



## DEPARTMENT OF ECONOMIC SECURITY

*Your Partner For A Stronger Arizona*

Janice K. Brewer  
Governor

Clarence H. Carter  
Director

### FINAL NOTICE TO EMPLOYER OF REFERRED WORKER

Job Order Number:

Employer Number:

Employer Address:

### ATTENTION EMPLOYER

On \_\_\_\_\_, we referred the individual noted below to your referenced job order. All state workforce agencies must verify the employment eligibility of any worker referred to an employer in response to a potential H-2B job order. Arizona uses E-Verify for this verification process. We have now received final notification from the federal government that this individual is NOT AUTHORIZED to work in the United States.

The following individual is NOT AUTHORIZED to work and the referral that you previously received is no longer valid:

\_\_\_\_\_  
Name (Last, First, M.I.)

\_\_\_\_\_  
Date Referred

I certify that this notice is a direct result of the final non-confirmation that has been received from E-Verify concerning verification of the identity and employment eligibility of the individual referred and I have determined that, to the best of my knowledge the individual is not authorized to work in the United States.

Staff Name:

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

Employment Service Office:

Date of Notification:

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office manager; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.