



LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

CONTACT NUMBER(s): \_\_\_\_\_ Location: \_\_\_\_\_

BEST TIME TO CALL: \_\_\_\_\_ ☐ AM ☐ PM Position Applying For: \_\_\_\_\_

***I confirm that I carefully read and understand all of the information below, and have responded honestly and accurately.***

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

Carefully read and check the appropriate box	YES	NO					
A. Are you willing to follow safety procedures?	<input type="checkbox"/>	<input type="checkbox"/>					
B. Are you eligible to work in the United States?	<input type="checkbox"/>	<input type="checkbox"/>					
C. Are you at least 18 years of age?	<input type="checkbox"/>	<input type="checkbox"/>					
D. Do you have a high school diploma or equivalent?	<input type="checkbox"/>	<input type="checkbox"/>					
E. Are you able and willing to work in a drug-free and tobacco-free [smoke and smokeless] environment?	<input type="checkbox"/>	<input type="checkbox"/>					
F. As part of the selection process, candidates need to complete an unpaid 2 hour assessment. Are you willing and able to complete the unpaid 2 hour assessment as part of the selection process?	<input type="checkbox"/>	<input type="checkbox"/>					
G. Are you willing to submit to a drug screening and physical function assessment as required for securing this position? [Note: Random drug screening is performed after employment]	<input type="checkbox"/>	<input type="checkbox"/>					
H. Are you willing to agree to have background and reference checks conducted as required for securing this position?	<input type="checkbox"/>	<input type="checkbox"/>					
I. Are you willing and able to work 8- to 12-hour work days (average of 10 hrs.), which may include weekends, nights, and holidays?	<input type="checkbox"/>	<input type="checkbox"/>					
J. Are you willing and able to work overtime whenever the company requires [with little or no notice]?	<input type="checkbox"/>	<input type="checkbox"/>					
K. Are you able and willing to work in and around conditions, which may include and are not limited to: exposure to chemicals, heat and high humidity [temperatures greater than 100 degrees F], outside temperatures, moving equipment, and loud noise [90 decibels along with hearing protection]?	<input type="checkbox"/>	<input type="checkbox"/>					
L. Are you able and willing to work in a position that requires standing up to 10 hours during a shift and walking distances that may exceed a mile and be able to work in areas exceeding?	<input type="checkbox"/>	<input type="checkbox"/>					
M. Are you able and willing to climb stairs or ladders repeatedly during a shift?	<input type="checkbox"/>	<input type="checkbox"/>					
N. Are you able and willing to perform repetitive and physically demanding tasks for extended periods (lifting 45 pounds routinely, walking, climbing, pushing, twisting, and stooping) throughout the shift while maintaining a steady, high energy pace?	<input type="checkbox"/>	<input type="checkbox"/>					
O. Are you able to hear and distinguish alarms?	<input type="checkbox"/>	<input type="checkbox"/>					
P. Are you able to hear and follow verbal work instructions [in English]?	<input type="checkbox"/>	<input type="checkbox"/>					
Q. Are you able to read and follow information written in English [e.g. Standard Operating Procedures, technical manuals, operator handbooks, company policies, etc.]?	<input type="checkbox"/>	<input type="checkbox"/>					
R. Are you able and willing to work with fingers to manipulate small parts with precision and hands to manipulate medium sized objects, materials or tools?	<input type="checkbox"/>	<input type="checkbox"/>					
S. Are you able and willing to wear required personal protective equipment, which may include and is not limited to: safety glasses, goggles, hearing protection, steel-toed boots, gloves, and other protective equipment/clothing as required for specific jobs?	<input type="checkbox"/>	<input type="checkbox"/>					
In advance of contacting your previous employers regarding your job performance and attendance:							
a) How many days of scheduled work did you miss during the last 6 months of employment?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2 - 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5+		
b) How many days were you late to work during the last 6 months of employment?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2 - 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5+		
c) How many "warnings" did you receive during the last 6 months of employment?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2 - 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5+		
How many hours of overtime are you able and willing to work each week?			<input type="checkbox"/> None	<input type="checkbox"/> 5 hrs	<input type="checkbox"/> 10 hrs	<input type="checkbox"/> 15 hrs	<input type="checkbox"/> 20+ hrs
The following actions are requirements associated with job performance. Check the appropriate box confirming YES you <b>are willing and able</b> , or NO you <b>are not willing or able</b> to perform each action listed.							
1. Maintain strict adherence to safety rules and regulations and quality standards.	<input type="checkbox"/>	<input type="checkbox"/>					
2. Work in an environment where paying attention to the smallest details of a task are important.	<input type="checkbox"/>	<input type="checkbox"/>					
3. Work in an environment where attendance and reporting to work on time are a requirement of employment.	<input type="checkbox"/>	<input type="checkbox"/>					

	YES	NO
4. Collect, organize and summarize information; check, compare, and copy numbers, etc.	<input type="checkbox"/>	<input type="checkbox"/>
5. Perform basic industrial math to add, subtract, multiply, or divide.	<input type="checkbox"/>	<input type="checkbox"/>
6. Learn on-the-job and cross train others on the job.	<input type="checkbox"/>	<input type="checkbox"/>
7. Frequently use problem-solving techniques on the job.	<input type="checkbox"/>	<input type="checkbox"/>
8. Work in an environment where priorities frequently change.	<input type="checkbox"/>	<input type="checkbox"/>
9. Adapt to effectively meet demanding production, repair and/or maintenance schedules.	<input type="checkbox"/>	<input type="checkbox"/>
10. Work with limited supervision.	<input type="checkbox"/>	<input type="checkbox"/>
11. Safely work with powered and non-powered tools and equipment.	<input type="checkbox"/>	<input type="checkbox"/>
12. Use various measuring/measurement instruments.	<input type="checkbox"/>	<input type="checkbox"/>
13. Distinguish different types and quality of materials and metals.	<input type="checkbox"/>	<input type="checkbox"/>
14. Perform other duties and tasks as assigned to the position.	<input type="checkbox"/>	<input type="checkbox"/>
15. Conduct housekeeping to maintain cleanliness of the overall plant, as well as work area.	<input type="checkbox"/>	<input type="checkbox"/>
16. Work productively with individuals of a diverse background and culture to support a high performance team environment.	<input type="checkbox"/>	<input type="checkbox"/>
17. Comply with and support a harassment free work environment.	<input type="checkbox"/>	<input type="checkbox"/>
18. Work in an environment that requires removal of all body jewelry for safety purposes while performing certain job duties.	<input type="checkbox"/>	<input type="checkbox"/>
19. Comply with all plant rules and all company HR policies and practices.	<input type="checkbox"/>	<input type="checkbox"/>
20. Comply with all governmental mandated rules and regulations (for example, OSHA).	<input type="checkbox"/>	<input type="checkbox"/>
21. Sign a non-disclosure and confidentiality agreement about the company, its products, processes, its customers and clients and work performed.	<input type="checkbox"/>	<input type="checkbox"/>

**Manufacturing, Assembly and Production Environments** [Indicate industry: \_\_\_\_\_]

☐ 1 yr. or less ☐ 1-3 yrs ☐ 3-5 yrs ☐ 5-10 yrs ☐ 10+ yrs ☐ Manufacturing ☐ Assembly ☐ Production

**Manufacturing in Marine Industry**

☐ Off shore ☐ Large Boat ☐ Small Boat

☐ 1 yr. or less ☐ 1-3 yrs ☐ 3-5 yrs ☐ 5-10 yrs ☐ 10+ yrs

**Other:**

☐ CNC Machinist Experience ☐ QC ☐ Office ☐ Managerial

☐ 1 yr. or less ☐ 1-3 yrs ☐ 3-5 yrs ☐ 5-10 yrs ☐ 10+ yrs

**Reading Manual Drawing and Blueprints**

☐ 1 yr. or less ☐ 1-3 yrs ☐ 3-5 yrs ☐ 5-10 yrs ☐ 10+ yrs

**Performing Measurements to the 1/16 of an inch**

☐ 1 yr. or less ☐ 1-3 yrs ☐ 3-5 yrs ☐ 5-10 yrs ☐ 10+ yrs

**Welding Process**

☐ Tig ☐ Mig ☐ Steel ☐ Aluminum

☐ 1 yr. or less ☐ 1-3 yrs ☐ 3-5 yrs ☐ 5-10 yrs ☐ 10+ yrs

**Reading Welding Symbols**

☐ 1 yr. or less ☐ 1-3 yrs ☐ 3-5 yrs ☐ 5-10 yrs ☐ 10+ yrs

**Trimming and Fitting Plate and Extrusion**

☐ 1 yr. or less ☐ 1-3 yrs ☐ 3-5 yrs ☐ 5-10 yrs ☐ 10+ yrs

**Preparing Surfaces for Welding [e.g., gouging, grinding, etc.]**

☐ 1 yr. or less ☐ 1-3 yrs ☐ 3-5 yrs ☐ 5-10 yrs ☐ 10+ yrs

**Inspecting Welds**

☐ 1 yr. or less ☐ 1-3 yrs ☐ 3-5 yrs ☐ 5-10 yrs ☐ 10+ yrs

**Fabrication [e.g., assembling small parts, metal working, etc.]**

☐ 1 yr. or less ☐ 1-3 yrs ☐ 3-5 yrs ☐ 5-10 yrs ☐ 10+ yrs

**Using Small Hand Tools (powered and non-powered)**

☐ 1 yr. or less ☐ 1-3 yrs ☐ 3-5 yrs ☐ 5-10 yrs ☐ 10+ yrs

**Wiring Marine Electrical Systems**

☐ DC ☐ AC

☐ 1 yr. or less ☐ 1-3 yrs ☐ 3-5 yrs ☐ 5-10 yrs ☐ 10+ yrs

**Reading Electrical Diagrams**

☐ 1 yr. or less ☐ 1-3 yrs ☐ 3-5 yrs ☐ 5-10 yrs ☐ 10+ yrs

**Marine Electronics [e.g., installation, programming, etc.]**

☐ 1 yr. or less ☐ 1-3 yrs ☐ 3-5 yrs ☐ 5-10 yrs ☐ 10+ yrs

**Installation of Marine Engines and Associated Systems**

☐ 1 yr. or less ☐ 1-3 yrs ☐ 3-5 yrs ☐ 5-10 yrs ☐ 10+ yrs

**Installation of Marine Plumbing and Fuel Systems**

☐ 1 yr. or less ☐ 1-3 yrs ☐ 3-5 yrs ☐ 5-10 yrs ☐ 10+ yrs

If you have a resume to attach to the questionnaire, please skip employer information and proceed to question 1.

Most Recent/Current Employer:	Last Position Held:	Employment Dates:	Reason for Leaving
Second Previous Employer:	Last Position Held:	Employment Dates:	Reason for Leaving
Third Previous Employer:	Last Position Held:	Employment Dates:	Reason for Leaving

1. From your overall experience, what job duties have you liked the most? Why?
2. What job duties have you liked the least? Why?
3. What technical education, training or experience do you have that could have a positive impact on performance at Metal Shark?
4. In advance of conducting reference and background checks, how will your past employers describe your punctuality and overall job performance?

**CONTINUE TO NEXT PAGE.**

5. Please explain fully all gaps in your employment history in excess of one month.

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6. Have you ever been terminated or asked to resign from any job? ☐ NO ☐ YES If YES, how many times? \_\_\_\_\_

7. Has your employment ever been terminated by mutual agreement? ☐ NO ☐ YES If YES, how many times? \_\_\_\_\_

If you answered YES to either 6) or 7) above, please explain the circumstances of each occasion below.

8. In advance of conducting a reference check, how many on-the-job safety violations have you had in the last 2 years you worked?  
☐ None ☐ 1 ☐ 2 ☐ 3 or more [If any, explain the circumstances of the safety violation(s).

**INSTRUCTION FOR ANSWERING THE NEXT TWO QUESTIONS:**

Do not include convictions that were sealed, eradicated, erased, annulled by a court, or expunged, or convictions that resulted in referral to a diversion program.

9. Have you ever plead guilty or no contest to, or been convicted of any felony/criminal offense other than the applicable exceptions listed above? ☐ NO ☐ YES

10. Have you ever been arrested for any matters for which you currently are out on bail or on your own recognizance pending trial? ☐ NO ☐ YES

**CRIMINAL OFFENSES ONLY:** If you answered YES, to either of the above two questions, please provide the date(s) and explain in accordance with the above instructions so that individual circumstances can be considered.

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**NOTE:** Criminal convictions or arrests will not automatically disqualify an applicant from a particular job. The company will consider the nature of the crime, its seriousness, the substantial relation to the position's functions and qualifications, the number of occurrences, the applicant's age at the time of the crime, the time elapsed since the crime, the applicant's entire work and educational history, employment references and recommendations, and the business necessity of any exclusion when and as required by law.



Metal Shark Boats is an equal opportunity employer. As required by law, we must record certain information to be made a part of our affirmative action program.

Applicants for employment are invited to participate in the affirmative action program by reporting their status as a protected veteran or other minority. In extending this invitation, we advise you that: (a) workers (applicants) are under no obligation to respond but may do so in the future if they choose; (b) responses will remain confidential within the human resource department; and (c) responses will be used only for the necessary information to include in our affirmative action program. We are a company that values diversity. We actively encourage women, minorities, veterans and disabled employees to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

**Name:** \_\_\_\_\_ **Position Applied for:** \_\_\_\_\_

**Gender**      • Male      • Female

**Race or Ethnicity Identity\* (select one, see back for definitions)**

- Hispanic or Latino
- White (not Hispanic or Latino)
- Black or African American (not Hispanic or Latino)
- Native Hawaiian or Pacific Islander (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
- American Indian or Alaskan Native (not Hispanic or Latino)
- Two or more races (not Hispanic or Latino)

**{COMPLETE ON REVERSE}**



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

How did you hear of our opening? • employee referral • company website

• job board • social media • advertisement (print/radio/TV) • recruiter

• other – please explain:

**\*EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES**

**Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**White (*not Hispanic or Latino*)** - A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**Black or African American (*not Hispanic or Latino*)** - A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander (*not Hispanic or Latino*)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

**Asian (*not Hispanic or Latino*)** - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

**American Indian or Alaska Native (*not Hispanic or Latino*)** - A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

**Two or more races (*not Hispanic or Latino*)** - All persons who identify with more than one of the above races.

### Self-ID Form for Veterans

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A **"disabled veteran"** is one of the following:
  - a veteran of the U.S. military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
  - a person who was discharged or released from active duty because of a service-connected disability.
- A **"recently separated veteran"** means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An **"active duty wartime or campaign badge veteran"** means a veteran who served on active duty in the U.S. military, ground, naval, or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An **"Armed forces service medal veteran"** means a veteran who, while serving on active duty in the U.S. military, ground, naval, or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under the Uniformed Services Employment and Reemployment Rights Act (USERRA). In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- ☐ I AM A VETERAN UNDER ONE OF THE CLASSIFICATIONS LISTED ABOVE
- ☐ I AM NOT A VETERAN UNDER ONE OF THE CLASSIFICATIONS LISTED ABOVE
- ☐ I DO NOT WISH TO DISCLOSE THIS INFORMATION
- ☐ [OPTIONAL] I AM ANOTHER TYPE OF VETERAN NOT LISTED ABOVE
- ☐ [OPTIONAL] I AM A RECENTLY SEPARATED VETERAN AND MY DISCHARGE/RELEASE DATE IS \_\_\_\_\_

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with VEVRAA.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

If you are an applicant or new hire, please list your referral source: \_\_\_\_\_

## **Sample Self-ID Form for Individuals with Disabilities**

### **Voluntary Self-Identification of Disability**

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 1 of 2

#### **Why are you being asked to complete this form?**

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

#### **How do I know if I have a disability?**

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- ☐ YES, I HAVE A DISABILITY (or previously had a disability)
- ☐ NO, I DON'T HAVE A DISABILITY
- ☐ I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 2 of 2

<b>Reasonable Accommodation Notice</b>
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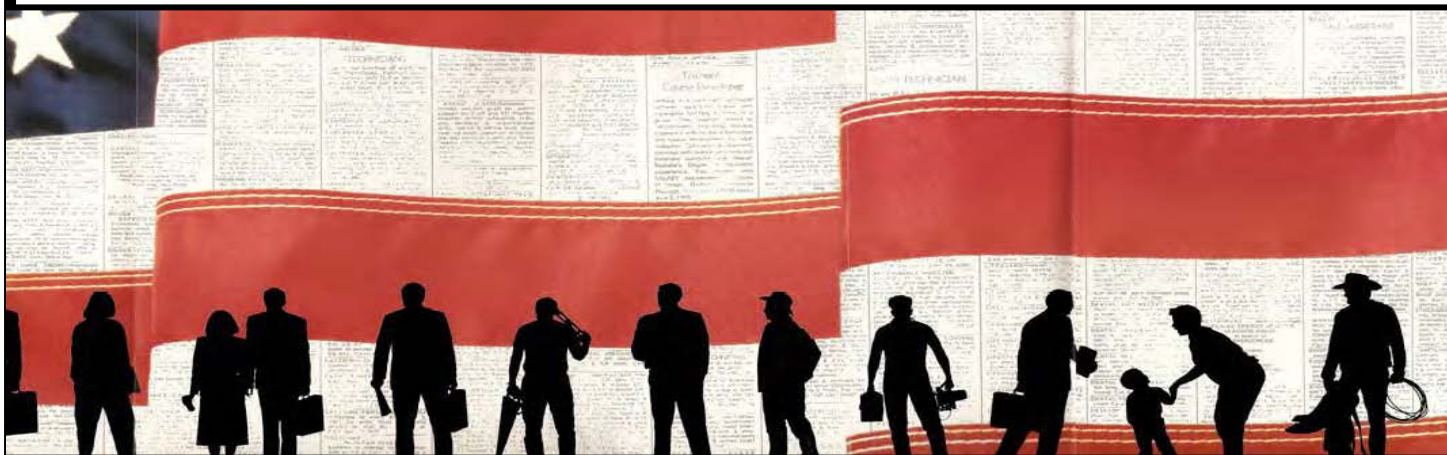
Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>1</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

# IF YOU HAVE THE RIGHT TO WORK



## Don't let anyone take it away.

There are laws to protect you from discrimination in the workplace.

### You should know that...

In most cases, employers cannot deny you a job or fire you because of your national origin or citizenship status or refuse to accept your legally acceptable documents.

Employers cannot reject documents because they have a future expiration date.

Employers cannot terminate you because of E-Verify without giving you an opportunity to resolve the problem.

In most cases, employers cannot require you to be a U.S. citizen or a lawful permanent resident.

### Contact IER

For assistance in your own language  
Phone: 1-800-255-7688  
TTY: 1-800-237-2515

Email us  
[IER@usdoj.gov](mailto:IER@usdoj.gov)

Or write to  
U.S. Department of Justice – CRT  
Immigrant and Employee Rights – NYA  
950 Pennsylvania Ave., NW  
Washington, DC 20530

If any of these things happen to you, contact the Immigrant and Employee Rights Section (IER).



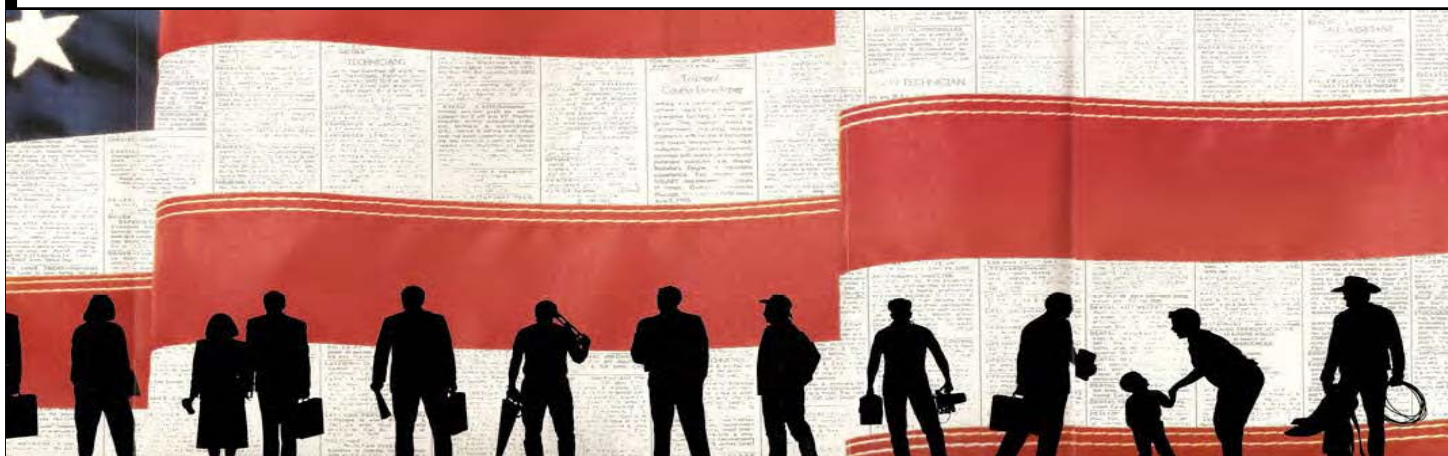
— DEPARTMENT OF JUSTICE —  
IMMIGRANT & EMPLOYEE RIGHTS SECTION  
— CIVIL RIGHTS DIVISION —

## Immigrant and Employee Rights Section

U.S. Department of Justice, Civil Rights Division

[www.justice.gov/ier](http://www.justice.gov/ier)

# SI USTED TIENE DERECHO A TRABAJAR



## No deje que nadie se lo quite.

Existen leyes que lo protegen contra la discriminación en el trabajo.

### Usted debe saber que...

En la mayoría de los casos, los empleadores no pueden negarle un empleo o despedirlo debido a su nacionalidad de origen o estatus de ciudadanía, ni tampoco negarse a aceptar sus documentos válidos y legales.

Los empleadores no pueden rechazar documentos porque tengan una fecha de vencimiento futura.

Los empleadores no pueden despedirlo debido a E-Verify sin darle una oportunidad de resolver el problema

En la mayoría de los casos, los empleadores no pueden exigir que usted sea ciudadano estadounidense o residente legal permanente.

### Comuníquese con la IER

Para ayuda en su propio idioma:

Teléfono: 1-800-255-7688

TTY: 1-800-237-2515

Mándenos un correo:

[IER@usdoj.gov](mailto:IER@usdoj.gov)

O escribanos a:

U.S. Department of Justice – CRT  
Immigrant and Employee Rights – NYA  
950 Pennsylvania Ave., NW  
Washington, DC 20530

Si alguna de estas cosas le ha sucedido, comuníquese con la Sección de Derechos de Inmigrantes y Empleados (IER, por sus siglas en inglés)



— DEPARTAMENTO DE JUSTICIA DE LOS EE. UU. —  
SECCIÓN DE DERECHOS DE INMIGRANTES Y EMPLEADOS  
— DIVISIÓN DE DERECHOS CIVILES —

Sección de Derechos de Inmigrantes y Empleados  
Departamento de Justicia de los EE. UU., División de Derechos Civiles

[www.justice.gov/ier](http://www.justice.gov/ier)

[www.justice.gov/crt-about/espanol/ier](http://www.justice.gov/crt-about/espanol/ier)

# This Organization Participates in E-Verify

# Esta Organización Participa en E-Verify



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

## E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

## E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

**888-897-7781**

[dhs.gov/e-verify](https://dhs.gov/e-verify)



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