

**DRAFT**Department of Homeland Security  
U.S. Immigration and Customs Enforcement**DRAFT****IMAGE MEMBERSHIP APPLICATION****A. Company Information**

1. Legally Registered Company Name / DBA

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

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

4. Federal Employer Identification Number (EIN)

5. Company Website

6. Federal Contractor?

☐ Yes ☐ No7. 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.<br><i>(A separate application must be provided for each subsidiary)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|   |  |

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

|  |   |  |
|--|---|--|
| 1. E-Verify Participant?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No | 2. E-Verify Identification Number<br><br><div style="border: 1px solid black; height: 20px;"></div> | 3. Date Enrolled<br><br><div style="border: 1px solid black; height: 20px;"></div> |
| 4. SSNVS Participant?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No    | 5. SSNVS User ID Number<br><br><div style="border: 1px solid black; height: 20px;"></div>           | 6. Date Enrolled<br><br><div style="border: 1px solid black; height: 20px;"></div> |

**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.   | <input type="checkbox"/> Yes <input type="checkbox"/> 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). | <input type="checkbox"/> Yes <input type="checkbox"/> 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?<br>If yes, explain.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <div></div>   |  |
| 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.  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <div></div>   |  |
| 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? If yes, please explain the allegation (s) and final resolution. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <div></div>   |  |
| 7. Does your company have a written hiring policy?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Does your company have a written anti-discrimination policy?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Does your company have an internal training program on the hiring process? If yes, describe your training program.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <div></div>   |  |

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**