



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee.

Section 1. Employee Information and Attestation
Last Name (Family Name): Maria Garcia
First Name (Given Name): Sanchez
Middle Initial:
Other Names Used (if any): Hernandez
Address (Street Number and Name): 124 First St.
Apt. Number:
City or Town: Big Rapids
State: MI
Zip Code:
Date of Birth (mm/dd/yyyy):
U.S. Social Security Number:
E-mail Address:
Telephone Number:

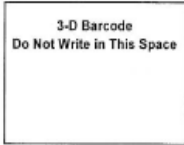
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
A noncitizen national of the United States (See instructions)
A lawful permanent resident (Alien Registration Number/USCIS Number):
An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) 11/13/2013. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

- 1. Alien Registration Number/USCIS Number:
OR
2. Form I-94 Admission Number:



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number:
Country of Issuance:

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:
Date (mm/dd/yyyy):

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator: Maria Garcia Sanchez
Date (mm/dd/yyyy): 4/13
Last Name (Family Name): Garcia
First Name (Given Name): Sanchez
Address (Street Number and Name):
City or Town:
State:
Zip Code:

STOP Employer Completes Next Page STOP

Information highlighted includes:

- Name is not completed per required format on form.
Apartment is not required however, an "N/A" or line should be through the field.
Zip Code and Date of Birth are required fields and need to be completed.
On attestation, Employee indicated alien authorized to work but did not provide the registration numbers as are required.
Date field is not completed per required format.

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: Sanchez, Maria Garcia

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: <u>Employment Auth Doc</u>		Document Title:		Document Title:
Issuing Authority: <u>DHS</u>		Issuing Authority:		Issuing Authority:
Document Number: <u>WAC-12-901-12345</u>		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy): <u>11/01/2013</u>		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> 3-D Barcode Do Not Write in This Space </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Expiration Date (if any)(mm/dd/yyyy):				

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 04/12/2013 See instructions for exemptions.)

Signature of Employer or Authorized Representative: <u>KC</u>	Date (mm/dd/yyyy): <u>04/03/2013</u>	Title of Employer or Authorized Representative: <u>Rep</u>
Last Name (Family Name): <u>Clarke</u>	First Name (Given Name):	Employer's Business or Organization Name:
Employer's Business or Organization Address (Street Number and Name):	City or Town: <u>BR</u>	State: Zip Code:

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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Information highlighted includes:

- ✓ **Name** field is not completed correctly, must have Last name, First name, *middle initial*
- ✓ **Date** field is not completed correctly, Section 1 has 11/13/2013 and Section 2 is indicating 11/01/2013. It is important to document the correct date or have the employee correct if an error is identified.
- ✓ **Signature** field is not signed properly.
- ✓ **Title** of Employer, the person's title is not indicated correctly.
- ✓ **Name** field where employer needs to print name (last name, first name)
- ✓ **Employer Business** field is not complete and is required.
- ✓ **Employer Business Address** field is not completed and is required.
- ✓ **City** field is abbreviated and spelled out.
- ✓ **State and Zip Code** are not completed and are required fields.



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▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

Last Name (Family Name) Brown		First Name (Given Name) Mary Beth		Middle Initial	Other Names Used (if any) Marybeth	
Address (Street Number and Name) Main Street 123			Apt. Number	City or Town BR	State	Zip Code 12345
Date of Birth (mm/dd/yyyy) 1964/7/8	U.S. Social Security Number	E-mail Address			Telephone Number N/A	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

3-D Barcode
Do Not Write in This Space

Signature of Employee: _____	Date (mm/dd/yyyy): _____
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator: _____		Date (mm/dd/yyyy): _____	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State Zip Code

STOP Employer Completes Next Page **STOP**

Information highlighted includes:

- ✓ **Apt** field is not completed with information or an "N/A" or line through.
- ✓ **City** field is abbreviated and needs to be spelled out.
- ✓ **State** field is a required field and is not completed
- ✓ **Date of Birth** field is not completed with the proper date format (mm/dd/yyyy)
- ✓ **Email address** is an optional field however, needs and "N/A" or line through
- ✓ **Signature of Employee and Date** field are required and must be completed.

Section 2. Employer or Authorized Representative Review and Verification			
<i>(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)</i>			
Employee Last Name, First Name and Middle Initial from Section 1: <u>Brown, Mary</u>			
List A Identify and Employment Authorization	OR List B Identity	AND	List C Employment Authorization
Document Title:	Document Title: <u>ID Card</u>	Document Title:	
Issuing Authority:	Issuing Authority: <u>MI</u>	Issuing Authority:	
Document Number:	Document Number:	Document Number: <u>123-45-6789</u>	
Expiration Date (if any)(mm/dd/yyyy):	Expiration Date (if any)(mm/dd/yyyy):	Expiration Date (if any)(mm/dd/yyyy):	
Document Title:			
Issuing Authority:			
Document Number:			
Expiration Date (if any)(mm/dd/yyyy):			
Document Title:			
Issuing Authority:			
Document Number:			
Expiration Date (if any)(mm/dd/yyyy):			
			3-D Barcode Do Not Write in This Space
Certification			
I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.			
The employee's first day of employment (mm/dd/yyyy): <u>4/4/13</u> (See instructions for exemptions.)			
Signature of Employer or Authorized Representative <u>Kim Clarke</u>	Date (mm/dd/yyyy) <u>4/8/13</u>	Title of Employer or Authorized Representative <u>Department Manager</u>	
Last Name (Family Name) <u>Clarke</u>		First Name (Given Name) <u>Mary</u>	
Employer's Business or Organization Name <u>FSU</u>			
Employer's Business or Organization Address (Street Number and Name) <u>420 Oak Street</u>	City or Town <u>Big Rapids</u>	State <u>MI</u>	Zip Code <u>49307</u>
Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)			
A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial <u>Clarke</u>		B. Date of Rehire (if applicable) (mm/dd/yyyy):	
C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.			
Document Title: <u>Marriage Cert</u>	Document Number: <u>12345678</u>	Expiration Date (if any)(mm/dd/yyyy):	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.			
Signature of Employer or Authorized Representative: <u>Kim Clarke</u>	Date (mm/dd/yyyy): <u>04/10/2013</u>	Print Name of Employer or Authorized Representative: <u>Kim Clarke</u>	

Information highlighted includes:

- ✓ **Employee Name** field is missing middle initial
- ✓ **List B** information is incomplete – *document number and expiration date* are missing
- ✓ **List C** information is incomplete – *document title, document authority and expiration* are missing
- ✓ **Date** field is not completed in proper format (mm/dd/yyyy)
- ✓ **Last Name, First Name** field is not completed
- ✓ **Employer's Business** is not spelled out, we cannot abbreviate.

Reverification Section:

- ✓ **Name field** is not completed correctly
- ✓ **Signature of Employer** field is not completed correctly.