

# This Organization Participates in E-Verify

# Esta Organización Participa en E-Verify



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

## E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Please sign below stating you acknowledge, if you are hired, you are subject to E-verify per the attached notices.

Signature:

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Date:

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

## E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

## 888-897-7781

[dhs.gov/e-verify](https://dhs.gov/e-verify)



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# IF YOU HAVE THE RIGHT TO WORK



## DON'T LET ANYONE TAKE IT AWAY

If you have the skills, experience, and legal right to work, your citizenship or immigration status shouldn't get in the way. Neither should the place you were born or another aspect of your national origin. A part of U.S. immigration laws protects legally-authorized workers from discrimination based on their citizenship status and national origin. You can read this law at [8 U.S.C. § 1324b.](#)

The [Immigrant and Employee Rights Section \(IER\)](#) may be able to help if an employer treats you unfairly in violation of this law.

The law that IER enforces is 8 U.S.C. § 1324b. The regulations for this law are at 28 C.F.R. Part 44.

Call IER if an employer:

Does not hire you or fires you because of your national origin or citizenship status (this may violate a part of the law at 8 U.S.C. § 1324b(a)(1))

Treats you unfairly while checking your right to work in the U.S., including while completing the [Form I-9](#) or using [E-Verify](#) (this may violate the law at 8 U.S.C. § 1324b(a)(1) or (a)(6))

Retaliates against you because you are speaking up for your right to work as protected by this law (the law prohibits retaliation at 8 U.S.C. § 1324b(a)(5))

The law can be complicated. Call IER to get more information on protections from discrimination based on citizenship status and national origin.

**Immigrant and Employee Rights Section (IER)**

**1-800-255-7688**

**TTY 1-800-237-2515**

[www.justice.gov/ier](http://www.justice.gov/ier)

[IER@usdoj.gov](mailto:IER@usdoj.gov)



U.S. Department of Justice, Civil Rights Division, Immigrant and Employee Rights Section, January 2019

*This guidance document is not intended to be a final agency action, has no legally binding effect, and has no force or effect of law. The document may be rescinded or modified at the Department's discretion, in accordance with applicable laws. The Department's guidance documents, including this guidance, do not establish legally enforceable responsibilities beyond what is required by the terms of the applicable statutes, regulations, or binding judicial precedent. For more information, see "Memorandum for All Components: Prohibition of Improper Guidance Documents," from Attorney General Jefferson B. Sessions III, November 16, 2017.*



# SI USTED TIENE DERECHO A TRABAJAR



## NO DEJE QUE NADIE SE LO QUITTE

**S**i usted dispone de las capacidades, experiencia y derecho legal a trabajar, su estatus migratorio o de ciudadanía no debe representar un obstáculo, ni tampoco lo debe ser el lugar en que usted nació o ningún otro aspecto de su nacionalidad de origen. Existe una parte de las leyes migratorias de los EE. UU. que protegen a los trabajadores que cuentan con la debida autorización legal para trabajar de la discriminación por motivos de su estatus de ciudadanía o nacionalidad de origen. Puede consultar esta ley contenida en la [Sección 1324b del Título 8 del Código de los EE. UU.](#)

**Es posible que la [Sección de Derechos de Inmigrantes y Empleados \(IER, por sus siglas en inglés\)](#) pueda ayudar si un empleador lo trata de una forma injusta, en contra de esta ley.**

La ley que hace cumplir la IER es la Sección 1324b del Título 8 del Código de los EE. UU. Los reglamentos de dicha ley se encuentran en la Parte 44 del Título 28 del Código de Reglamentos Federales.

*Este documento de orientación no tiene como propósito ser una decisión definitiva por parte de la agencia, no tiene ningún efecto jurídicamente vinculante y puede ser rescindido o modificado a la discreción del Departamento, conforme a las leyes aplicables. Los documentos de orientación del Departamento, entre ellos este documento de orientación, no establecen responsabilidades jurídicamente vinculantes más allá de lo que se requiere en los términos de las leyes aplicables, los reglamentos o los precedentes jurídicamente vinculantes. Para más información, véase «Memorándum para Todos Los Componentes: La Prohibición contra Documentos de Orientación Impropias», del Fiscal General Jefferson B. Sessions III, 16 de noviembre del 2017.*

Llame a la IER si un empleador:

No lo contrata o lo despide a causa de su nacionalidad de origen o estatus de ciudadanía (esto podría representar una vulneración de parte de la ley contenida en la Sección 1324b(a)(1) del Título 8 del Código de los EE. UU.)

Lo trata de una manera injusta a la forma de comprobar su derecho a trabajar en los EE. UU., incluyendo al completar el [Formulario I-9](#) o utilizar [E-Verify](#) (esto podría representar una vulneración de la ley contenida en la Sección 1324b(a)(1) o (a)(6) del Título 8 del Código de los EE. UU.)

Toma represalias en su contra por haber defendido su derecho a trabajar al amparo de esta ley (la ley prohíbe las represalias, según se indica en la Sección 1324b(a)(5) del Título 8 del Código de los EE. UU.)

Esta ley puede ser complicada. Llame a la IER para más información sobre las protecciones existentes contra la discriminación por motivos del estatus de ciudadanía o la nacionalidad de origen.

### Sección de Derechos de Inmigrantes y Empleados (IER)

1-800-255-7688

TTY 1-800-237-2515

[www.justice.gov/crt-espanol/ier](http://www.justice.gov/crt-espanol/ier)

[IER@usdoj.gov](mailto:IER@usdoj.gov)



Departamento de Justicia de los EE. UU., División de Derechos Civiles, Sección de Derechos de Inmigrantes y Empleados, enero del 2019





# Application for Employment

JB Turner and Sons Roofing & Sheet Metal is an Equal Opportunity Employer. We do not discriminate on the basis of race, religion, color, sex, gender identity, sexual orientation, age, non-disqualifying physical or mental disability, national origin, veteran status or any other basis covered by appropriate law. All employment is decided on the basis of qualifications, merit, and business need.

Personal information			
Name		Social security number	
Address	City	State	Zip
Phone number	Email address		
Are you 18 years or older?	Have you ever been employed with us before?		
Are you prevented from lawfully becoming employed in this country because of visa or immigration status?			

Position desired		
Position you are applying for	Available start date	Desired salary
Employment desired	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time <input type="checkbox"/> Seasonal/Temporary
If referred by a current employee, please list their name		

Education				
Type	Name and location of school	No. of years attended	Did you graduate?	Subjects studied
High School				
College				
Trade, Business or Correspondence School				

Professional licenses/certifications <small>Please provide your licenses/certifications if applicable</small>			
Type	Expiration date	Type	Expiration date
Certa training		Forklift training	
NCCCO crane operator		Aerial lift operator	
OSHA 10		OSHA 30	
CPR training		First aid training	
Other		Other	

Employment history			
Employer	Address	Position	Ending salary
Dates employed	Phone number	May we contact this employer	
Reason for leaving			

Employer	Address	Position	Ending salary
Dates employed	Phone number	May we contact this employer	
Reason for leaving			

Employer	Address	Position	Ending salary
Dates employed	Phone number	May we contact this employer	
Reason for leaving			

Employer	Address	Position	Ending salary
Dates employed	Phone number	May we contact this employer	
Reason for leaving			

References			
Name	Company	Title	Phone number

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated without cause and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in wrong and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Date	Signature
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## Applicant self-identification form

Please complete this form to assist us with government record keeping, reporting, and other legal requirements. The data is for analysis and affirmative action purposes. **Submission of information is voluntary and refusal to provide it will not subject you to any adverse treatment.** The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement.

What is your gender?

- Male    Female    Other    I prefer not to answer

Race/Ethnic Group (Please check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Hispanic/Latino                     | A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.   |
| <input type="checkbox"/> American Indian or Alaskan Native   | A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.   |
| <input type="checkbox"/> Asian                               | A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand & Vietnam. |
| <input type="checkbox"/> Black or African American           | A person having origins in any of the black racial groups of Africa.   |
| <input type="checkbox"/> Native Hawaiian or Pacific Islander | A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.   |
| <input type="checkbox"/> White or Caucasian                  | A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.  |
| <input type="checkbox"/> I prefer not to answer              |  |

Referral Source

- Newspaper    Bill board    Online add    Current employee    Other

Employer use only

Employee ID: \_\_\_\_\_

## Voluntary Self-Identification of Veteran Status

### Why are you being asked to complete this form?

1. This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:
  - A "disabled veteran" is one of the following:
    - A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
    - A person who was discharged or released from active duty because of a service-connected disability.
  - A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
  - An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
  - An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

2. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE

I AM NOT A PROTECTED VETERAN

I DON'T WISH TO ANSWER

3. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.
4. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

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Your Name

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Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 05/31/2023

Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
(if applicable)

Date: \_\_\_\_\_

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

### Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability  
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

### For Employer Use Only

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_





**Pre-Employment Drug Screening Consent Form**

I understand that all applicants who have received an "offer to hire" from J.B. Turner and Sons Roofing and Sheet Metal, ("**Company**"), **are required, as a condition of employment, to take a drug screening test.**

I consent freely and voluntarily to the Company's request for a urine or other specimen or sample for the purpose of determining the presence of drugs or other controlled substances, and I authorize all licensed laboratories, their physicians and technicians to do so. Further, I understand and agree that the results of those tests may be given to a Medical Review Officer (MRO) and/or a Company designee for review.

I understand that either failure to submit a specimen or sample, or if analysis reveals the presence of drugs or other controlled substances, the "offer to hire" is immediately and wholly revoked and I will be disqualified from any further employment consideration, **(OR FOR A PERIOD OF NO LESS THAN 30 DAYS).**

I hold harmless the Company, its officers, agents, employees, shareholders, directors and volunteers as well as the testing agency from any claims I may have against any or all of them arising out of the drug screening test and its use to determine whether I may be employed by the Company.

I have read this form in full and understand the above statements and that the "offer to hire" is contingent upon the conditions set forth herein.

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date: \_\_\_\_\_