



EARLY LEARNING COALITION
OF POLK COUNTY

Heart of Education

E-Verify System Attestation Eligibility Pursuant to Florida Statute 448.095

By signing this form, I acknowledge that:

1. I am enrolled and actively using the E-Verify system.
2. I do not employ, contract with, or subcontract with any person who is an “unauthorized alien” as that term is defined in 8 U.S.C. 1324a (h)(3).*

Signature _____

Date _____

| Your Information | | |
|------------------|-------------------|------------------|
| Company Name: | | |
| Company Address: | | |
| Email: | | Phone: |
| Title: | Print First Name: | Print Last Name: |