



E-VERIFY AFFIDAVIT

The undersigned, being duly sworn upon his/her oath, does state as follows:

1. S/He has personal knowledge of the facts set forth in this Affidavit.
2. That _____ (Business Name) does not knowingly employ any unauthorized aliens, as such terms are defined by Indiana Code §22-5-1.7-9.
3. This Affidavit is made for the purpose of complying with the requirements of Indiana Code §22-5-1.7, *et seq.*

Further Affiant sayeth not.

I affirm, under the penalties for perjury, that the foregoing representations are true to the best of my knowledge and belief.

Authorized Signature	Printed/Typed Name
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Title	Date
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State of _____

County of _____

On this ____ day of _____, 20____, before me, the undersigned officer, personally appeared _____, known to me to be the person described in the foregoing Affidavit, and acknowledged that s/he executed the same in the capacity therein stated and for the purposed therein contained.

In witness thereof, I hereunto set my hand and official seal.

My Commission Expires: _____

(SEAL)

Notary Public