

# ALMOND TREE PROTECTIVE SERVICES



30003 SW 197th AVENUE HOMESTEAD, FL 33030  
 MAIN: (786) 368-9905 EMAIL: INFO@ATPS.ORG  
 WEBSITE: WWW.ATPS.ORG

<b>Employment Application</b>					
<b>Personal Information</b>					Last Name, First Initial:
Name (Last, First, MI)					
Street address					
City, State, Zip					
Home phone number		Work phone number			
Facsimile number		E-mail address			
Social security number		Driver's license number/state/expiration			
<i>(if job involves any driving)</i>					
<b>Employment Desired</b>					
Position applied for					
How did you hear about this position?					
Date available for work		Desired hours (full time, part time, etc.)			
<b>Education</b>					Today's Date:
	Name and Address of School	Course of Study	Total Years of Study	Degree/Diploma	
High School					
Undergraduate College					
Graduate/Professional					
Other (Specify)					
List any seminars, classes or other education not listed above which may help qualify you for this position (if you need additional space, please use page 7):					
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# Employment Application

## Employment History

List below all present and past employers over the past ten years, starting with your **most recent** employer. Account for all periods of unemployment. You must complete this section even if attaching a resume. May we contact your current employer?  YES  NO

1.	Employer (current <input type="checkbox"/> Yes <input type="checkbox"/> No)	Start Date	End Date	Essential job functions of final position	
	Address			1.	
	City, State, Zip		Starting Salary	Ending Salary	2.
	Phone number				3.
	Fax number	Supervisor(s)		4.	
	Job position(s)	E-mail address of supervisor			
	Reason(s) for leaving				
May we contact employer? If no, please explain:					
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2.	Employer	Start Date	End Date	Essential job functions of final position	
	Address			1.	
	City, State, Zip		Starting Salary	Ending Salary	2.
	Phone number				3.
	Fax number	Supervisor(s)		4.	
	Job position(s)	E-mail address of supervisor			
	Reason(s) for leaving				
May we contact employer? If no, please explain:					
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[PLEASE CONTINUE ON NEXT PAGE]

# Employment Application

## Employment History

<b>3.</b>	Employer	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip	Starting Salary	Ending Salary	2.
	Phone number			3.
	Fax number	Supervisor(s)		4.
	Job position(s)	E-mail address of supervisor		
	Reason(s) for leaving			
	May we contact employer? If no, please explain:			
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	-----			
<b>4.</b>	Employer	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip	Starting Salary	Ending Salary	2.
	Phone number			3.
	Fax number	Supervisor(s)		4.
	Job position(s)	E-mail address of supervisor		
	Reason(s) for leaving			
	May we contact employer? If no, please explain:			
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*[PLEASE CONTINUE ON NEXT PAGE]*

# Employment Application

## Employment History

<b>5.</b>	Employer	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip	Starting Salary	Ending Salary	2.
	Phone number			3.
	Fax number	Supervisor		4.
	Job position(s)	E-mail address of supervisor		
	Reason(s) for leaving			
	May we contact employer? If no, please explain:			
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	-----			
<b>6.</b>	Employer	Start Date	End Date	Essential job functions of final position
	Address			1.
	City, State, Zip	Starting Salary	Ending Salary	2.
	Phone number			3.
	Fax number	Supervisor		4.
	Job position(s)	E-mail address of supervisor		
	Reason(s) for leaving			
	May we contact employer? If no, please explain:			
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*[PLEASE CONTINUE ON NEXT PAGE]*



**Employment Application****Additional Information**

Have you ever been employed with this company before?  Yes  No

If Yes, when?

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Do you have any friends or relatives employed by this company?  Yes  No

If Yes, please provide their names and relationship to you:

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Are you currently employed?  Yes  No

May we contact your employer?  Yes  No

Are you currently on "lay off" status and subject to recall?  Yes  No

If driving is a requirement of the position applied for, have you in the last 7 years been convicted of Driving Under the Influence "(DUI)"  Yes  No  N/A

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

If hired, would you be able to travel or work overtime as needed?  Yes  No



# Employment Application

## References

List below three persons not related to you who have knowledge of your work performance within the last 5 years

Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted
Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted
Name		Occupation
Company name	Address	
Telephone	E-mail	Relationship & years acquainted

## Additional Space

Additional space provided to expand on any points or questions asked previously in this application


***PLEASE USE ADDITIONAL PAPER IF NECESSARY***



## Employment Application

*Please read each statement closely and initial each acknowledging your understanding*

### **Equal Employment Opportunity Statement**

\_\_\_\_\_ Our company is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. Our company is committed to complying with all Federal, State and local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. Our company desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age or any other status protected by Federal, State or local laws. Our company will make reasonable efforts to accommodate those physical or mental limitations of an otherwise qualified employee unless undue hardship would result for the agency.

### **Discrimination and Sexual Harassment Policy Statement**

\_\_\_\_\_ Our company will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to disciplinary action(s), up to and including termination. Prohibited sexual harassment is defined as follows: Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) Submission to such conduct is made whether explicitly or implicitly a term or condition of an individual's employment; (2) Submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

### **Disclosure to Applicants Concerning Drug/Alcohol Testing**

\_\_\_\_\_ If you are offered a position with Almond Tree Protective Services, you will be given a drug/alcohol test as a condition of employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by this company. Neither the collector of specimens nor the medical professional who reviews the test results will be a company employee. The test results will be kept confidential. The individual undergoing testing will not be directly observed while providing the specimen unless there are reasonable grounds to believe the individual may alter or substitute the specimen.

Negative test results are required as a condition of employment.

### **Complete and Accurate Information**

\_\_\_\_\_ 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 have personally completed this application. I understand that any omission or misstatement of material fact on this application, or any other 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.

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**At-Will Employment**

\_\_\_\_\_ The relationship between you and Almond Tree Protective Services is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or by our company. No representative of Almond Tree Protective Services has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your atwill employment status, except for a written statement signed by you and the company owner.

**Testing Authorization**

\_\_\_\_\_ If offered a position with Almond Tree Protective Services, I hereby agree to any legally permitted physical, psychological, skill, drug or medical test required by the company as a condition of employment.

**Investigation Authorization**

\_\_\_\_\_ I authorize investigation into all statements and references contained in this application. Said investigation may include credit, driving, criminal background, references and other background checks. By applying with this company, I also authorize post-hire investigation into my credit, driving and criminal background.

**Company Obligation**

\_\_\_\_\_ I understand and agree that the company's acceptance of this employment application does not mean that a position for which I am qualified is open (unless specifically posted) or that the company has agreed to hire me. I understand that the company is under no obligation to hire me as the result of accepting this completed application.

I have read and understand the above policy statements and agree to be bound by them if employed by Almond Tree Protective Services.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## **Employment Application**

*Please sign and return the attached agreements as a condition of possible employment*

- Pre-Employment Information Disclosure Notice and Acknowledgement (FCRA compliance)
  - Employee Reference Request
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## Employee's Withholding Certificate

OMB No. 1545-0074

▶ **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.**

2022

<b>Step 1: 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 widow(er) <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, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and privacy.**

**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); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; 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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶

**TIP:** To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**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: Claim Dependents</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 and 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: 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.		
	▶ _____ ▶ Employee's signature (This form is not valid unless you sign it.)		Date

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
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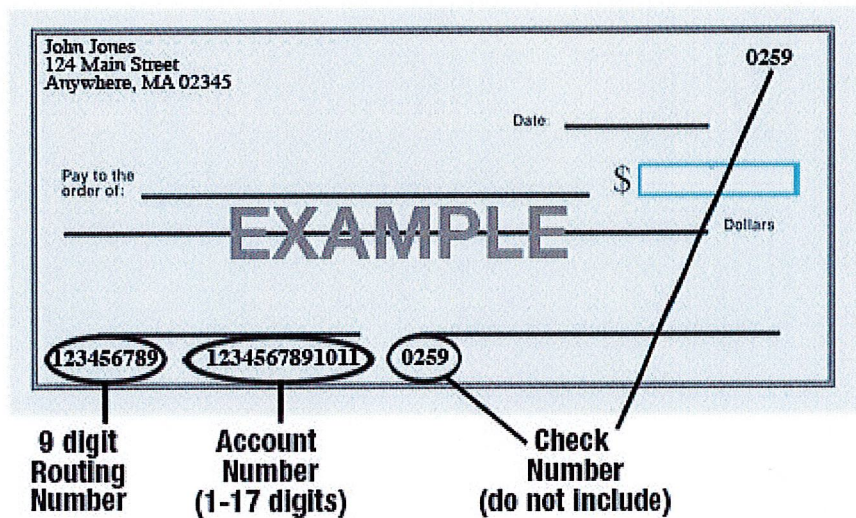
## DIRECT DEPOSIT AUTHORIZATION

Please print and complete ALL the information below.

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

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

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



Name of Bank: \_\_\_\_\_

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

9-Digit Routing #: \_\_\_\_\_

Amount:       \$ \_\_\_\_\_       \_\_\_\_\_ %      or       Entire Paycheck

Type of Account:       Checking       Savings      (Check One)

*Attach a voided check for each bank account to which funds should be deposited (if necessary)*

**Almond Tree Protective Services, Inc.** is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee's Signature: \_\_\_\_\_

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