

**ICE MUTUAL AGREEMENT BETWEEN GOVERNMENT AND EMPLOYERS (IMAGE)
SELF-ASSESSMENT QUESTIONNAIRE**

OMB No. 1653-0048
Expiration 12/31/2013

Instructions: Please complete all items on the application. Once completed, please return the application and any attachments via e-mail or hard copy delivery to the U.S. Immigration and Customs Enforcement (ICE) IMAGE Coordinator who originally contacted you. No personal information about individual employees should be included in the application or any attachments. Questions regarding the application or the IMAGE Program can be submitted to IMAGE@dhs.gov. (If more space is needed, use the Continuation Page.)

A. Company Information			
1. Legally Registered Company Name / DBA			
2. Company Address (<i>Street Address, Suite Number, City, State, and Zip Code</i>)			
3. Mailing Address (<i>Street Address, Suite Number, City, State, Zip Code, and P.O. Box, if applicable</i>)			
4. Federal Employer Identification Number (EIN)		5. Company Website	
6. Federal Contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No	7. North American Industry Classification System (NAICS) Code	8. Business Structure <i>(If not on the list, please type it in.)</i>	9. Number of Employees
10. Secretary of State ID Number	11. Where are you registered?		12. Are you a subsidiary? <input type="checkbox"/> Yes <input type="checkbox"/> No
13. If yes, identify your parent company.		14. Where is your parent company located? <i>(if not on the list, please type it in.)</i> Country	
15. Does your company own any subsidiaries? If yes, list below.			
Company Name		EIN	
1.			
2.			
3.			
4.			
16. Are you profit or non-profit? <input type="checkbox"/> Profit <input type="checkbox"/> Non-Profit		17. Does your company handle hazardous materials? <input type="checkbox"/> Yes <input type="checkbox"/> No	

18. Would your subsidiaries like to be considered for IMAGE membership? If no, explain. Yes No
(A separate application must be provided for each subsidiary.)

B. E-Verify and Social Security Number Verification Service (SSNVS) Participation

1. E-Verify Participant? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. E-Verify Identification Number	3. Date Enrolled
4. SSNVS Participant? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. SSNVS User ID Number	6. Date Enrolled

C. Self-Assessment Questionnaire (SAQ) *(Attach additional sheets, if necessary.)*

1. Have your Forms I-9 ever been inspected by a federal or state entity? If yes, explain. Yes No

2. Has your company ever been administratively fined for violation of Section 274A of the Immigration and Nationality Act (INA)? If yes, provide a detailed explanation and a copy of the Final Order (Form I-764). Yes No

3a. Has your company ever been served a Warning Notice (Form I-846) for violation of Section 274A of the INA? Yes No

3b. Has your company ever been served a Notice of Suspect Documents letter issued by ICE or the former INS? Yes No

3c. Has your company ever been served a Notice of Unauthorized Aliens letter issued by ICE or the former INS? Yes No

3d. Has your company ever been served a Notice of Technical and Procedural Failures letter issued by ICE or the former INS? Yes No

3e. Has your company ever been served a Notice of Discrepancies letter issued by ICE or the former INS? Yes No

4. Has your company ever been the subject of an enforcement action resulting in the arrest of unauthorized workers? If yes, explain. Yes No

5. Has your company ever been investigated and/or fined by the U.S. Department of Labor (DOL) or any state labor authority? If yes, explain. Yes No

6. Has your company ever been investigated by ICE, the Department of Justice Office of Special Counsel (DOJ/OSC), or any other law enforcement agency for criminal or administrative violations related to your hiring practices or has a complaint ever been filed by a federal agency against your company or representative? If yes, please explain the allegation(s) and final resolution. Yes No

7. Does your company have a written hiring policy? Yes No

8. Does your company have a written anti-discrimination policy? Yes No

9. Does your company have an internal training program on the hiring process? If yes, describe your training program. Yes No

10. When in the hiring process does your company introduce and complete Form I-9 for new employees?	
11. Are you using the current version of Form I-9 for all new hires?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Does your company provide the list of acceptable Form I-9 documents to the employee in writing? If no, describe how your company informs the employee of acceptable Form I-9 documents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Does your company photocopy documents presented to satisfy the Form I-9 requirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. If you make photocopies, does your company make copies for all new hires?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. If you make copies, are those copies attached to and made a part of Form I-9?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. How do you retain your Forms I-9? <i>(Choose one from the list.)</i>	
17. Are your Forms I-9 kept separate from other employee documents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. If provided notice, would your Forms I-9 be available for inspection within 3 business days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. What is your company's procedure for tracking those Forms I-9 requiring employment reverification?	
20. Does your company conduct internal audits of your Forms I-9?	<input type="checkbox"/> Yes <input type="checkbox"/> No

21. Does your company have a review process for suspected fraudulent documents or instances of suspected identity theft? If yes, describe the process. Yes No

22. Does your company have an established policy that encourages employees to report suspected unauthorized aliens or other criminal activity within the workforce? If yes, describe your internal reporting mechanism and the procedure for resolving those reports. Yes No

23. What is your company's policy for resolving Social Security Number discrepancies identified by a federal or state government agency?

24. Describe all Form I-9 and/or counterfeit document detection training your company has received in the past 3 years.

25. Describe any E-Verify training that your company has received.

26. If you are an E-Verify participant, have you posted a notice informing employees of your participation? Yes No

27. If you are an E-Verify participant, have you posted the DOJ/OSC anti-discrimination notice? Yes No

28. Does your company utilize contractors? Yes No

29. Does your company review the hiring practices of your contractors? If yes, describe the review process. Yes No

30. How did you hear about IMAGE? *(If your answer is not on the list, please type it in.)*

Please provide any additional information that you think would be beneficial to ICE in evaluating your application for IMAGE membership:

D. Attachments

Provide copies of the following documents as attachments to this application (if applicable):
(Check box if document is attached.)

- Organizational chart and related department descriptions
- List of all locations with employees, including the number of employees at each location; if hiring is conducted at that location; and whether Forms I-9 are retained at that location
- List of all employees with Form I-9 certification authority
- Current employee application packet(s)
- Articles of incorporation
- Hiring policy
- Anti-discrimination policy
- E-Verify summary report
- SSNVS results page
- Company profile
- DOJ/OSC complaints
- Social Security Administration (SSA) Employee Correction Requests (no-match letters) for the past 3 years
- Final Order issued by ICE or the former INS for violation of Section 274A of the INA
- List of contract company(s) used and a brief description of services provided by contractor(s)
- Internal Form I-9 audit reports

E. Contact Information (Business Information Only)

1. Primary Point of Contact (POC) (Name and Title)

2. Primary POC's Address (Street Address, Suite Number, City, State, and Zip Code)

3. Primary POC's Telephone

ext.

4. Primary POC's Facsimile

5. Primary POC's E-Mail

6. Alternate POC (Name and Title)

7. Alternate POC's Address (Street Address, Suite Number, City, State, and Zip Code)

8. Alternate POC's Telephone

ext.

9. Alternate POC's Facsimile

10. Alternate POC's E-Mail

Name and title of individual completing the application

Business Phone Number

Date Completed

END OF IMAGE SELF-ASSESSMENT QUESTIONNAIRE

Member ID Number

Continuation Page

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Privacy Act Statement

Authority: 8 U.S.C. § 1324(a)

Purpose: This information will be used to (1) determine an employer's suitability to participate in the IMAGE program, and (2) develop training, employment policies, and other employment-related materials to assist employers in complying with immigration laws.

Routine Uses: The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using this information as necessary and authorized by the routine uses published in the DHS/ALL-002 Mailing and Other Lists Systems of Records (73 FR 71659, November 25, 2008).

Disclosure: The disclosure of information on this form is voluntary; however, failure to furnish the requested information may delay or prevent employers from participating in the IMAGE program.

Public Reporting Burden. U.S. Immigration and Customs Enforcement is collecting this information as a part of its agency mission under the Department of Homeland Security. The estimated average time to review the instructions, search existing data sources, gather and maintain the data needed, and completing and reviewing this collection of information is 90 minutes (1.5 hours) per response. An agency may not conduct or sponsor, and a person is not required to respond to, an information collection unless it displays a currently valid Office of Management and Budget Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to:

Office of the Chief Financial Officer/OAA/Records Management Branch
U.S. Immigration and Customs Enforcement
500 12th Street, S.W., STOP 5705, Washington, D.C. 20536-5705
(Do not mail your completed application to this address.)