



**PASO ROBLES TANK, INC.**

\*A wholly-owned subsidiary of Associated Constructors and Engineers, Inc.\*

An Equal Opportunity Employer

**Please Print**

\_\_\_\_\_  
Date                                      Last Name                                      First Name                                      Middle

**Present Address**

\_\_\_\_\_  
No. & Street                                      City                                      State                                      Zip Code

**Permanent Address (if different from present address)**

\_\_\_\_\_  
No. & Street                                      City                                      State                                      Zip Code

\_\_\_\_\_  
Business Phone                                      Home Phone                                      Email Address

**Employment Desired**

Position applying for: \_\_\_\_\_

Are you applying for:

- Regular full-time work?.....  Yes  No
- Regular part-time work?.....  Yes  No
- Temporary work, e.g., summer or holiday work?.....  Yes  No

What days and hours are you available for work? \_\_\_\_\_

If applying for temporary work, during what period of time will you be available?

From: \_\_\_\_\_ To: \_\_\_\_\_

Are you available for work on weekends?.....  Yes  No

Would you be available to work overtime, if necessary?.....  Yes  No

If hired, what date can you start work? \_\_\_\_\_

# Employment Application

## Personal Information

How did you hear about our company and this job opening? \_\_\_\_\_

\_\_\_\_\_

Have you ever applied to or worked for Paso Robles Tank INC, before?  Yes  No

If yes, when? \_\_\_\_\_

Why are you applying for work at Paso Robles Tank INC, ?

\_\_\_\_\_  
\_\_\_\_\_

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

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age.) .....  Yes  No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? .....  Yes  No

If no, describe the functions that cannot be performed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest.

Have you had COVID-19 in the last 24 months?..... Yes No

If yes, please provide dates: \_\_\_\_\_ to \_\_\_\_\_.

If yes, were you employed at that time and received COVID-19 paid time off? Yes No

If yes, have you been paid any COVID-19 paid time off due to you, family member, or haven been exposed and told to take time off? Yes No

Have you been vaccinated for COVID-19?..... Yes No

If yes, please provide copy of vaccinated card to Human Resources for Employee's medical file.

Are you opposed to getting the COVID-19 Vaccine prior to hire?..... Yes No

PRT Company mandates that all employees follow CDC and / or OSHA guidelines during work. Do you agree to follow all company mandates in regards to current and future CDC / OSHA guidelines? Yes No

# Employment Application

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## Education, Training, and Experience

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
<b>High School</b>	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____	State _____	Zip Code _____	
<b>College/ University</b>	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____	State _____	Zip Code _____	
<b>Vocational/ Business</b>	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____	State _____	Zip Code _____	
<b>Health Care Training</b>	Name _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Address _____			
	City _____	State _____	Zip Code _____	

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work at [Paso Robles Tank INC](#), \_\_\_\_\_ ?  Yes  No

If so, please explain:

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# Employment Application

Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the job applied for?.....  Yes  No

Name of license/certification: \_\_\_\_\_ Issuing state: \_\_\_\_\_

License/certification number: \_\_\_\_\_

Has your license/certification ever been revoked or suspended?.....  Yes  No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement.

\_\_\_\_\_  
\_\_\_\_\_

## Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). You must complete this section even if attaching a resume.

\_\_\_\_\_  
Name of Employer Phone Number

\_\_\_\_\_  
Type of Business Your Supervisor's Name

\_\_\_\_\_  
Address & Street City State Zip Code

Dates of Employment: \_\_\_\_\_  
From To

\_\_\_\_\_  
Your Position and Duties

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

Current employer?.....  Yes  No

May we contact this employer for a reference?.....  Yes  No

\_\_\_\_\_  
Name of Employer Phone Number

\_\_\_\_\_  
Type of Business Your Supervisor's Name

\_\_\_\_\_  
Address & Street City State Zip Code

Dates of Employment: \_\_\_\_\_  
From To

\_\_\_\_\_  
Your Position and Duties

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

May we contact this employer for a reference?.....  Yes  No

# Employment Application

## Employment History, continued

Name of Employer \_\_\_\_\_ Phone Number \_\_\_\_\_  
Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_  
Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates of Employment: \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

Your Position and Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference?.....  Yes  No

Name of Employer \_\_\_\_\_ Phone Number \_\_\_\_\_  
Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_  
Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates of Employment: \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

Your Position and Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference?.....  Yes  No

Name of Employer \_\_\_\_\_ Phone Number \_\_\_\_\_  
Type of Business \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_  
Address & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dates of Employment: \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

Your Position and Duties \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

May we contact this employer for a reference?.....  Yes  No

# Employment Application

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## References

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

_____	_____	_____	
First Name	Last Name	Phone Number	
_____		_____	_____
Address & Street		City	State    Zip Code
_____		_____	
Occupation	No. of Years Acquainted		

_____	_____	_____	
First Name	Last Name	Phone Number	
_____		_____	_____
Address & Street		City	State    Zip Code
_____		_____	
Occupation	No. of Years Acquainted		

_____	_____	_____	
First Name	Last Name	Phone Number	
_____		_____	_____
Address & Street		City	State    Zip Code
_____		_____	
Occupation	No. of Years Acquainted		

# Employment Application

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## Please Read Carefully, Initial Each Paragraph and Sign Below

\_\_\_\_\_  
Initials

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, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any 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.

\_\_\_\_\_  
Initials

I hereby authorize Paso Robles Tank INC, to thoroughly investigate my references, work record, education and other matters related to my suitability for employment (excluding criminal background information) unless otherwise specified above. I further authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_  
Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

\_\_\_\_\_  
Initials

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

**The Company will consider qualified applicants, including those with criminal histories, in a manner consistent with state and local "Fair Chance" laws.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

# Equal Employment Opportunity Data

Application Date \_\_\_\_\_

To be completed by applicant:

Completion of this form is entirely voluntary, and all information will remain confidential and will not affect your application for employment. We are collecting this information for equal opportunity employment purposes, and it will not become part of your personnel record if you are hired by this company.

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

Sex:  Male  Female

Race/Ethnicity:  American Indian or Alaskan Native  Two or more races  
 Asian  
 Black or African-American  
 Hispanic or Latino  
 White (Not Hispanic or Latino)  
 Native Hawaiian or other Pacific Islander

Government contractors must take affirmative action to employ and advance certain qualified individuals subject to the Rehabilitation Act of 1973 and the Vietnam Era Veterans Readjustment Act of 1974. Completion of the following information is voluntary, and will assist us in proper placement and reasonable accommodation. If you wish to be identified as qualifying for such placement or accommodation, please check where applicable:

Vietnam Era Veteran  
 Disabled Veteran  
 Individual with a Disability

To be completed by employer:

EEO-1 Category:  1a. Executive/Senior Level Officials and Managers  6. Craft Workers  
 1b. First/Mid Senior Level Officials and Managers  7. Operatives - semi-skilled  
 2. Professionals  8. Laborers and Helpers  
 3. Technicians  9. Service Workers  
 4. Sales Workers  
 5. Administrative Support Workers

Employer information completed by:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date



**Notification, Authorization and Consent for Release of Information to  
Employer and/or it's Agent, and Release from Liability for Disclosure of Information.**

Under section 1786.22 of the California Civil Codes, you have the right to view the information contained in the consumer report. You may view the information in person during normal business hours or by mail at the reporting agency listed below, upon providing proper identification. The reporting agency is required to have personnel available to explain the information contained in the report to you as well any coded information contained in the report.

I, \_\_\_\_\_, hereby request, authorize, and consent to the following employer:

Applicant Name

\_\_\_\_\_ and their duly authorized agent, TMI Research Services,

Employer Name

to conduct a background investigation/consumer report on me. They may request and receive reports and/or information concerning me, including, criminal records, civil records, education, credit report if determined appropriate, social security trace, workers compensation records and driving records. I further understand the nature and scope of the consumer report and agree that an investigative consumer report concerning me may include information about my character, general reputation, personal characteristics, and mode of living. I will receive a copy of the report if an adverse employment decision is made based on the information in the report along with a summary of my rights under the Fair Credit Reporting Act. I understand I have the right to request a copy of the report. I also understand I have the right to dispute directly with the consumer reporting agency any findings within any consumer/investigative report, if the dispute is made in writing by me within 60 days of the date of adverse action. The Agency providing the consumer investigative report is:

**TMI Research Services**  
(California Business License #16297)  
360 Ventura Ave. #699, Oak View, CA 93022 Phone: 805-798-1446

I request and authorize all persons who have information relevant to this preliminary investigation to disclose such information as may be requested. I release the company, its authorized agent, all persons and/or organizations providing such information from any liability on account of such disclosure. I also authorize the company of its authorized agent in using a photocopy of this Notification, Authorization and Consent for Release of Information to Employer and/or its agent, and Release from Liability for Disclosure of Information and fully understand the terms of this release.

I would like a copy of my consumer report.

I would not like a copy of my consumer report.

Your Full Legal Name: (print clearly) \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

Name as it appears on your I.D./Driver's License if different than above: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Number Street City State Zip code

I.D. or Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

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

## Pre-Screening Notice and Certification Request for the Work Opportunity Credit

► Information about Form 8850 and its separate instructions is at [www.irs.gov/form8850](http://www.irs.gov/form8850).

**Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.**

Your name \_\_\_\_\_ Social security number ► \_\_\_\_\_

Street address where you live \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

County \_\_\_\_\_ Telephone number \_\_\_\_\_

If you are under age 40, enter your date of birth (month, day, year) \_\_\_\_\_

- 1  Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
  
- 2  Check here if **any** of the following statements apply to you.
  - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
  - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
  - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
  - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
    - a. Received SNAP benefits (food stamps) for the past 6 months; **or**
    - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
  - During the past year, I was convicted of a felony or released from prison for a felony.
  - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
  - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
  
- 3  Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
  
- 4  Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
  
- 5  Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
  
- 6  Check here if you are a member of a family that:
  - Received TANF payments for at least the past 18 months; **or**
  - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
  - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.
  
- 7  Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

**Signature—All Applicants Must Sign**

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ► \_\_\_\_\_

Date \_\_\_\_\_

**For Employer's Use Only**

Employer's name \_\_\_\_\_ Telephone no. \_\_\_\_\_ EIN ► \_\_\_\_\_

Street address \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

Person to contact, if different from above \_\_\_\_\_ Telephone no. \_\_\_\_\_

Street address \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under *Members of Targeted Groups* in the separate instructions), enter that group number (4 or 6) . . . . . ► \_\_\_\_\_

Date applicant:

Gave information \_\_\_\_\_ Was offered job \_\_\_\_\_ Was hired \_\_\_\_\_ Started job \_\_\_\_\_

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

**Employer's signature ►** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

**Privacy Act and Paperwork Reduction Act Notice**

*Section references are to the Internal Revenue Code.*

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping** . . . 6 hr., 27 min.
- Learning about the law or the form** . . . . . 24 min.
- Preparing and sending this form to the SWA** . . . . . 31 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can send us comments from [www.irs.gov/formspubs](http://www.irs.gov/formspubs). Click on "More Information" and then on "Give us feedback." Or you can send your comments to:

Internal Revenue Service  
Tax Forms and Publications  
1111 Constitution Ave. NW, IR-6526  
Washington, DC 20224

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.



A Public Service Agency

**EMPLOYER PULL NOTICE PROGRAM**

**AUTHORIZATION FOR  
RELEASE OF DRIVER RECORD INFORMATION**

I, \_\_\_\_\_, California Driver License Number, \_\_\_\_\_,  
hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving  
record, to my employer, PASO ROBLES TANK, INC  
COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at  
least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension,  
revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code  
(CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my  
driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT: CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE OF EMPLOYEE  
**X**

I, \_\_\_\_\_, of \_\_\_\_\_  
AUTHORIZED REPRESENTATIVE COMPANY NAME

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of  
this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am  
requesting driver record information on the above individual to verify the information as provided by said individual. This  
record is to be used by this employer in the normal course of business and as a legitimate business need to verify information  
relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any  
unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal  
Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five  
thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I  
understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to  
CVC Sections 1808.45 and 1808.46.

EXECUTED AT: CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE  
**X** \_\_\_\_\_  
CA

To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program  
you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website  
at [www.dmv.ca.gov/otherservices](http://www.dmv.ca.gov/otherservices), or by calling 916-657-6346.

**THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND  
MADE AVAILABLE UPON REQUEST TO DMV STAFF.**

**DO NOT RETURN THIS FORM TO DMV.**

# This Organization Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

**IMPORTANT:** If the Government cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact DHS and/or the SSA before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants and may not limit or influence the choice of documents you present for use on the Form I-9.

To determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo matching tool to match the photograph appearing on some permanent resident cards, employment authorization cards, and U.S. passports with the official U.S. government photograph. E-Verify also checks data from driver's licenses and identification cards issued by some states.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the employment eligibility verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at 800-255-7688, 800-237-2515 (TDD) or at [www.justice.gov/crt/osc](http://www.justice.gov/crt/osc).

## E-Verify Works for Everyone

For more information on E-Verify, please contact DHS:

**888-897-7781**

**[www.dhs.gov/E-Verify](http://www.dhs.gov/E-Verify)**

### **NOTICE:**

**Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.**



**E-VERIFY IS A SERVICE OF DHS AND SSA**

The E-Verify logo and mark are registered trademarks of Department of Homeland Security. Commercial sale of this poster is strictly prohibited.

# Esta organización participa en E-Verify



Este empleador proporcionará a la Administración del Seguro Social (SSA, por sus siglas en inglés) y, de ser necesario, al Departamento de Seguridad Nacional (DHS, por sus siglas en inglés) la información incluida en el Formulario I-9 de todo empleado nuevo con el propósito de confirmar su autorización de trabajo.

**IMPORTANTE:** Si el gobierno no puede confirmar que usted tiene autorización para trabajar, el empleador debe suministrarle las instrucciones por escrito y darle la oportunidad de ponerse en contacto con DHS o SSA antes de sancionarlo de cualquier forma o finalizar la relación laboral.

Los empleadores no pueden utilizar E-Verify para realizar preselecciones de solicitantes y no pueden limitar ni influenciar la selección de los documentos que usted presente para su inclusión en el Formulario I-9.

Para determinar si los documentos incluidos en el Formulario I-9 son válidos, este empleador utiliza la técnica de comparación fotográfica para comparar la fotografía que aparece en las Tarjetas de Residente Permanente, Tarjetas de Autorización de Empleo y pasaportes de los EE. UU. con la fotografía oficial del gobierno de los EE. UU. Asimismo, E-Verify verifica los datos incluidos en licencias de conducir y tarjetas de identificación emitidas por algunos estados.

Si considera que su empleador ha infringido sus responsabilidades en virtud de este programa o lo ha discriminado durante el proceso de verificación de la elegibilidad de empleo por su origen nacional o estatus de ciudadanía, comuníquese con la Oficina del Consejero Especial llamando al 800-255-7688, 800-237-2515 (para personas con impedimentos auditivos) o visitando [www.justice.gov/crt/osc](http://www.justice.gov/crt/osc).

## E-Verify funciona para todos

Para obtener más información sobre E-Verify, comuníquese con DHS al:

**888-897-7781**

**[www.dhs.gov/E-Verify](http://www.dhs.gov/E-Verify)**

### **AVISO:**

**La ley federal exige a todos los empleadores que verifiquen la identidad y la elegibilidad de empleo de todas las personas contratadas en los Estados Unidos.**



**E-VERIFY IS A SERVICE OF DHS AND SSA**

El logotipo y la marca de E-Verify son marcas registradas del Departamento de Seguridad Nacional. Queda estrictamente prohibida la venta comercial de este afiche.

# IF YOU HAVE THE RIGHT TO WORK, Don't let anyone take it away.



**If you have the legal right to work in the United States, there are laws to protect you against 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.

If any of these things have happened to you, contact the Office of Special Counsel (OSC).

For assistance in your own language:  
Phone: 1-800-255-7688 or  
(202) 616-5594  
For the hearing impaired:  
TTY 1-800-237-2515 or  
(202) 616-5525

E-mail: [oscrt@usdoj.gov](mailto:oscrt@usdoj.gov)

Or write to:

U.S. Department of Justice – CRT  
Office of Special Counsel – NYA  
950 Pennsylvania Ave., NW  
Washington, DC 20530

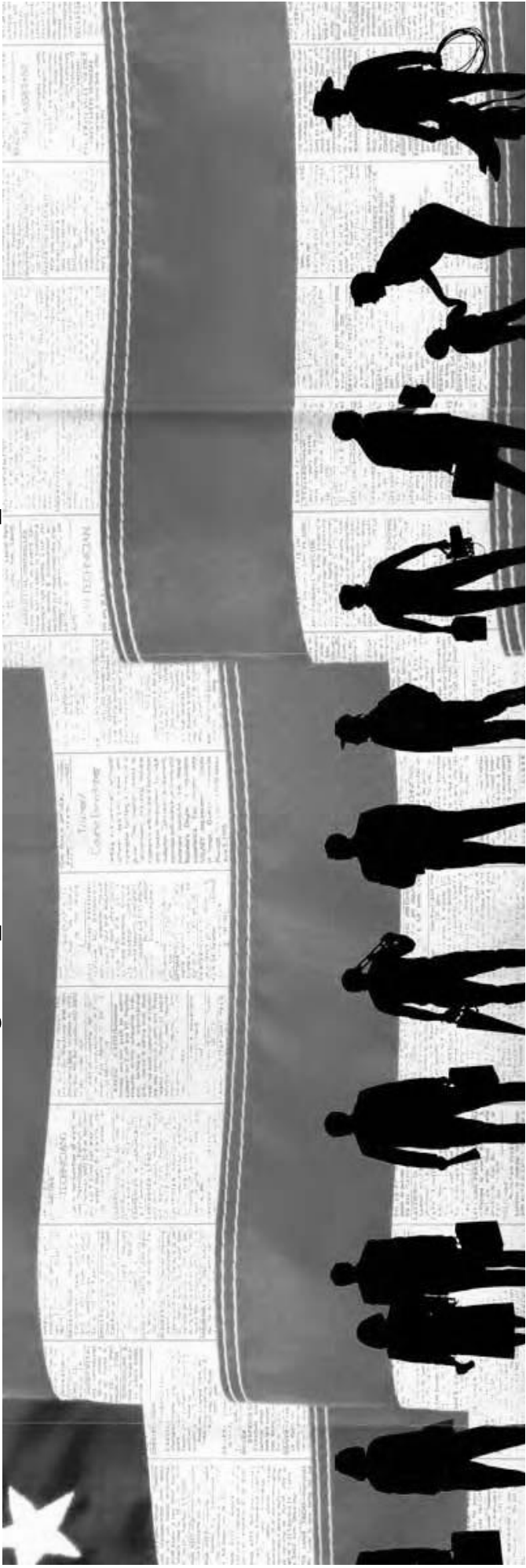
**U.S. Department of Justice  
Civil Rights Division**

**Office of Special Counsel for  
Immigration-Related Unfair  
Employment Practices**



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# SI USTED TIENE DERECHO A TRABAJAR, no deje que nadie se lo quite.



**Si usted tiene el derecho a trabajar legalmente en los Estados Unidos, 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 origen nacional o estatus migratorio o negarse a aceptar sus documentos válidos y legales.
- Los empleadores no pueden rechazar documentos porque tienen 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.

Si alguna de estas cosas le ha sucedido, contacte a la Oficina del Consejero Especial (OSC), por sus siglas en inglés).

Para ayuda en su propio idioma:

Teléfono:

1-800-255-7688 o  
202-616-5594

Para las personas con discapacidad auditiva:

TTY 1-800-237-2515 o  
202-616-5525

E-mail: [oscrtt@usdoj.gov](mailto:oscrtt@usdoj.gov)

O escriba a:

U.S. Department of Justice - CRT  
Office of Special Counsel- NYA  
950 Pennsylvania Avenue, NW  
Washington, DC 20530

**Departamento de Justicia de EE.UU.  
División de Derechos Civiles**

**Oficina del Consejero Especial Para  
Prácticas Injustas en el Empleo  
Relacionadas a Inmigración**



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