

EXHIBIT A
AFFIDAVIT OF WORK AUTHORIZATION

Comes now _____ as _____ first being duly
(NAME) (OFFICE HELD)
sworn on my oath, affirm _____ is enrolled and will continue to
(COMPANY NAME)
participate in a federal work authorization program in respect to employees that will
work in connection with the contracted services related to _____ for the duration
(BID NUMBER/SERVICE)
of the contract, if awarded in accordance with RSMo Chapter 285.530(2). I also affirm
that _____ does not and will not knowingly employ a person who is an
(COMPANY NAME)
unauthorized alien in connection with the contracted services related to _____
_____ for the duration of the contract, if awarded.
(BID NUMBER/SERVICE)

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 Section 575.040, RSMo).

Signature (person with authority)

Printed Name

Title

Date

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