

COMMONWEALTH OF PENNSYLVANIA

PUBLIC WORKS EMPLOYMENT VERIFICATION FORM

	Date			
Business or Organization Name (Employer)				
Address			_	
City	State	Zip Code		
Contractor Subcontractor (check one)				
Contracting Public Body				
Contract/Project No				
Project Description				
Project Location				
As a contractor/subcontractor for the above refere date, our company is in compliance with the Public V of the federal E-Verify Program (EVP) operated by the of my/our knowledge, all employees hired post a	Works Employmen e United States De	nt Verification Act ('the Act') thro partment of Homeland Securi	ough utilization ty. To the best	
It is also agreed to that all public works contrac			-	
employment eligibility of each new hire within five duration of the public works contract. Documentation	_		_	
be maintained in the event of an investigation or a	· ·	se of the rederal EVF upon each	i ilew illi e silali	
I,, authorized repre	esentative of the	company above, attest that t	t h e	
information contained in this verification form is tr				
misleading information in connection with the ab	ove verification s	shall be subject to sanctions pr	rovided by law.	