

Employer's Application for E-Verify Program Access

Authorize Research Etc., Inc. as Designated Agent

Company Name: _____

FEIN Number: _____

Contact Name: _____

Address: _____

Telephone: _____ **Fax:** _____

Email: _____

Number of Employees: _____ **Number of Hiring Sites:** _____

By signing below, I authorize Research Etc., Inc. to be our Designated Agent and to register as such with the *E-Verify Program*. I understand that the records obtained on our newly hired employees will be used for the sole purpose of determining employment eligibility, and that the records obtained may not be released to third parties.

Printed Name: _____

Signature: _____

Date: _____

Instructions: This form may be submitted by Clicking the **Email** Button -or -
Print Form and fax to 480-367-0119 or mail to the address below.

Research Etc., Inc.
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