

E-Verify Program Participation Agreement

This Agreement is made between the Employer named below and the Department of Homeland Security's E-Verify program.

Employer Information

Employer Name:

Address:

City:

State:

ZIP Code:

Agreement Terms

1. The Employer agrees to participate in the E-Verify Program as administered by the Department of Homeland Security.
2. The Employer will use E-Verify to confirm the employment eligibility of all newly hired employees.
3. The Employer will comply with all applicable laws and E-Verify requirements.
4. The Agreement remains in effect until terminated by either party.

Employer Signature

Authorized Representative Name:

Title:

Date:

Signature:

By completing and submitting this form, the Employer acknowledges participation in the E-Verify Program as described above.