## References

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

## Signature

**Notice:** In consideration of my employment, I agree to abide by the rules and policies of Naztec Staffing and I agree my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at the option of Naztec Staffing, or myself.

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, creed, color, national origin, religion, age, sex, or any other characteristic protected by law. Naztec Staffing is an equal opportunity employer.

**Your signature hereon:** 1) authorizes any former employer, school, or labor organization to release information about you to Naztec, for use in determining employability: 2) acknowledges that falsification of any information provided to induce Naztec to employ you (or failure to disclose pertinent employment information) is cause for immediate dismissal: 3) acknowledges that any position offered to you prior to the completion of our investigation is conditional upon the results of that investigation, including verification of legal right to work in the United States: 4) acknowledges your consent to undergo such post offer medical examinations as Naztec or any of its clients, may require which may include obtaining body tissue or fluid samples and analysis of them: 5) acknowledges that this application will only be recognized and or accepted for no more than 21 days from the date it was received by Naztec.

**SMS:** By providing my wireless phone number to Naztec Staffing, I agree and acknowledge that Naztec may send text messages to my wireless phone number for any purpose, including marketing purposes.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

**2024**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial _____	Last name _____	(b) Social security number _____
	Address _____		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code _____		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**Step 2: Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 . . . . . \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$ _____
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$ _____

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	_____ <b>Employee's signature</b> (This form is not valid unless you sign it.)		_____ <b>Date</b>

<b>Employers Only</b>	Employer's name and address _____	First date of employment _____	Employer identification number (EIN) _____
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## Direct Deposit

EEO Employer

Please choose which option you prefer for direct deposit. Each week, you will receive an email with your pay stub. The password is the first 4 letters of your last name, and the last 4 digits of your social security number.

Checking \_\_\_\_\_ Savings \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Employee Printed Name: \_\_\_\_\_

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

Attach voided check for deposit into checking or deposit slip for deposit into savings.

Bank name: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Naztec Staffing (“the Company”) may obtain information about you from a third-party consumer reporting in connection with your employment or application for employment (including independent contractor or volunteer assignments, as applicable). Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, or other background checks.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and to request disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report is an employment history or verification. These searches will be conducted by **Asurint, P.O. Box 14730, Cleveland, OH 44144, (800) 906-2034, [www.asurint.com](http://www.asurint.com)**.

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

**BACKGROUND INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Other Names/Aliases: \_\_\_\_\_

Social Security\* #: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_

Driver License\* #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Present Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\*This information will be used for background screening purposes only and will not be used as a hiring criteria.

ACKNOWLEDGEMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the separate document entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understood both of these documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by Naztec Staffing at any time after receipt of this authorization and throughout my employment, as allowable by applicable law. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by **Asurint, P.O. Box 14730, Cleveland, OH 44114, (800) 960-2034, [www.asurint.com](http://www.asurint.com)** and/or Naztec Staffing. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original and I agree to receive any notices, relating to my background check, electronically.

**New York applicants only:** Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law.

**New York City applicants only:** By signing this form, you further authorize the Company to provide you with a copy of your consumer report, the New York City Fair Chance Act Notice form, and any other documents, to the extent required by law, at the mailing address and/or email address you provide to the Company.

**Washington state applicants only:** You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

**Minnesota and Oklahoma applicants only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

Signature: \_\_\_\_\_

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



# Employment Eligibility Verification

## Department of Homeland Security

### U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No.1615-0047  
Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**Section 1. Employee Information and Attestation:** Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
<p><b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b></p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2.</b> and <b>3.</b> above) authorized to work until (exp. date, if any)						
If you check <b>Item Number 4.</b> , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

**If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.**

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p><b>Additional Information</b></p>    <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

<p><b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.</p>		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative
		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code

**For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.**



HEALTH INSURANCE  
**WAIVER AFFIDAVIT**  
 NAZTEC INTERNATIONAL GROUP

<b>NAME: (PRINT CLEARLY)</b>  LAST: _____  FIRST: _____	<b>SOCIAL SECURITY NUMBER:</b>  _____
<b>ADDRESS:</b>  _____  _____	<b>CITY:</b> _____  <b>STATE:</b> _____ <b>ZIP CODE:</b> _____

**(CIRCLE)**

<b>YES</b>	<b>NO</b>	I am an employee of Naztec International Group
<b>YES</b>	<b>NO</b>	I understand that I am ELIGIBLE for health insurance benefits from my employer once I complete a minimum of 30-hours per week and after I complete my eligibility waiting period (90 days of employment)
<b>YES</b>	<b>NO</b>	I understand that under a Federal Law called the <i>Patient Protection and Affordable Care Act</i> (PPACA) that my employer MUST offer me Health Insurance if I meet the ELIGIBILITY Requirements
<b>YES</b>	<b>NO</b>	I have been explained and I fully understand the health insurance benefits offered by Naztec International Group and, I have declined an opportunity to sit with a licensed insurance agent and counselor that could answer any questions I may have
<b>YES</b>	<b>NO</b>	I understand that the health insurance plans and benefits offered by Naztec International Group are both COMPREHENSIVE and AFFORDABLE according to the standards set forth in the <i>Patient Protection and Affordable Care Act</i> .
<b>YES</b>	<b>NO</b>	By affixing my signature below, I am choosing to voluntarily WAIVE or DECLINE all health insurance benefits offered by Naztec International Group. I understand it is my responsibility under Federal Law to obtain qualified health insurance coverage elsewhere. Or, I have obtained qualified health insurance coverage on my own. Or, I am currently covered elsewhere as a dependent child, through my spouse or through my domestic partner.

My signature below indicates that I have fully read, comprehend and understand this legal and binding document. It means that my choice to WAIVE or DECLINE coverage has been made completely on my own and with the knowledge and belief that my employer has offered me health insurance coverage and that I wish to DECLINE or WAIVE health insurance coverage for the 2023-2024 plan year.

***Information on this form is true and correct to the best of my knowledge.***

SIGNATURE: _____	DATE: ____ / ____ / ____
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