

AFFIDAVIT OF WORK AUTHORIZATION

Comes now _____ as _____ first being duly
(NAME) (OFFICE HELD)

sworn on my oath, affirm _____ is enrolled and will continue to
(CONTRACTOR NAME)

participate in a federal work authorization program in respect to employees that will work in connection with the City of St. Louis FY 2016 SLAAA Elder Services program that begins on July 1, 2015, for the duration of the contract, if awarded in accordance with RSMo Chapter 285.530 (2). I also affirm that _____ does not and will not knowingly
(CONTRACTOR NAME)

employ a person who is an unauthorized alien in connection with said contract

In Affirmation thereof, the facts stated above are true and correct (The undersigned understands that false statements made in this filing are subject to the penalties provided under Sec 575.040, RSMo).

Agency State

Authorized Signature Date

Title

Subscribed and sworn to before me this _____ of _____.
(DAY) (MONTH, YEAR)

I am commissioned as a notary public within the County of _____, State of
(NAME OF COUNTY)

_____, and my commission expires on _____.
(NAME OF STATE) (DATE)

Signature of Notary Date