



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.

2025

Step 1: Enter Personal Information	(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 www.ssa.gov .
	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.)		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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.

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 for the 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.)

Step 3: Claim Dependent and Other Credits	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	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). 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	4(a)	\$ _____
	(b) Deductions. 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	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)

Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)



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Direct Deposit Enrollment Form

Employee Full Name: _____

I hereby authorize Naztec International Group LLC (dba Naztec Staffing), either directly or through its payroll service provider, to deposit any amounts owed me, by initiating direct deposit to my account at the financial institution (hereinafter "Bank") indicated on this form.

Further, I authorize my financial institution to accept and to credit/debit any entries indicated by Naztec International Group, either directly or through its payroll service provider, to or from my account.

This authorization is to remain in full force and effect until Naztec International Group has received written notice from me of its termination.

Account Information:

Make sure to check mark where required.

Bank Name: _____

City/State: _____

Routing/Transit: _____ Account Number: _____

Account Type: Checking Savings

VOID CHECK Attached: Yes No

Employee Signature: _____

Social Security: _____ Date: _____

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**.

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** 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>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.</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 Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
If you check Item Number 4. , 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>Additional Information</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)					

Certification: 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.

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		First Day of Employment (mm/dd/yyyy):
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code		
				Today's Date (mm/dd/yyyy)

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

HEALTH INSURANCE
WAIVER AFFIDAVIT
 NAZTEC INTERNATIONAL GROUP

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

(CIRCLE)

YES	NO	I am an employee of Naztec International Group
YES	NO	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)
YES	NO	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
YES	NO	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
YES	NO	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> .
YES	NO	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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