



Employment Application

Niceville Police Department

212 N. Partin Drive, Niceville FL 32578

850-729-4030

An Equal Opportunity Employer

All candidates must personally complete this employment application. Although you may be under consideration for a position by a law enforcement agency and may have completed their application package, you must still complete this and all Niceville Police Testing and Selection paperwork.

The submission of this employment application implies that you are authorizing the Niceville Police Department and/or the City of Niceville to contact and investigate any and all sources of information for the purpose of obtaining facts regarding your qualifications for the position being filled.

The information that you are required to provide must be true, accurate, complete and without omission of any kind. Failure to maintain these standards, for any reason, may result in your not being selected for the position, or other sanctions that may be indicated.

- Read all instructions carefully before you begin completing the questionnaire.
- Print all entries clearly in BLACK or BLUE ink only.
- Answer every question and do not leave any areas blank.
- If a question does not apply to you indicate with "N/A".
- If more space is needed than is available in the explanation section, use the Add-In Sheet that is provided at the end of the package which may be copied.
- Complete addresses are required, including city, state and zip codes.
- Complete telephone numbers are required including area codes.
- You may use common acceptable abbreviations such St., Ave., Sr. and Jr., etc.
- DO NOT SIGN ANY FORMS REQUIRING NOTORAZATION IN ADVANCE! All affirmations will be signed and executed in front of a Notary Public.
- All required documents are due at the time you submit your package.
- If you do not understand a question, do not try to answer it. Seek guidance from a Niceville PD Background Investigator by calling (850)729-4030.
- If you answer "Yes" to any question, then write the question number along with your explanation in the space provided or on the Add-In Sheet.
- You MUST be at least 19 years of age to apply.

Revised 2/27/2024



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Applicant Name: _____

Applicant	HR Initial	Date Completed	Documentation Required
			Niceville Police Department Application
			Birth Certificate
			High School Diploma or GED Equivalency
			College Diploma
			College Transcripts
			Additional Training Certificates (Optional)
			Armed Service Discharge (DD214) (discharge & separation code required)
			Certification of NO Military Service (if applicable)
			Naturalization Papers (If applicable)
			Valid Driver's License
			Social Security Card
			Florida Police Standards Certification
			Florida Police Standards Test Scores
			Authority for Release of Information (CJSTC 58)
			Consent to Drug Testing Form
			Advanced Law Enforcement Certifications (Optional)
			Advanced Law Enforcement Training Certificates (Optional)
			PAT (Physical Agility Test) Waiver (if applicable)



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Applicant Name: _____

ARB Initial	Date Completed	Applicant Review
		Application, Documentation Review
		Applicant Review Board Initial Interview
		Applicant Review Board (Optional)
		*CJSTC Form 58: Background Investigation Waiver Form
		*CJSTC Form 68: Affidavit of Applicant

BGI Initial	Date Completed	Background Investigation
		Final Background Report
		* CJSTC Form 77: Background Investigation Form
		Driver's License Check
		Driving History
		Criminal History
		Local Check (MNI, Data Share)
		Prior Employment(s)
		References Checks
		Home Check
		Vehicle Check
		Neighborhood Check
		Social Media Accounts
		Internet Check (dating websites, website memberships, etc)
		Voice Stress Analysis
		Fingerprints through FDLE/LiveScan

HB Initial	Date Completed	Hiring Board Review
		Hiring Board Applicant Review
		Hiring Board Final Interview (Optional)
		Hiring Board Applicant Determination

Chief Initial	Date Completed	Post Conditional Offer
		Chief's Applicant Review and Assessment
		Conditional Offer
		PAT (Physical Agility Test) (If applicable)
		Drug Screen
		Physical Examination
		Psych Examination
		Start Date:

HR: Human Resource

ARB: Applicant Review Board

BGI: Background Investigator

HB: Hiring Board



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Personal Information

(Last Name) (First Name) (Full Middle Name)

• Alias, Maiden, Nicknames, any other names used: _____

• Physical Street Address: _____

• City, State, Zip Code: _____

• Mailing Address (only if different): _____

• Phone: Cell: _____ Work: _____ Other: _____

• List ALL Email Accounts: _____

• List ALL Social Media Networking web page accounts (My Space, Facebook, etc.): _____

• Social Security #: _____

• Place of Birth: _____ Gender: _____

• Driver's License #: _____ State: _____

Expires: _____ Class: _____ Restrictions: _____

States where DL has been issued: _____

Other Names in which DL has been issued: _____

• Position(s) applied for: _____

• Date of Application: _____



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- Have you ever lied under oath or made a false affirmation? Yes No
- Have you ever been associated with any gang or organization that engages in violence in order to accomplish its objectives? Yes No
- Have you ever been associated with any group that advocates the overthrow of the Federal or State governments through the use of force? Yes No
- Have you ever failed or refused to cooperate in any official matter? Yes No

Household Information

List ALL adult persons other than your spouse and children (under the age of 18) who live with you at your current home address. Use Add-In Sheet if necessary.

1.	Name: Last, First, Middle	Relationship to You
	Complete Mailing Address	Complete Telephone Number
2.	Name: Last, First, Middle	Relationship to You
	Complete Mailing Address	Complete Telephone Number
3.	Name: Last, First, Middle	Relationship to You
	Complete Mailing Address	Complete Telephone Number
4.	Name: Last, First, Middle	Relationship to You
	Complete Mailing Address	Complete Telephone Number



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Divorce, Separation or Annulment

- Full Name of Ex-spouse: _____
- Address: _____
- Jurisdiction of Divorce (City, County, State): _____
- Case Number: _____ Date of Filing: _____ Date Final: _____

Child Support

- Do you have a Child Support obligation? Yes No
- Is your Child Support Current? N/A Yes No
- Have you ever been held in contempt of court? Yes No

Marital Explanation



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Residential History

- Beginning with the most recent and working backwards, list ALL residences you have had during the past ten (10) years. Include all foreign and military residence for all periods of time to produce an unbroken chain.
- Provide identifying information on ALL roommates that you have lived with for more than three (3) months.

1. From: _____ To: _____ Own Rent

Street Address Lot/Apt. Number

City County State Zip Code

Landlord Name Phone

Street Address Lot/Apt. Number

City County State Zip Code

Roommate? Yes No

Roommate's Name Phone

Current Street Address

City County State Zip Code



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2. From: _____ To: _____ Own Rent

Street Address Lot/Apt. Number

City County State Zip Code

Landlord Name Phone

Street Address Lot/Apt. Number

City County State Zip Code

Roommate? Yes No

Roommate's Name Phone

Current Street Address

City County State Zip Code



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4. From: _____ To: _____ Own Rent

Street Address Lot/Apt. Number

City County State Zip Code

Landlord Name Phone

Street Address Lot/Apt. Number

City County State Zip Code

Roommate? Yes No

Roommate's Name Phone

Current Street Address

City County State Zip Code



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5. From: _____ To: _____ Own Rent

Street Address Lot/Apt. Number

City County State Zip Code

Landlord Name Phone

Street Address Lot/Apt. Number

City County State Zip Code

Roommate? Yes No

Roommate's Name Phone

Current Street Address

City County State Zip Code



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Other Law Enforcement Agency Applications

Have you ever applied for a job with a federal, state or local law enforcement agency?

Yes

No

- If yes, list every agency you have applied with starting with the most recent. Provide complete addresses.
- All agencies must be listed regardless of the outcome or current status.

1.

Agency Name Date of Application

Complete Agency Address Position Applied For

Background Investigator's Name Phone Number

Your Application Status

2.

Agency Name Date of Application

Complete Agency Address Position Applied For

Background Investigator's Name Phone Number

Your Application Status



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3. _____

Agency Name	Date of Application
Complete Agency Address	Position Applied For
Background Investigator's Name	Phone Number

Your Application Status

4. _____

Agency Name	Date of Application
Complete Agency Address	Position Applied For
Background Investigator's Name	Phone Number

Your Application Status

5. _____

Agency Name	Date of Application
Complete Agency Address	Position Applied For
Background Investigator's Name	Phone Number

Your Application Status



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Criminal History

For the purposes of criminal justice employment, an arrest or conviction, sealed or expunged in any jurisdiction, may not be denied under Florida law. You must provide court documents and law enforcement reports when responding "YES" to any question that involves the police, the courts, or the prosecutor's office. If documents are not available, provide an explanation the situation and why not available on an add-in sheet. Dates Must be added to the explanations.

1. In your lifetime, have you ever been arrested, received a notice to appear, been charged, convicted, pled nolo contendere or guilty to any criminal violation, regardless of whether the record was sealed or expunged?
Yes No
2. In your lifetime, have you ever had a criminal prosecution plea bargain, nolo prosequi, prosecution deferred or charges dropped?
Yes No
3. In your lifetime, have you ever served community service, pretrial diversion or probation in lieu of a criminal conviction?
Yes No
4. Do you have any criminal wants, warrants or court processes of any other type pending?
Yes No
5. In your lifetime, has a law enforcement agency ever been called to any activity in which you were present, involved or a participant?
Yes No
6. In your lifetime, have you ever been involved in or present during any incident that involved the use of any item as a weapon including but not limited to a firearm, knife, bat, rock or bottle?
Yes No



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7. Are you currently living with or associated with any individual who has a history of criminal behavior and/or arrests?

Yes No

If YES, provide the following information:

7a. _____
 Name Relationship

Criminal Activity	Dates	City/State of Occurrence
-------------------	-------	--------------------------

7b. _____
 Name Relationship

Criminal Activity	Dates	City/State of Occurrence
-------------------	-------	--------------------------

8. In your lifetime, have you ever been the subject of a field interview by a police officer? A field interview occurs when you are stopped for some reason and are interrogated to determine why and what you are doing.

Yes No

9. In your lifetime, have you ever been interviewed or interrogated by a law enforcement officer as a suspect in an investigation of any type?

Yes No

10. In your lifetime, have you ever been arrested for, charged with or convicted of Battery or Domestic Violence?

Yes No

11. In your lifetime, have you ever physically abused another person?

Yes No

12. In your lifetime, have you ever taken a polygraph examination or a computer voice stress analysis?

Yes No



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Substance Use

1. Have you possessed and/or used any illegal or controlled substances within the past three years?

Yes No

2. Have you possessed and/or used marijuana within the past year?

Yes No

2a. If YES, how many times have you possessed/used marijuana within the past year?

3. Have you knowingly possessed and/or used any illegal or controlled substances other than marijuana within the past three years?

Yes No

4. In your lifetime, have you ever sold or delivered what you knew or believed to be any illegal or controlled substances?

Yes No

5. Have you possessed and/or used any steroids or performance-enhancing drugs other than by prescription from a licensed physician within the past three years?

Yes No

6. Have you used a prescription medication which was not prescribed to you within the past three years?

Yes No

If YES, Medications Taken: _____ Last Time Used: _____

7. On average, how many alcoholic beverages do you consume in a week? _____



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Substance Use Explanation

In the space provided, please explain all substance use in your lifetime. List all dates, times and drug types used. Make sure to document how many times of each substance used, if any. Also list any other drug activity that would be pertinent to this background investigation.

Civil History

1. Do you have any type of civil process or litigation pending at this time?

Yes	No
-----	----

2. In your lifetime, have you ever been involved in a civil litigation or court process of any type, either as a plaintiff, respondent or witness?

Yes	No
-----	----

3. In your lifetime, have you ever owned a business?

Yes	No
-----	----

4. In your lifetime, have you ever had your wages garnished?

Yes	No
-----	----

5. Are your income and/or Employment Taxes current with all state authorities and the Internal Revenue Service?

Yes	No
-----	----

Civil History Explanation



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Driving History

1. Within the past seven years, have you been refused a driver's license in any state?
Yes No
2. Within the past seven years, has your license been suspended or revoked in any state?
Yes No
3. Have you ever received a traffic citation?
Yes No
4. Do you have any outstanding parking or other traffic citations?
Yes No
5. In your lifetime, has your vehicle insurance ever been withdrawn, suspended or revoked or have you been refused vehicle insurance for any reason?
Yes No
6. In your lifetime, have you ever failed to pay a traffic citation?
Yes No
7. In your lifetime, have you ever operated a motor vehicle or a boat while under the influence of alcohol or controlled/illegal substances?
Yes No
8. Have you been arrested and convicted for DUI within the last three years?
Yes No
9. In your lifetime, have you ever been arrested and convicted for DUI?
Yes No

Citation History

Date	Location (City, County, State)	Violation	Disposition



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Employment History

- Beginning with your most recent or current employment, list all jobs you have had for the last ten (10) years. Provide details for any unemployed time periods.
- List ALL work whether military, paid or volunteer.
- Explain the reasons for any separation from employment, including any firing, termination, retirement, voluntary or involuntary separation, extended leave or leave of absence from any paid or non-paid position.
- Note: For Criminal Justice employers (Law Enforcement, Corrections or Probation) you must provide the name of the Agency Head and your Immediate Supervisor.
- If you have ever been disciplined, counseled or the subject of a complaint while employed, provide an explanation in the Employment Explanation Section.

1. From: _____ To: _____ Part Time Full Time

Employer Job Title Phone

Street Address City/County/State Zip Code

Duties Supervisor Name

Reason for Leaving

Were you ever disciplined, counseled, or the subject of a complaint, officially or unofficially while employed? Yes No



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2. From: _____ To: _____ Part Time Full Time

Employer Job Title Phone

Street Address City/County/State Zip Code

Duties Supervisor Name

Reason for Leaving

Were you ever disciplined, counseled, or the subject of a complaint, officially or unofficially while employed? Yes No

3. From: _____ To: _____ Part Time Full Time

Employer Job Title Phone

Street Address City/County/State Zip Code

Duties Supervisor Name

Reason for Leaving

Were you ever disciplined, counseled, or the subject of a complaint, officially or unofficially while employed? Yes No



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4. From: _____ To: _____ Part Time Full Time

Employer Job Title Phone

Street Address City/County/State Zip Code

Duties Supervisor Name

Reason for Leaving

Were you ever disciplined, counseled, or the subject of a complaint, officially or unofficially while employed? Yes No

5. From: _____ To: _____ Part Time Full Time

Employer Job Title Phone

Street Address City/County/State Zip Code

Duties Supervisor Name

Reason for Leaving

Were you ever disciplined, counseled, or the subject of a complaint, officially or unofficially while employed? Yes No



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Military Service History

- In the section the term “Armed Forces” refers to ANY military organization of ANY nation including by limited to: Air Force, Army, Navy, Marines, Coast Guard, Reserves or National Guard, etc.
- If you answer “NO” to question #1, skip to #7 or the next applicable section.

1. Have you ever served in the Armed Forces of any nation? Yes No
 1a. If so, for whom, where and in what branch of the Armed Forces did you serve?

2. Are you on active duty or stand-by at this time? Yes No

3. Were you ever tried, punished, reprimanded, the subject of a Non-Judicial Punishment, Article 15, Code of Military Justice, Captain’s Mast, Court Martial, counseled, fined or reduced in rank for an infraction of any rule, regulation, order procedure or violation of law, no matter what type or style or jurisdiction, while in the Armed Forces? Yes No

4. If you have served in the Armed Forces, have you ever received a discharge for other than an *Honorable Discharge*? Yes No

5. Has your separation or discharge ever been amended or changed? Yes No

6. Have you ever served in the Armed Forces of another country? Yes No

7. Are you registered with the Selective Service System? Yes No

7a. If so, the date and location of your registration: _____

7b. Selective Service Number: _____

Military Explanation



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Personal References

- Candidates are required to provide three (3) personal references.
- List individuals you have known for at least three (3) years.
- Do not list relatives, neighbors or former employers.

1. _____

Name	Years Known	
Home Address		
Home/Cell Phone		
Occupation	Work Address	Work Phone

2. _____

Name	Years Known	
Home Address		
Home/Cell Phone		
Occupation	Work Address	Work Phone

3. _____

Name	Years Known	
Home Address		
Home/Cell Phone		
Occupation	Work Address	Work Phone



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Background Affirmation

**State of Florida
City of Niceville**

I, _____, do hereby swear or affirm that all the information I have provided in this Applicant Background Questionnaire is true, correct and complete.

Furthermore, I swear or affirm that it contains no omissions, misrepresentations, inaccuracies, mistruths or errors of any kind.

I understand that to make a False Affirmation is a violation of Florida Statute 837.012 and could subject me to criminal prosecution. I also recognize that any False Affirmation made by me is a violation of the Florida Administrative Code, Rule 11B-27 and could place me in violation of the Moral Character requirement for future certification as a law enforcement officer in the State of Florida.

Furthermore, I understand and agree that any omission, inaccuracy, mistruth, misrepresentation or incomplete information provided by me may result in my immediate suspension from further processing and not being selected for the employment position being sought.

I agree to hold harmless the Chief of Police, the entire staff of the Niceville Police Department and the City of Niceville from any liability for any torts or claims arising out of the course of my background screening with the Niceville Police Department.

Signature of Applicant

Printed Name

The foregoing instrument was acknowledged before
me this _____ day of _____,
by _____
who is personally known to me, or had presented _____ as identification.

Signature of Notary



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Military Service

I, _____, do solemnly swear or affirm, I have never served in the armed forces of the United States of America.

Signature

Social Security Number

Date

State of Florida
Okaloosa County

Sworn to and subscribed to before me this _____ day of _____, _____ .

Notary Public

My Commission Expires: _____

Physcial Presence



Florida Department of
Law Enforcement

AUTHORITY FOR RELEASE

OF INFORMATION

(Background Investigation Waiver)

Incorporated by Reference in Rule 11B-27.0022(2)(a), F.A.C



CJSTC
58

To: Concerned Person or Authorized Representative of Any Organization, Institution or Repository of Records
APPLICANT'S NAME: _____
DATE OF BIRTH: _____

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____

AGENCY REQUESTING BACKGROUND INFORMATION: Niceville Police Department

ADDRESS: 212 N. Partin Drive, Niceville, Florida, 32578

Having made application for certification or employment as a law enforcement, correctional, or correctional probation officer within the state of Florida, I hereby authorize for one year, from the date of execution hereof, any authorized representative of a Florida criminal justice agency or a Regional Criminal Justice Selection Center bearing this release to obtain any information pertaining to my employment, credit history, education, residence, academic achievement, personal information, work performance, background investigations, polygraph examinations, any and all internal affairs investigations or disciplinary records, including any files that are deemed to be confidential and/or sealed.

I also authorize release of any criminal justice records of arrests, citations, detentions, probation and parole records, or any police reports or other police records in which I may be named for any reason, including any files that are deemed to be juvenile and confidential. I hereby direct you to release this information upon the request of the bearer, whether in person or by correspondence. I further authorize the bearer to make copies of these records.

This release is executed with the full knowledge and understanding that these records and information are for the official use of a Florida criminal justice agency or Regional Criminal Justice Selection Center in fulfilling official responsibilities, which may include sharing the records or information with other criminal justice agencies, Regional Criminal Justice Selection Centers or the State of Florida or release to third parties as may be required by Florida public records laws. I hereby release you, as the custodian of such records, and employer, educational institution, physician, hospital or other repository of medical records, credit bureau or consumer reporting agency, including its officers, employees, and related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. A copy of this form will be as effective as the original.

I hereby authorize the National Records Center, St. Louis, Missouri, or other custodian of my military record to release information or copies from my military personnel and related medical records, including a copy of my DD 214, Report of Separation, or other official documents from the United States Military denoting discharge status or current active military status to: The Niceville Police Department or any agents acting on behalf of the Niceville Police Department.

Section 768.095, F.S., titled Employer Immunity from Liability; disclosure of information regarding former or current employees states: An employer who discloses information about a former or current employee to a prospective employer of the former or current employee upon request of the prospective employer or of the former or current employee, is immune from civil liability for such disclosure of its consequences, unless it is shown by clear and convincing evidence that the information disclosed by the former or current employer was knowingly false or violated any civil right of the former or current employee protected under chapter 760, Florida Statutes. **Pursuant to Sections 943.134(2)(a) and (4), F.S., Chapter 2001-94, Laws of Florida, disclosure of information is required unless contrary to state or federal law. Civil penalties may be available for refusal to disclose non-privileged legally obtainable information.**

Applicant's Signature _____ Date _____

Applicant's Address _____

OATH

Pursuant to Section 117.05(13) (a), Florida Statutes

STATE OF Florida COUNTY OF Okaloosa

Sworn to (or affirmed) and subscribed before me this _____

day of _____, year _____, By _____

Signature of Notary Public – State of Florida _____

Print, Type, or Stamp Commissioned name of Notary Public _____

Personally Known OR Produced Identification

Type of Identification Produced _____



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



If you have a legal right to work, you are free to protect it on the workplace.

You should know that -
No employer can deny you a job or fire you on the basis of your national origin.

Unless mandated by law, employers cannot require you to be a U.S. Citizen or to sign any legally acceptable document.

If any of your things have been changed, you may have a valid charge of discrimination. Contact the EEOC for more information on your new language.

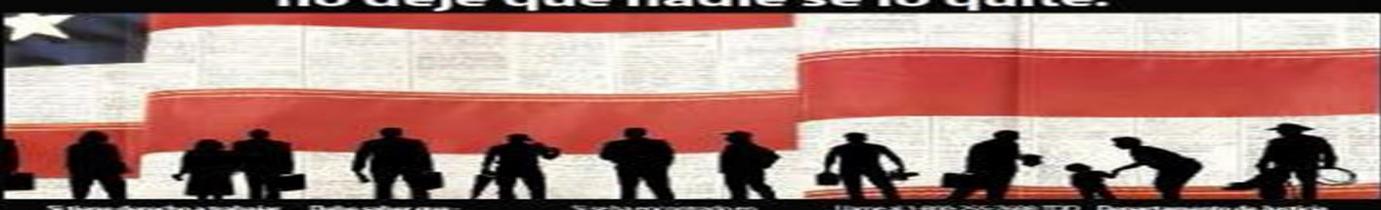
Call 1-800-255-7688 TDD for the hearing impaired or 1-800-237-2515.

In the Washington, D.C. Office: 202-616-0244 TDD 202-616-0225

U.S. Department of Justice
Office of Special Counsel for
Immigration-Related Unlawful
Employment Practices



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



Si usted tiene un derecho legal de trabajar, usted es libre de protegerlo en el lugar de trabajo.

Usted debe saber que -
Ningún empleador puede denegarle un empleo o despedirlo basándose en su origen nacional.

En la mayoría de los Estados, los empleadores no pueden exigirle que sea ciudadano de los Estados Unidos o que firme ningún documento legalmente aceptable.

Si cualquiera de sus cosas ha sido cambiada, usted puede tener una carga válida de discriminación. Contacte a la Oficina Federal de Empleo para obtener más información en español.

Llámenos al 1-800-255-7688 TDD para el oído con discapacidad o al 1-800-237-2515 para el oído normal.

En la Oficina de Washington, D.C.: 202-616-0244 TDD 202-616-0225

U.S. Department of Justice
Office of Special Counsel for
Immigration-Related Unlawful
Employment Practices



This Employer Participates in E-Verify



The employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from your Form I-9 to confirm your authorization.

IMPORTANT: If the Government cannot verify that you are authorized to work, the employer is required to provide you written instructions and an opportunity to correct your Form I-9 and, if DHS letters indicate, written notice against you, including terminating your employment.

Employers may not use E-Verify to provision job applicants or to re-verify current employees and may not base or influence the choice of documents presented for use on the Form I-9.

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

In order to determine whether Form I-9 documentation is valid, the employer uses E-Verify phone screening tool to match the photograph appearing on your permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services (USCIS) photograph.

If you believe that your employer has violated its responsibilities under the program or has discriminated against you, during the verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD) 1-800-237-2515.

Employment Verification  

For more information on E-Verify, please contact DHS at 1-888-464-4218



Este Empleador Participa en E-Verify



Este empleador le proporcionará a la Administración de Seguros de Seguro Social (SSA) y, si es necesario, al Departamento de Seguridad Nacional (DHS), información de su formulario I-9 para confirmar su autorización de trabajo.

AVISO:
La Ley Federal le obliga a verificar las identificaciones y elegibilidad de empleo de todos los solicitantes y empleados. Sus trabajos no son Excepciones Quiróticas.

IMPORTANTE: Si el gobierno no puede verificar su identidad o estatus migratorio, el empleador está obligado a proporcionarle instrucciones escritas y una oportunidad de corregir su formulario I-9 y, si el DHS indica, emitirle una notificación de terminación de su empleo.

Los empleadores no pueden utilizar E-Verify con el propósito de evaluar una prospectiva de contratación, ni aceptar o rechazar nuevas contrataciones de los solicitantes autorizados, y no deben verificar o influir en la selección de los documentos que sean presentados por el solicitante en el formulario I-9.

Si cree que el empleador ha violado sus responsabilidades bajo esta programación, o si cree que el empleador ha discriminado por motivos de origen nacional o ciudadanía, por favor llame al Consejo de Asesoría Especial del Departamento de Justicia al 1-800-255-7688 (TDD) 1-800-237-2515.

Employment Verification  

Para mayor información sobre E-Verify, llame por favor al número de teléfono 1-888-464-4218

