

ILLINOIS DEPARTMENT OF LABOR

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For Office Use Only
Date Received:
File #:
Reviewed by:

E-Verify Employer Attestation Form

1.		has receive	ed the E-Verify training materials from
		(insert Company or Business Name)	
	the I	Department of Homeland Security (DHS) and all E	mployer personnel administering the E-
	Veri	fy System have completed the Computer Based Tu	torial (CBT);
2.	Emp	loyer has posted in a prominent place that is clearly	y visible to prospective employees:
	i)	the notice from DHS indicating that Employer	is enrolled in E-Verify; and
	ii)	the anti-discrimination notice issued by	the Office of Special Counsel for
		Immigration-Related Unfair Employment Pra	actices (OSC), Civil Rights Division,
		U.S. Department of Justice.	
		U.S. Department of Justice.	
Signature o	of Employ	U.S. Department of Justice. er or Authorized Representative	Date
Print Name	e of Signa	er or Authorized Representative	
Print Name	e of Signa of Signato	er or Authorized Representative tory:	
Print Name Print Title of Employer N	e of Signa of Signato Name:	er or Authorized Representative tory: pry:	
Print Name	e of Signa of Signato Name:	er or Authorized Representative tory: ory:	

Pursuant to Section 12(b) of the Right to Privacy in the Workplace Act, 820 ILCS 55, as amended, **effective January 1, 2008**