

**LEGAL ARIZONA WORKERS ACT
VOLUNTARY EMPLOYER ENHANCED COMPLIANCE PROGRAM**

EMPLOYER'S AFFIDAVIT AND AGREEMENT

STATE OF ARIZONA }
County of _____ } ss.

The undersigned, being first duly sworn upon oath, deposes and says as follows:

1. I am duly authorized to execute this affidavit and enter into this agreement by and on behalf of the following business entity (hereinafter referred to as "Employer") and I have personal knowledge of the facts stated herein:

Name of Employer: _____

Name of business (if different than above): _____

Employer is a (check one): Sole Proprietorship Corporation Partnership
 Other (explain) _____

Principal business location in Arizona:

Street Address

City Arizona Zip

My relationship to Employer is: Owner Director Officer (title): _____
 Employee (job title): _____
 Other (explain): _____

Please mail confirmation of enrollment in the Voluntary Employer Enhanced Compliance

Program to: _____
Street Address or Post Office Box

City Arizona Zip

2. Employer is not now on probation pursuant to a court order entered under Arizona Revised Statutes § 23-212 or § 23-212.01 for violation of the Legal Arizona Workers Act.

3. Employer hereby enrolls in the Voluntary Employer Enhanced Compliance Program described in Arizona Revised Statutes § 23-215 and hereby agrees to perform all of the following actions in good faith:

(a) Employer is and shall remain registered to use E-Verify system operated by the United States Department of Homeland Security and after hiring an employee, Employer shall verify the employment eligibility of the employee through the E-Verify system.

(b) Employer is and shall remain registered to use the Social Security Number Verification Service operated by the United States Social Security Administration and, as to every employee who is not verified through the E-Verify system, within thirty days after the date of this affidavit, Employer shall verify the accuracy of the employee's Social Security number through the Social Security Number Verification Service.

(c) In the event Employer receives a failed verification result from the Social Security Number Verification Service as to any employee, Employer shall notify the employee of the date on which Employer received the failed result and instruct the employee to resolve the discrepancy with the Social Security Administration within ninety days after the date of Employer's receipt of the failed result.

(d) Employer shall verify the accuracy of Social Security numbers and resolve any failed verification results in a consistent manner for all employees.

(e) If Employer receives a written request from the Arizona Attorney General's Office or from the office of any County Attorney stating the name of an employee for whom a complaint has been received under the Legal Arizona Workers Act, as amended, Arizona Revised

Statutes § 23-212 or § 23-212.01, Employer shall immediately provide to the Attorney General or County Attorney, as the case may be, all of the following documents relating to that employee: (i) documents indicating that the employee was verified through the E-Verify system; and/or (ii) documents indicating that the employee's Social Security number was verified through the Social Security Number Verification Service; and/or (iii) documents indicating that a failed result was received from the Social Security Number Verification Service and was not resolved within ninety days after the date on which Employer received the failed result, but Employer and the employee worked actively, consistently and in good faith toward resolving the failed result with the Social Security Administration.

4. Employer understands that if Employer does not fully comply with Arizona Revised Statutes § 23-215, the Attorney General may terminate Employer's enrollment in the Voluntary Employer Enhanced Compliance Program and further understands that, at any time, Employer may voluntarily withdraw from the Voluntary Employer Enhanced Compliance Program by notifying the Attorney General in writing.

Signature

Print Name

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 200__

Notary Public

My commission expires: