

**DRAFT**

Department of Homeland Security  
U.S. Immigration and Customs Enforcement

**DRAFT**

**IMAGE MEMBERSHIP APPLICATION**

OMB No. 1653-NEW  
Expires XX/XX/XXXX

**Form 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 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.

**A. Company Information**

1. Legally Registered Company Name / DBA

2. Company Address (Street Address, Suite Number, City, State & Zip Code)

3. Mailing Address (Street Address, Suite Number, City, State & Zip Code and P. O. Box if applicable)

4. Federal Employer Identification Number (EIN)

5. Company Website

6. Federal Contractor?  
 Yes  No

7. North American Industry Classification System (NAICS) Code

8. Business Structure  
(if not on list, please type it in)

9. Number of Employees

10. Secretary of State ID Number

11. Where are you registered?

12. Are you a subsidiary?  
 Yes  No

13. If yes, identify your parent company

14. Where is your parent company located?  
(if not on list, please type it in)  
Country

15. Does your company own any subsidiaries? If yes, list below  Yes  No

	Company Name	EIN
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>

16. Are you profit or non-profit?  
 Profit  Non-Profit

17. Does your company handle hazardous materials?  
 Yes  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 Notification Verification Service (SSNVS) Participation**

1. E-Verify Participant? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. E-Verify Identification Number <input style="width: 95%;" type="text"/>	3. Date Enrolled <input style="width: 95%;" type="text"/>
4. SSNVS Participant? <input type="checkbox"/> Yes <input type="checkbox"/> No	5. SSNVS User ID Number <input style="width: 95%;" type="text"/>	6. Date Enrolled <input style="width: 95%;" type="text"/>

**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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3b. Has your company ever been served a Notice of Suspect Documents letter issued by ICE or the INS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3c. Has your company ever been served a Notice of Unauthorized Aliens letter issued by ICE or the INS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3d. Has your company ever been served a Notice of Technical and Procedural Failures letter issued by ICE or the INS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3e. Has your company ever been served a Notice of Discrepancies letter issued by ICE or the INS?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

6. Has your company ever been investigated by ICE, 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?  Yes  No  
If yes, please explain the allegation (s) and final resolution.

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 the Form I-9?

11. Are you using the current version of the Form I-9 for all new hires?

Yes  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?

Yes  No

13. Does your company photocopy documents presented to satisfy the Form I-9 requirement?

Yes  No

14. If you make photocopies, does your company make copies for all new hires?

Yes  No

15. If you make copies, are those copies attached to and made a part of the Form I-9?

Yes  No

16. How do you retain your Forms I-9? *(choose one from the list)*

17. Are your Forms I-9 kept separate from other employee documents?

Yes  No

18. If provided notice, would your Forms I-9 available for inspection within three business days?

Yes  No

19. What is your company's procedure for tracking those Forms I-9 requiring employment re-verification?

20. Does your company conduct internal audits of your Forms I-9?

Yes  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 SSA Employee or Employer Correction Requests ?

24. Describe all Form I-9 and/or counterfeit document detection training your company has received in the past three 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 answer is not on list, please type it in)*

**Please provide any additional information that you feel 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 attached)

- Organizational chart & related department descriptions
- List of all locations with employees, to include: 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
- Social Security Number Verification Service (SSNVS) results page
- Company profile
- U.S. Department of Justice, Office of Special Counsel (DOJ/OSC) complaints
- Social Security Administration (SSA) Employee Correction Requests (no-match letters) for the past three years
- Final Order issued by Immigration and Customs Enforcement (ICE) or the Immigration and Naturalization Service (INS) for violation of Section 274A of the Immigration and Nationality Act (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 Address (Street Address, Suite Number, City, State and Zip Code)

3. Primary POC Telephone

 ext. 

4. Primary POC Facsimile

5. Primary POC E-Mail

6. Alternate POC (Name and Title)

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

8. Alternate POC Telephone

 ext. 

9. Alternate POC Facsimile

10. Alternate POC E-Mail

Name and title of individual completing application

Business Phone Number

Date Completed

**END OF IMAGE SELF-ASSESSMENT QUESTIONNAIRE**

Member ID Number

**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 OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

Department of Homeland Security  
U.S. Immigration and Customs Enforcement  
500 12<sup>th</sup> Street, S.W., Room 3138, Washington, D.C. 20536  
**(Do not mail your completed application to this address.)**