

Proof of Registration and Participation in E-Verify Program

[A.R.S. §§ 23-211 & 23-214]

Dear Quality First Participant:

An employer must provide proof to First Things First that it is registered with and is participating in the E-Verify program before receiving a grant. For the purposes of this requirement, an employer means:

any individual or type of organization that transacts business in this state, that has a license issued by an agency in this state and that employs one or more employees in this state. Employer includes this state, any political subdivision of this state and self-employed persons. In the case of an independent contractor, employer means the independent contractor and does not mean the person or organization that uses the contract labor.

Please check the appropriate box for each statement:

☐ Yes ☐ No I employ one or more employees in the State of Arizona other than myself as described above.

☐ Yes ☐ No I transact business in the State of Arizona.

☐ Yes ☐ No I have a license or certification issued by an Arizona state agency, county, city or town that is required by law and was issued for the purpose of operating a business in Arizona.

If any one of the above answers is "No," then you are not an employer for the purposes of this requirement. If you are not an employer, please sign and return this form to your Quality First coach.

If all three answers above are "Yes," proof of E-Verify registration and participation is required before you are able to access Quality First Incentives and/or Quality First Scholarships. If First Things First determines an employer is not complying with the requirement to be registered with and to participate in the E-Verify program, the employer must repay all grant monies received. If you answered "Yes" to all three statements, please sign and return this form along with documentation of E-Verify registration and participation to your Quality First coach.

I declare under penalty of perjury that the foregoing declaration is true and correct.

_____ Applicant Name	_____ (Authorized) Signature	_____ Date
_____ Participant ID #	_____ Site Name	
_____ Street Address	_____ City	_____ Zip