Austin Traffic Signal Construction Co., LLC

P.O. Box 130
Round Rock, Texas 78680-0130

Tel: (512) 255-9951
Fax: (512) 255-0146

WHEN DID YOU OBTAIN YOUR CDL LICENSE: _____

APPLICATION FOR EMPLOYMENT - CDL

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY PRIOR TO SIGNING THIS APPLICATION

I, _____, hereby apply for employment with Austin Traffic Signal Construction Co., LLC (hereinafter referred to as ATSCC). I specifically verify that all the information provided in this APPLICATION FOR EMPLOYMENT is true, complete, and correct.

I understand and agree that the omission or misrepresentation of any fact in the APPLICATION FOR EMPLOYMENT will be sufficient reason for ATSCC, to deny me employment. I also understand and agree that should I become employed by ATSCC and it is later discovered I have omitted or misrepresented any fact in this APPLICATION FOR EMPLOYMENT, in any supplement thereto, or any other corporate record, ATSCC may immediately terminate my employment upon discovery of such omission or misrepresentation.

I understand that Austin Traffic Signal Construction Co., LLC is an "at will" employer. No part of this application for employment creates a contract of
employment. "At will" means Austin Traffic Signal or Austin Traffic Signal Construction Co., LLC employees can terminate employment at any time, with or without cause or advanced notice as long as it does not violate any applicable federal or state law.

Austin Traffic Signal Construction Co., LLC is an Equal Employment Opportunity employer. All prospective employees will receive consideration without regard to race, creed, age, gender, national origin, color, disability, or veteran status.

I will abide by the safety rules of this company. If injured, I authorize my employer to use best judgment for treatment unless I instruct otherwise.

I understand that any job offers are contingent upon my ability to legally work in the United States, successfully pass a post offer drug screen and physical. I consent to the release of the test results to ATSCC for its use.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

I understand that information I provide regarding current and /or previous employers may be used, and those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand I have the right to:

- Review information provided by previous employers.
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

Applicant's Signature _____ Date_____

THIS APPLICATION EXPIRES 30 DAYS FROM THIS DATE

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PROSPECTIVE EMPLOYEES WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL, DISABILITY OR VETERAN STATUS

Date of Application: _____

* _____

Last Name First Middle

* _____

Street Address Home Phone ( )

* _____

City State Zip Cell Phone ( )

Have you ever applied for employment with us?

(Circle One) **Yes** **No** If Yes: Month and Year

_____

Have you ever worked for ATS?

(Circle One) **Yes** **No** Position Desired

_____

Are you available for full-time work? **(Circle One)** **Yes** **No**

Only U.S. Citizens or Aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment provide genuine documentation establishing your identity and eligibility to be legally employed in the United States?
(Circle One) **Yes** **No**

Have you ever been convicted of a crime, felony or misdemeanor, other than a minor traffic violation? (Circle One) Yes No
If your answer is "Yes", explain in detail on a separate sheet of paper. Please give dates and nature of the offense. (Any false Statement regarding a felony or misdemeanor conviction will be an automatic bar from employment.)

_____

Do you have any family members or relatives who work for ATS? **(Circle One)** **Yes** **No**

Do you have a bank account for Direct Deposit? (Circle One) Yes No

Address For
Past Three Yrs: _____ How Long? _____
(Street) (City) (State & Zip Code)

_____ How Long? _____
(Street) (City) (State & Zip Code)

_____ How Long? _____
(Street) (City) (State & Zip Code

SKILLS AND TRAINING

Check Skills or Special Training you have –

__ Backhoe __ Crane __ other special training or skills _____
__ Bucket Truck __ Other __ Concrete Saw
__ Electrical License __ Welder __ Languages spoken other than English_____

How did you hear about ATS? (Check One)

Walk in _____ Referral _____ Craigslist _____ Texas Workforce Commission _____ Other _____

EDUCATION

	Name/Location	Course of Study	Years Completed	Graduate Y or N	Degree or Diploma
COLLEGE					
HIGH					
OTHER					

APPLICATION for a DOT SAFETY-SENSITIVE POSITION AS A CDL DRIVER

Date of Birth: _____ Social Security: _____

A. Have you registered with FMCSA Drug & Alcohol Clearinghouse (effective Jan 6, 2020)?

Yes___ No___ (If no, registration with the Clearinghouse is required for employment in a DOT safety sensitive position with ATS.)

B. Does ATS have permission to run a pre-employment query through the FMCSA Clearinghouse?

Yes ___ No___ (You must go into your Clearinghouse Portal and give consent.)

C. If you received your Class A or B after February 7, 2022, please provide a copy of your ELDT certificate.

Yes ____ No_____ N/A_____

D. Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes _____ No _____

E. Has any license, permit or privilege ever been suspended or revoked?

Yes _____ No _____

F. Have you ever tested positive, or refused to test, on any pre-employment drug test administered by an employer to which you applied for, but did not obtain, safety sensitive transportation work covered by DOT agency drug testing rules during the past two years?

Yes____ No ____

G. If you answered yes can you provide/obtain proof that you successfully completed the DOT return-to-duty requirements?

Yes _____ No ____

List All Traffic Fines and Forfeitures For The Past 3 Years

Location	Date	Charge	Penalty

Last Accident _____
Date Nature (Roll over, Rear End, etc.) Fatalities Injuries

Next Previous _____
Date Nature (Roll over, Rear End, etc.) Fatalities Injuries

Next Previous _____
Date Nature (Roll over, Rear End, etc.) Fatalities Injuries

Driving Experience

	Class of Equipment	Type of Equipment	Dates: From / To	Miles Driven
Straight Truck				
Tractor Semi-Trailer				
Tractor 2 Trailer Combo				
Other				

EMPLOYER HISTORY

(Note: DOT requires that employment and/or commercial driving experience for the past 10 years be shown.)

Can we contact your previous employers? ________ Yes ________No

EMPLOYER	DATE
NAME: ___	FROM TO
ADDRESS: ___	MO.__YR.__ MO.__YR__
CITY: ___ STATE: ___	POSITION HELD
CONTACT PERSON: ___ PHONE #: ___	SALARY/WAGE
Fax Number:	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED? YES__ NO __	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION, IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REGUIREMENTS OF 49 CFR PART 40? YES____NO___	

EMPLOYER	DATE
NAME: ___	FROM TO
ADDRESS: ___	MO.__YR.__ MO.__YR__
CITY: ___ STATE: ___	POSITION HELD
CONTACT PERSON: ___ PHONE #: ___	SALARY/WAGE
Fax Number:	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED? YES__ NO __	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION, IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REGUIREMENTS OF 49 CFR PART 40? YES____NO___	

EMPLOYER	DATE
NAME: ___	FROM TO
ADDRESS: ___	MO.__YR.__ MO.__YR__
CITY: ___ STATE: ___	POSITION HELD
CONTACT PERSON: ___ PHONE #: ___	SALARY/WAGE
Fax Number:	REASON FOR LEAVING
WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED? YES__ NO __	
WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION, IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REGUIREMENTS OF 49 CFR PART 40? YES____NO___	

EMPLOYER

NAME:

ADDRESS:

CITY: STATE:

CONTACT PERSON: PHONE #:

Fax Number:

WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED? YES__ NO __

DATE

FROM TO

MO.__YR.__ MO.__YR.__

POSITION HELD

SALARY/WAGE

REASON FOR LEAVING

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION, IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REGUIREMENTS OF 49 CFR PART 40? YES____NO____

EMPLOYER

NAME:

ADDRESS:

CITY: STATE:

CONTACT PERSON: PHONE #:

Fax Number:

WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED? YES__ NO __

DATE

FROM TO

MO.__YR.__ MO.__YR.__

POSITION HELD

SALARY/WAGE

REASON FOR LEAVING

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION, IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REGUIREMENTS OF 49 CFR PART 40? YES____NO____

EMPLOYER

NAME:

ADDRESS:

CITY: STATE:

CONTACT PERSON: PHONE #:

Fax Number:

WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED? YES__ NO __

DATE

FROM TO

MO.__YR.__ MO.__YR.__

POSITION HELD

SALARY/WAGE

REASON FOR LEAVING

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION, IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REGUIREMENTS OF 49 CFR PART 40? YES____NO____

EMPLOYER

NAME:

ADDRESS:

CITY: STATE:

CONTACT PERSON: PHONE #:

Fax Number:

WERE YOU SUBJECT TO THE FMCSR'S WHILE EMPLOYED? YES__ NO __

DATE

FROM TO

MO.__YR.__ MO.__YR.__

POSITION HELD

SALARY/WAGE

REASON FOR LEAVING

WAS YOUR JOB DESIGNATED AS A SAFETY-SENSITIVE FUNCTION, IN ANY DOT-REGULATED MODE SUBJECT TO THE DRUG AND ALCOHOL TESTING REGUIREMENTS OF 49 CFR PART 40? YES____NO____

TO BE READ AND SIGNED BY THE APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release former employers, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand I have the right to:

- Review information provided by previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

If you wish to review previous employer-provided investigative information, you must submit a written request to the Company, no later than 30 days after being employed or being notified of denial of employment. The Company will provide the requested investigative information to you within five (5) business days of receiving this written request, or five (5) business days of receipt of the requested information from the previous employer, whichever is later.

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

Date: _____ Applicant's Signature: _____

FOR COMPANY USE

APPLICANT HIRED _____ **REJECTED** _____

DATE EMPLOYED _____ **DATE OF TERMINATION** _____

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General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, _____,(print name) hereby provide consent to Austin Traffic Signal Construction Co., LLC to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse herein after referred to as Clearinghouse, (www.clearinghouse.fmcsa.dot.gov.) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. This consent shall remain in force throughout my employment with Austin Traffic Signal Construction Co., LLC.

I understand that if the limited query conducted by Austin Traffic Signal Construction Co., LLC indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Austin Traffic Signal Construction Co., LLC without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Austin Traffic Signal Construction Co., LLC to conduct a limited query of the Clearinghouse, Austin Traffic Signal Construction Co., LLC must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

_____ _____

Employee Signature Date

Austin Traffic Signal Construction Co., LLC

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Employment Record Data

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a confidential file and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANYDATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

(Please Print)

Date: _____

Government agencies at times require periodic reports on the sex, ethnicity, disability, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action Program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

* _____
Name

* _____
Address

* _____
City State Zip

* _____
Social Security Number

* _____
Current Job

_____
Check One

_____ Male _____ Female

Ethnic Origin (Check One)

_____ White ____ Hispanic _____ American Indian/Alaskan Native
_____ Black ____ Other _____ Asian/Pacific Islander

* _____
Birthdate

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DISCLOSURE FOR BACKGROUND CHECK

Austin Traffic Signal Construction Co., LLC (the "Company") will procure a consumer report and/or investigative consumer report on you in connection with your application for employment, volunteer service, or a contracted position, including promotion or retention as an employee, volunteer or independent contractor, as applicable.

Austin Traffic Signal Construction Co., LLC utilizes the following vendors to provide reports on all applicants:

Sterling Infosystems, Inc. 19910 North Creek Parkway, Suite 200, Bothell, WA 98011. 877-982-9888;
On Site Services 8711 Burnet Road Suite A-6, Austin, TX 78757. 512-407-8111.
iiX, a Verisk Analytics Business 545 Washington Blvd., Jersey City, NJ 07310 800-683-8553 Option 7, support@iix.com; and,
Federal Motor Carrier Safety Administration CDL Drug & Alcohol Clearinghouse
www.clearinghouse.fmcsa.dot.gov.

Further information regarding Sterling Talent Solutions, including its privacy policy, may be found online at www.SterlingTalentSolutions.com.

These reports may contain information bearing on your character, general reputation, personal characteristics, mode of living and/or credit standing. The information that may be included in your report include: social security number trace, authorization to work checks, criminal records checks, civil record checks, financial information and credit checks (Experian U.S. Credit), federal record checks, public court records checks, driving records checks, drug and alcohol testing/violations, physical tests, educational records checks, employment history verification, references checks, sanction, licensing and certification checks.

The information contained in the report will be obtained from private and/or public record sources, including sources identified by you in your job application or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report from the Company.

AUTHORIZATION

I have carefully read and understand the separate background check disclosure document and the below authorization form. I have received a copy of the "Summary of Your Rights Under the Fair Credit Reporting Act" and any applicable state or local notices of rights provided with these documents. I have had the opportunity to review my rights. By my signature below, I consent to the preparation of background reports by Sterling Talent Solutions, On Site Services, FMCSA CDL Drug and Alcohol Clearinghouse and iiX, a Verisk Analytics and to the release of such reports to the Company and its designated representatives for the purpose of assisting the Company in making a determination as to my eligibility for employment, promotion, retention, contract assignment or for other lawful purposes.

I understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed to the Company by me before or during my employment or contract assignment, if any, may be utilized for the purpose of obtaining such consumer reports and/or investigative consumer reports about me. I understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal/state/local), motor vehicle record agencies, my past or present employers, the military, and other individuals or sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature (including electronic) below, I certify the information provided on and in connection with this form is true, accurate, and complete. I agree that this form in original, faxed, photocopied or electronic form will be valid for any background reports that may be requested by or on behalf of the Company.

First Name: _____

Full Middle Name: _____

Last Name: _____

Social Security Number: _____

Date of Birth _____

Address: _____
Street Address

_____
City, State, Zip

Signature: _____ **Date:** _____

DRIVER LICENSE INFORMATION

Driver License Number_____ **State** _____

Date of Expiration_____ **Class of License** _____

Endorsements _____ **Restrictions** _____

Do you have an email? **(Circle One)** **Yes** **No**

Email: _____

A SUMMARY OF YOUR RIGHTS
UNDER THE FAIR CREDIT REPORTING ACT

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

• **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

• **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

• **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

• **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

• **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually

within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

• **Consumer reporting agencies may not report outdated negative information.** In most cases, a Consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

• **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or

other business. The FCRA specifies those with a valid need for access.

• **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more nformation, go to www.consumerfinance.gov/learnmore.

• **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

• **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates.	a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act	b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street

	Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, SE Washington, DC 20590
4. Creditors Subject to Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street S.W. Washington, DC 20423
5. Creditors Subject to Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F St NE Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357

IF YOU HAVE THE RIGHT TO WORK

Don't let anyone take it away.

There are laws to protect you from discrimination in the workplace.

You should know that…

In most cases, employers cannot deny you a job or fire you because of your national origin or citizenship status or refuse to accept your legally acceptable documents.

Employers cannot reject documents because they have a future expiration date.

Employers cannot terminate you because of E-Verify without giving you an opportunity to resolve the problem.

In most cases, employers cannot require you to be a U.S. citizen or a lawful permanent resident.

Contact IER

For assistance in your own language
Phone: 1-800-255-7688
TTY: 1-800-237-2515

Email us
IER@usdoj.gov

Or write to
U.S. Department of Justice – CRT
Immigrant and Employee Rights – NYA
950 Pennsylvania Ave., NW
Washington, DC 20530

If any of these things happen to you, contact the Immigrant and Employee Rights Section (IER).

DEPARTMENT OF JUSTICE
IMMIGRANT & EMPLOYEE RIGHTS SECTION
CIVIL RIGHTS DIVISION

Immigrant and Employee Rights Section

U.S. Department of Justice, Civil Rights Division www.justice.gov/ier

SI USTED TIENE DERECHO A TRABAJAR

No deje que nadie se lo quite.

Existen leyes que lo protegen contra la discriminación en el trabajo.

Usted debe saber que…

En la mayoría de los casos, los empleadores no pueden negarle un empleo o despedirlo debido a su nacionalidad de origen o estatus de ciudadanía, ni tampoco negarse a aceptar sus documentos válidos y legales.

Los empleadores no pueden rechazar documentos porque tengan una fecha de vencimiento futura.

Los empleadores no pueden despedirlo debido a E-Verify sin darle una oportunidad de resolver el problema

En la mayoría de los casos, los empleadores no pueden exigir que usted sea ciudadano estadounidense o residente legal permanente.

Comuníquese con la IER

Para ayuda en su propio idioma:
Teléfono: 1-800-255-7688
TTY: 1-800-237-2515

Mándenos un correo:
IER@usdoj.gov

O escríbanos a:
U.S. Department of Justice – CRT
Immigrant and Employee Rights – NYA
950 Pennsylvania Ave., NW
Washington, DC 20530

Si alguna de estas cosas le ha sucedido, comuníquese con la Sección de Derechos de Inmigrantes y Empleados (IER, por sus siglas en inglés)

DEPARTAMENTO DE JUSTICIA DE LOS EE. UU.
SECCIÓN DE DERECHOS DE INMIGRANTES Y EMPLEADOS
DIVISIÓN DE DERECHOS CIVILES

Sección de Derechos de Inmigrantes y Empleados
Departamento de Justica de los EE. UU., División de Derechos Civiles

www.justice.gov/ier
www.justice.gov/crt-about/espanol/ier