

# New Form I-9 and Best Practices

Kim Clarke

[kaclarke@varnumlaw.com](mailto:kaclarke@varnumlaw.com)

616-336-6441

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**VARNUM**  
ATTORNEYS AT LAW

# Employer Work Authorization Obligation

- Not knowingly hire
- Not knowingly continue to employ
- Form I-9 is requirement and defense

# Pre-hire – May not ask

- Citizenship/nationality
- Immigration status
- Type of work authorization
- Whether have green card

# I-9 Process

- Verification of identity
- Verification of work authorization
- Verification obligation only requires reasonable inquiry; i.e. "You are not ICE"

# New Form I-9

- Must use 5/7/2013
- Two page
- Additional optional information
- Attempts to clarify form

# New Form I-9



**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. 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)		First Name (Given Name)		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name)		Apt. Number	City or Town		State	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): \_\_\_\_\_

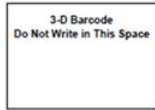
An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (See instructions)

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: \_\_\_\_\_ 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

# New Form I-9

## 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: \_\_\_\_\_

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: _____		Document Title: _____		Document Title: _____
Issuing Authority: _____		Issuing Authority: _____		Issuing Authority: _____
Document Number: _____		Document Number: _____		Document Number: _____
Expiration Date (if any)(mm/dd/yyyy): _____		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: _____				
Issuing Authority: _____				
Document Number: _____				
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): \_\_\_\_\_ (See instructions for exemptions.)

Signature of Employer or Authorized Representative _____	Date (mm/dd/yyyy) _____	Title of Employer or Authorized Representative _____
Last Name (Family Name) _____	First Name (Given Name) _____	Employer's Business or Organization Name _____
Employer's Business or Organization Address (Street Number and Name) _____		City or Town _____
		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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# New Form I-9

**LISTS OF ACCEPTABLE DOCUMENTS**  
All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		<b>For persons under age 18 who are unable to present a document listed above:</b>		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.



# Old Form I-9

OMB No. 1615-0047; Expires 08/31/12

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

## Form I-9, Employment Eligibility Verification

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 documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification** (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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 #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission # \_\_\_\_\_  
and expiration date, if applicable - month/day/year)

Employee's Signature \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

**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.

Preparer's/Translator's Signature _____	Print Name _____
Address (Street Name and Number, City, State, Zip Code) _____	Date (month/day/year) _____

**Section 2. Employer Review and Verification** (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____	_____	_____	_____	_____
Issuing authority: _____	_____	_____	_____	_____
Document #: _____	_____	_____	_____	_____
Expiration Date (if any): _____	_____	_____	_____	_____
Document #: _____	_____	_____	_____	_____
Expiration Date (if any): _____	_____	_____	_____	_____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative _____	Print Name _____	Title _____
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) _____		Date (month/day/year) _____

**Section 3. Updating and Reverification** (To be completed and signed by employer.)

A. New Name (if applicable) \_\_\_\_\_ B. Date of Rehire (month/day/year) (if applicable) \_\_\_\_\_

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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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 (month/day/year) \_\_\_\_\_



# Section 1 – 1st Day of Employment

- Offer and Acceptance
- Every element of Section 1 must be completed by employee
- Section 1 must be signed and dated by employee
- Verify that Section 1 is complete: employer is liable for failure of employee to complete only not accuracy



## 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. 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)		First Name (Given Name)		Middle Initial	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State	Zip Code
						<input type="text" value="▼"/>	
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address			Telephone Number	
	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> - <input type="text" value=""/> <input type="text" value=""/> - <input type="text" value=""/> <input type="text" value=""/>						

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): \_\_\_\_\_

**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):	
[Redacted]		[Redacted]	
Last Name (Family Name)		First Name (Given Name)	
[Redacted]		[Redacted]	
Address (Street Number and Name)	City or Town	State	Zip Code
[Redacted]	[Redacted]	[Redacted]	[Redacted]



*Employer Completes Next Page*



# Section 2 – By 3rd of Employment

- Ask employee to present acceptable documentation from List A, or Lists B and C (list attached), to verify statement of employment authorization in Section 1
- Expired documents are no longer acceptable forms of identification
- Remember that choice of documents is employee's
- Do not request more or different documentation
- Review documents: Do they appear genuine and to relate to presenter?
- Simply attaching copies of documents is not sufficient

## 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:

**List A**

**Identity and Employment Authorization**

**OR**

**List B  
Identity**

**AND**

**List C  
Employment Authorization**

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):

\_\_\_\_\_

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):

\_\_\_\_\_

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):  (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		
<input type="text"/>		<input type="text"/>	<input type="text"/>		
Last Name (Family Name)		First Name (Given Name)		Employer's Business or Organization Name	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Employer's Business or Organization Address (Street Number and Name)			City or Town	State	Zip Code
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>

# I-9 Required Timeline

- Section 1 = By first day of employment
- Section 2 = By third day of employment

# Reverification

- Section 1 employment authorization expiration
- Section 2 employment authorization document only
- Reverify before expiration
- Do not reverify permanent residence card

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

<b>A. New Name (if applicable)</b> Last Name (Family Name) First Name (Given Name) Middle Initial	<b>B. Date of Rehire (if applicable) (mm/dd/yyyy):</b>
<input type="text"/>	<input type="text"/>

**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.

<b>Document Title:</b>	<b>Document Number:</b>	<b>Expiration Date (if any)(mm/dd/yyyy):</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

<b>Signature of Employer or Authorized Representative:</b>	<b>Date (mm/dd/yyyy):</b>	<b>Print Name of Employer or Authorized Representative:</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

# Record Keeping

- Keep separate from other personnel records
- Retain I-9 for all current employees
- For terminated employees, retain for the later of three years from date of hire, or one year after employment is terminated,
- Not recommended to keep copies of documents presented unless required by E-Verify

# Form I-9 - Enforcement Actions

- USICE/HSI is enforcing agency but other agencies may refer for investigation
- I-9/Work Authorization Violations Penalties
  - Actual knowledge of unauthorized employee
  - Constructive knowledge of unauthorized worker
  - Civil fines for paperwork violations
  - Civil fines for knowing employment (actual or constructive) of unauthorized employee
  - Criminal penalties

# Form I-9 – Enforcement Actions

- Response to ICE Audit
  - Attorney
  - 3-day response time may often be extended
  - Self-audit
  - Make corrections
  - Memo summarizing self-audit with I-9s

# Form I-9 – Enforcement Actions

- Response to ICE Raid
  - Attorney
  - Examine search warrant
  - Cooperation
  - Gather information from supervising agent/U.S. Attorney – ask questions
  - Assign company representatives to each agent
  - Communication



# Form I-9 - Enforcement Results

- Corrections notice
- Must terminate notice
- Notice of suspect documents
- Civil/Criminal penalties
- ICE/HSI repeats audit until clean payroll or employer enrolls in E-Verify

# E-Verify

- Electronically compares Form I-9 information to DHS and social security databases.
- Non-federal contractors may only use for new employees
- State law requirements – not Michigan

# E-Verify – Federal Contractors

- Required if contract includes E-Verify clause
- Clause requires E-Verify for all new employees and current employees who will work on the contract
- May elect to verify all employees

# E-Verify – Employer Requirements

- May not use to pre-screen employees
- May not take action against employee while employee resolves case within time allotted
- Must notify DHS if decide not to terminate employee who receives final non-confirmation

# Questions?





**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

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<b>Section 1. Employee Information and Attestation</b> <i>(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.)</i>					
Last Name (Family Name) <b>Bob Jones</b>		First Name (Given Name)		Middle Initial	Other Names Used (if any)
Address (Street Number and Name) <b>Campus</b>		Apt. Number	City or Town <b>Big Rapids</b>	State <b>MI</b>	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number <b>123-45-6789</b>	E-mail Address <b>bjones@ferris.edu</b>		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) \_\_\_\_\_. 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: <b>Bob Jones</b>	Date (mm/dd/yyyy): <b>04/03/2013</b>
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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





# 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

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**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) <b>Bob Jones</b>		First Name (Given Name) <b>[Redacted]</b>		Middle Initial <b>[Redacted]</b>	Other Names Used (if any) <b>[Redacted]</b>	
Address (Street Number and Name) <b>Campus</b>			Apt. Number <b>[Redacted]</b>	City or Town <b>Big Rapids</b>	State <b>MI</b>	Zip Code <b>[Redacted]</b>
Date of Birth (mm/dd/yyyy) <b>[Redacted]</b>	U.S. Social Security Number <b>123-45-6789</b>	E-mail Address <b>bjones@ferris.edu</b>			Telephone Number <b>[Redacted]</b>	

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**

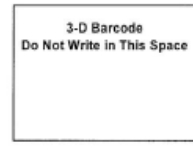
2. Form I-94 Admission Number: \_\_\_\_\_

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)



Signature of Employee: <b>Bob Jones</b>	Date (mm/dd/yyyy): <b>04/03/2013</b>
---	--------------------------------------

**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**



**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: Bob Jones

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <u>Driver's License</u>		Document Title: <u>Social Security Card</u>
Issuing Authority:		Issuing Authority: <u>Michigan</u>		Issuing Authority: <u>Social Security Admin</u>
Document Number:		Document Number: <u>J123456789</u>		Document Number: <u>123-45-6789</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>03/29/2013</u>		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): 04/03/2013 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Kimberly Clarke</u>		Date (mm/dd/yyyy) <u>4/3/2013</u>	Title of Employer or Authorized Representative <u>Representative</u>	
Last Name (Family Name) <u>Clarke</u>		First Name (Given Name) <u>Kimberly</u>	Employer's Business or Organization Name <u>Ferris</u>	
Employer's Business or Organization Address (Street Number and Name) <u>Campus</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	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):

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:



# 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. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

<b>Section 1. Employee Information and Attestation</b> (Employees must complete and sign Section 1 of Form I-9 no later than the <b>first day of employment</b> , but not before accepting a job offer.)					
Last Name (Family Name) <u>Smith</u>		First Name (Given Name) <u>James</u>		Middle Initial <u>T</u>	Other Names Used (if any) _____
Address (Street Number and Name) <u>415 Main Street #3</u>			Apt. Number _____	City or Town <u>Big Rapids</u>	State <u>MI</u> Zip Code <u>49307</u>
Date of Birth (mm/dd/yyyy) <u>3/7/62</u>	U.S. Social Security Number [ ]-[ ]-[ ] <u>1241</u>	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) \_\_\_\_\_ . 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: <u>James T. Smith</u>	Date (mm/dd/yyyy): <u>04/01/13</u>
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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 _____



Employer Completes Next Page



**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:			
<b>List A</b>	<b>OR</b>	<b>List B</b>	<b>AND</b>
<b>Identify and Employment Authorization</b>		<b>Identity</b>	<b>Employment Authorization</b>
Document Title: <u>Passport</u>		Document Title:	Document Title:
Issuing Authority: <u>USA</u>		Issuing Authority:	Issuing Authority:
Document Number: <u>12345678</u>		Document Number:	Document Number:
Expiration Date (if any)(mm/dd/yyyy): <u>07/19/2016</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;"> <b>3-D Barcode</b>  <b>Do Not Write in This Space</b> </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): 03/15/2013 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Kimberly A. Clarke</u>	Date (mm/dd/yyyy) <u>03/20/2013</u>	Title of Employer or Authorized Representative <u>Dept Mgr.</u>
Last Name (Family Name) <u>Kimberly A. Clarke</u>	First Name (Given Name)	Employer's Business or Organization Name <u>Ferris State University</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	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):	

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:





# 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. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

<b>Section 1. Employee Information and Attestation</b> (Employees must complete and sign Section 1 of Form I-9 no later than the <b>first day of employment</b> , but not before accepting a job offer.)					
Last Name (Family Name) <u>Smith</u>		First Name (Given Name) <u>James</u>		Middle Initial <u>T</u>	Other Names Used (if any) _____
Address (Street Number and Name) <u>415 Main Street #3</u>			Apt. Number _____	City or Town <u>Big Rapids</u>	State <u>MI</u> Zip Code <u>49307</u>
Date of Birth (mm/dd/yyyy) <u>3/7/62</u>	U.S. Social Security Number ____-____- <u>1241</u>	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) \_\_\_\_\_. 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: <u>James T. Smith</u>	Date (mm/dd/yyyy): <u>04/01/13</u>
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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 _____

3-D Barcode  
Do Not Write in This Space



Employer Completes Next Page



**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: \_\_\_\_\_

List A Identify and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: <u>Passport</u>		Document Title:		Document Title:
Issuing Authority: <u>USA</u>		Issuing Authority:		Issuing Authority:
Document Number: <u>12345678</u>		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy): <u>07/19/2016</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:				
Issuing Authority:				
Document Number:				
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): 03/15/2013 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Kimberly A. Clarke</u>	Date (mm/dd/yyyy) <u>03/20/2013</u>	Title of Employer or Authorized Representative <u>Dept Mgr.</u>		
Last Name (Family Name) <u>Kimberly A. Clarke</u>	First Name (Given Name)	Employer's Business or Organization Name <u>Ferris State University</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	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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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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# 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. 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) <u>Maria Garcia</u>		First Name (Given Name) <u>Sanchez</u>		Middle Initial	Other Names Used (if any) <u>Hernandez</u>	
Address (Street Number and Name) <u>124 First St.</u>			Apt. Number	City or Town <u>Big Rapids</u>	State <u>MI</u>	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: \_\_\_\_\_

3-D Barcode  
Do Not Write in This Space

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

**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: 10px; 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) <u>BR</u>			City or Town	State <u>BR</u>
			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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# 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. 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) <b>Maria Garcia Sanchez</b>		First Name (Given Name) <b>Sanchez</b>		Middle Initial	Other Names Used (if any) <b>Hernandez</b>	
Address (Street Number and Name) <b>124 First St.</b>		Apt. Number	City or Town <b>Big Rapids</b>		State <b>MI</b>	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:

- Alien Registration Number/USCIS Number: \_\_\_\_\_
- OR
- Form I-94 Admission Number: \_\_\_\_\_

3-D Barcode  
Do Not Write in This Space

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



Employer Completes Next Page





**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: 10px; 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>XC</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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# 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. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

<b>Section 1. Employee Information and Attestation</b> (Employees must complete and sign Section 1 of Form I-9 no later than the <b>first day of employment</b> , but not before accepting a job offer.)					
Last Name (Family Name) <i>Brown</i>		First Name (Given Name) <i>Mary Beth</i>		Middle Initial <i></i>	Other Names Used (if any) <i>Marybeth</i>
Address (Street Number and Name) <i>Main Street 123</i>		Apt. Number <i></i>	City or Town <i>BR</i>	State <i></i>	Zip Code <i>12345</i>
Date of Birth (mm/dd/yyyy) <i>1964/7/8</i>	U.S. Social Security Number <i>---</i>	E-mail Address <i></i>			Telephone Number <i>N/A</i>

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**

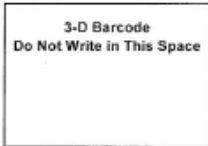
2. Form I-94 Admission Number: \_\_\_\_\_

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)



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) <i></i>		First Name (Given Name) <i></i>	
Address (Street Number and Name) <i></i>		City or Town <i></i>	State <i></i>
			Zip Code <i></i>



Employer Completes Next Page



**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: Brown, Mary

List A Identity 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:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>3-D Barcode Do Not Write in This Space</p> </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
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): 4/4/13 (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)		First Name (Given Name)		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 B. Date of Rehire (if applicable) (mm/dd/yyyy):  
Clarice

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): <u>                    </u>
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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: <u>kc</u>	Date (mm/dd/yyyy): <u>04/10/2013</u>	Print Name of Employer or Authorized Representative: <u>Kim Clarke</u>
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# 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. 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) <b>Brown</b>		First Name (Given Name) <b>Mary Beth</b>		Middle Initial <b></b>	Other Names Used (if any) <b>Marybeth</b>	
Address (Street Number and Name) <b>Main Street 123</b>			Apt. Number <b></b>	City or Town <b>BR</b>	State <b></b>	Zip Code <b>12345</b>
Date of Birth (mm/dd/yyyy) <b>1964/7/8</b>	U.S. Social Security Number <b>---</b>		E-mail Address <b></b>		Telephone Number <b>N/A</b>	

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**

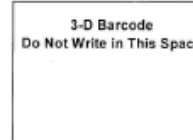
2. Form I-94 Admission Number: \_\_\_\_\_

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)



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



Employer Completes Next Page



**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: Brown, Mary

List A Identity 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): 4/4/13 (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>Kim</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 B. Date of Rehire (if applicable) (mm/dd/yyyy):  
Clarke

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): <u>                    </u>
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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: <u>Kim Clarke</u>	Date (mm/dd/yyyy): <u>04/10/2013</u>	Print Name of Employer or Authorized Representative: <u>Kim Clarke</u>
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