I-9 Completion for Students

ENPLOYMENT



Pay extra attention to these areas!





Employment Eligibility Verification

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



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 A than the first day of employment, but not before a			ate and sign Se	ection 1 of	Form I-9 no later
Last Name (Family Name) First Na	me (Given Name) 2 Middle Ini	tial Other Name	es Used (if a	anyl 3
Address (Street Number and Name)	Apt. Number	City or Town	4	State	Zip Code
No P.O. box can be used				-	
Date of Birth (mm/dd/yyyy)	E-mail Addres	5		Telepho	one Number
I am aware that federal law provides for imprison connection with the completion of this form.	nment and/or f	ines for false stateme	nts or use of	false doc	uments in
avest, under penalty of perjury, that I am (check	k one of the fo	llowing):			
A citizen of the United States					
A noncitizen national of the United States (See)	instructions)				
A lawful permanent resident (Alien Registration					
 An alien authorized to work until (expiration date, if an (See instructions) 	pplicable, mm/dd	(1999)	Some alien	s may write	"N/A" in this field.
For aliens authorized to work, provide your Alier	n Registration I	lumber/USCIS Number	OR Form I-94	Admissio	n Number:
1. Alien Registration Number/USCIS Number:					***
OR				Do Not	3-D Barcode Write in This Space
2. Form I-94 Admission Number:					
If you obtained your admission number from States, include the following:	CBP in connect	ion with your arrival in t	the United		
Foreign Passport Number:					
Country of Issuance:			•		
Some aliens may write "N/A" on the Foreign F	Passport Numb	er and Country of Issua	ince fields. (Se	e instructi	ions)
signature of Employee:			Date (mm	/dd/yyyy):	» 9
Preparer and/or Translator Certification (To employee.)	be completed	and signed if Section 1	is prepared by	a person	other than the
I attest, under penalty of perjury, that I have assi information is true and correct.	sted in the co	mpletion of this form a	and that to the	e best of r	my knowledge th
Signature of Preparer or Translator:				Date (m	m/dd/yyyy):
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town		State	Zip Code
STOP	Employer Co	npletes Next Page	STOP		

Pay extra attention to these areas!



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.)

List A Identity and Employment Authoria	OR	List B Identity	AND	List C
Document Title:		ment Title:	Document 1	
ssuing Authority:	Issuin	g Authority:	Issuing Auti	hority:
ocument Number:	. Issued Author	ity t Number:	Document h	Number:
xpiration Date (if any)(mm/dd/yyyy):	Expira	ation Date (if any)(mm/dd/yyyy).	Expiration 0	Date (if any)(mm/dd/yyyy):
Document Title:				
ssuing Authority:				
ocument Number:				
xpiration Date (if any)(mm/dd/yyyy):				3-D Barcode
locument Title:				Do Not Write in This Space
ssuing Authority:				
ocument 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.

Signature of Employer or Author	rized Representative	Date (m	m/dd/yyyy)	Title of Emp	oloyer or A	uthorized R	epresentative
Last Name (Family Name)	First Name (0	Siven Name)	4 Em	ployer's Busine	or Orga	anization Na	me
Employer's Business or Organiz	ation Address (Street Number a	und Name) (City or Town			State -	Zip Code
Section 3. Reverificati	ion and Rehires (To be	completed	and signed by	r employer o	authoriz	ed represe	ntative.)
A. New Name (if applicable) Las	st Name (Family Name) First Na	ame (Given N	lame)	Middle Initial B	3. Date of	Rehire (if ap	plicable) (mm/dd/

ocument 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:

- 1. Make sure you are completing the form with the correct expiration date. Currently the date should be 03/31/2016.
- 2. The middle initial field should be completed. If there is no middle initial the student should draw a line through the box or put N/A.
- 3. The maiden name field should be completed. If none or not applicable the student should draw a line through the box or put N/A.
- 4. The Social Security number is not required. We cannot demand that the student completes the field. They will, however, have to produce the Social Security card for payroll purposes. Please note that whatever the student decides it must be clear. For example: dashes through every box, N/A, dashes through every box except the last four, or filling out every box in the field. The bottom line is that the student must show clarity in what they have decided to do regarding the Social Security field.
- 5. E-mail address is optional.
- 6. Telephone number is also optional.
- 7. The student **must** check one of the four boxes in this field.
- 8. Employee/student must sign where signature of employee is indicated.
- 9. Employee then dates the form with the date of which they are filling it out.
- 10. Employer must fill out the employee/student's name. Be careful to not miss it! It's right at the top of the form.
- 11. All documents submitted must be originals. We cannot request specific documents from students for section two. Students must be shown the list of acceptable documentation and be allowed to choose what they wish to submit. If they choose one document from List A that is all they need. By completing List B and/or C in addition to List A the perception is that we have asked for additional documentation and this would be flagged in an audit of the I-9. Make sure section two is filled out clearly and accurately and **never use white out!** If an error is made, line through the error with initials and date on the form; or you can re-do the I-9.
- 12. Employer needs to date the form, the employer needs to sign and date the form within three business days of the date of employment.
- 13. Employer needs to sign where signature of employer is indicated.
- 14. This section, along with the rest of the form may not have abbreviations. For example, FSU needs to be written out as Ferris State University.

Example of a properly filled out employee section.





U.S. Citizenship and Immigration Services

START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTLDISCRIMINATION 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 (<i>Family Name</i>) Bulldog	First Nat Brutt	me (Given Name) 15	Middle Initial B	Other Nan N/A	nes Used (if a	aryy)
Address (Street Number and Name) 1234 Ruff Road		Apt. Number NA	CityorTown Big Rapids			Zip Code 49307
Date of Birth (mm/dd/yyyy) 09/19/1990	U.S. Social Security Number	-				ne Number) 345-6789

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):

X 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 "NA" 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: _____

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:

Signature of Employee: Brutus B. Bulldog

Date (mm/dd/yyyy): 05/06/2013

3-D Barcode

Do Not Write in This Space

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

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

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 (m	m/dd/yyyy):
ast Name (Family Name)	First Name (Given Name)		
ddress (Street Number and Name)	City or Town	State	Zip Code
		-	
CTTP	Employer Completes Next Page 500		

Example with employer part filled out correctly.



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: Bulldog, Brutus B

List A Identity and Employment Authorization	OR List B Identity	AND List C Employment Authorization
Document Title:	Document Title:	Document Title:
Issuing Authority:	Driver's Licence Issuing Authority: State of Michigan	Social Security Card Issuing Authority: SSA
Document Number:	Document Number: XXXX-XXX-XXX-XXX	Document Number: 123-45-6789
Expiration Date (if any)(mm/dd/yyyy):	Expiration Date (If any)(mm/dd/yyyy): 09/19/2015	Expiration Date (if any)(mm/dd/yyyy): N/A
Document Title:		
Issuing Authority:	-	
Document Number:	-1	
Expiration Date (if any)(mm/dd/yyyy):	-1	
Document Title:	-	3-D Barcode Do Not Write in This Space
Issuing Authority:	-	
Document Number:	-	
Expiration Date (if any)(mm/dd/yyyy):		1

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): 05/06/2013 (See instructions for exemptions.)

Signature of Employer or Authorized Representative	Date (/	Date (mm/dd/yyyy) Title			Title of Employer or Authorized Representative			
Debbera Lunsted	05/0	05/06/2013 Student Empl			t Empl	loyment Rep		
Last Name (Family Name) First Name (Given Name) Employer's Business or Organization Name					ame			
Lunsted Debbera			Fer	ris Sta	te Uni	versity		
Employer's Business or Organization Address (Street Number (and Name)	City or Town	n			State	Zip Code	
1201 S. State Street CSS 101 Big Rapids MI 💽 49307						49307		
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 N	ame (Given	Name)	Mi	ddle Initial	B. Date of	Rehire (if a	oplicable) (mm/ddlyyyy):	
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):								
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:

Form I-9 03/08/13 N

I-9 Completion for International Students

MEXICO

The areas to pay close attention to are the same with international students; however, depending on how the student answers certain fields additional information may be required.

> For field seven if the last – box is checked additional information is required. Please see to the right.



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



► 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 Informat than the first day of employment, but				mplete and sign S	Section 1 of	Form I-9 no later		
Last Name (Family Name)	First Name	(Given Name)	Midd	lle Initial Other Nam	nes Used (if a	any)		
Bulldog	Betty		В			~ 3		
Address (Street Number and Name)	Ap	ot. Number	City or Town		State	Zip Code		
1234 Dog House Road	N	Δ	Big Rapids		MI	49307		
Date of Birth (mm/dd/yyyy) U.S. Social Sc	eurity Number	E-mail Address	ンち		Telepho	ne Number		
05/05/1990 4 123 4	5-6789	bulldogb2	@ferris.edu		(012) 345-6789		
I am aware that federal law provides connection with the completion of th		ent and/or fi	nes for false stat	ements or use of	f false docu	uments in		
lattest, under penalty of perjury, tha	t I am (check o	ne of the fol	lowing):					
C A citizen of the United States								
A noncitizen national of the United States (See instructions)								
A lawful permanent resident (Alien	Registration Nu	mber/USCIS	Number):					
n alien authorized to work until (expiration) (See instructions)								
For aliens authorized to work, prov	For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:							
1. Alien Registration Number/USCI	S Number:							
OR						3-D Barcode Write in This Space		
2. Form I-94 Admission Number:	12345	678	912					
If you obtained your admission n States, include the following:	umber from CBI	P in connecti	on with your arriva	al in the United				
Foreign Passport Number:								
Country of Issuance: Ferris	sland			•				
Some aliens may write "N/A" on		sport Numbe	r and Country of I	ssuance fields. (S	ee instructi	ons)		
Signature of Employee:				Date (mr	m/dd/yyyy):	5/06/2013		
Preparer and/or Translator Certil employee.)	fication (To be	completed a	nd signed if Section	on 1 is prepared b	y a person	other than the		
I attest, under penalty of perjury, tha information is true and correct.	t I have assiste	ed in the con	pletion of this fo	orm and that to th	ne best of r	ny knowledge the		
Signature of Preparer or Translator:					Date (m	m/dd/yyyy):		
Last Name (Family Name)			First Na	me (Given Name)				
Address (Street Number and Name)			City or Town		State	Zip Code		
	STOP Em	ıployer Con	pletes Next Pag	ge STOP		·		

Form I-9 03/08/13 N

If the student indicated in field seven that they are a nonimmigrant alien authorized to work they will need to provide additional documentation.

- 1. Foreign passport
- 2. Form I-94 or Form I-94A that has the following:
 - 1. Same name as passport and
 - 2. An endorsement of the alien's status as long as that period hasn't expired.

The additional information from the documents will be written down on List A.

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 GR 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.)

List A Identity and Employment Authorization	OR	List B Identity	AND	List C	
Document Title:	Docum	ien The.	Document Tit		
Passport ssuing Authority: Ferrisland	Issuing	Authority:	Issuing Author	rily:	
Document Number: J123467	Docun	nent Number:	mber:		
Expiration Date (if any)(mm/dd/yyyy): 08/08/2018	Expira	tion Date (if any)(mm/dd/yyyy):	te (if any)(mm/dd/yyyy):		
Document Title: I=94 Sourng Authonty: Dept of Homeland Security Document Number: 12345678912 Expiration Date (<i>V any)(mmVdd/syyy)</i> : 08/08/2018			e is equivalent ation of status	3-D Barcode	
Document Title: I - 20 ssuing Authority: SEVIS Document Number:		→Optiona	1	Do Not Write in This Spac	
N000341567189 Expiration Date (# any)(mm/dd/yyyy): 06/06/2018					

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):	0570	5/2013 (S	the instructions for	exemptio	ns.)	
3(Signature of Employer of Authorized Representative		Date (mm/dd/yyyy) Title of Employer or /		Authorized Representative		
		05/0	6/2013	Student Emplo	yment F	Rep	
	Last Name (Family Name) First Name (Give	n Neme)	yer's Business or Orga	nization Na	me	
	Lunsted Debbera		Fer	ris State Univ	rersity		
	Employer's Business or Organization Address (Street Number and	Name)	City or Town		State	Zip Code	
	1201 S. State Street CSS 101		Big Rapids		MI -	49307	

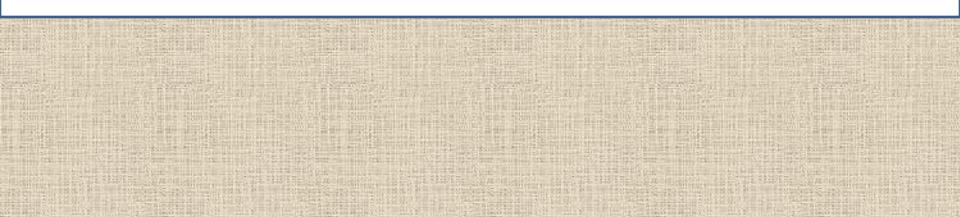
Section 3. Reverification and R	Rehires (To be completed and signe	d by employer or auti	orized representative.)
A. New Name (if applicable) Last Name (Fan	nly Name) First Name (Given Name)	Middle Initial B. Da	te of Rehire (if applicable) (mm/dd/yyyy).
C. If employee's previous grant of employment presented that establishes current employment			from List A or List C the employee
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 emp	loyee is authorized to	work in the United States, and if

l attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and it 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:



Guess What's Wrong?





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.)

	Brutus Bulldo Address (Street Number and Name)		ne (Given Name) log			al Other Names Used (if any) N/R		ny)
			Apt. Number NA				State MI	•
	Date of Birth (mm/dd/yyyy) 05/06/2013	E-mail Address brutusbul		rris.edu				ne Number) 345-6789

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)

	Date (mm/dd/yyyy):	05/06/2013
--	--------------------	------------

STOP

3-D Barcode Do Not Write in This Space

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 (m	imitikilyyyy);	
Last Name (Family Name)	First Name (Given Nam	e)		_
Address (Street Number and Name)	City or Town	State 🗸	Zip Code	-
_				_

Employer Completes Next Page

Signature of Employee:

The first and last	START HERE. Read instructions ANTI-DISCRIMINATION NOTICE: If document(s) they will accept from an expiration date may also constitute ill	Dep. U.S. Cir carefully before of tis illegal to discri employee. The re	artment of E tizenship and completing this iminate against efusal to hire a	work-authorized individua	st be available als. Employers	CANN	OT specify which				日本のないののでののであるというできたのでありたい
names need to be switched	Section 1. Employee Inform than the first day of employment,	but not before a	ccepting a job	offer.)	-						
Switchied	Last Name (Family Name) Brutus	First Nan Bulld	ne (Given Name, Iorr) Middle Initia B	I Other Names N/A	Used (if	(any)				1
	Address (Street Number and Name)	Durra	Apt. Number	City or Town	Str	ate	Zip Code	-			
	1234 Ruff Road		NA	Big Rapids	M		49307				
T / 1 01·/1		I Security Number					one Number	-			
Instead of birth		45.6789	1	- Lldog1@ferris.edu		· ·	2) 345-6789				
date, calendar date			1	-				⊥			
is listed	I am aware that federal law provid connection with the completion o		ment and/or f	ines for false statement	s or use of fa	ilse doo	cuments in				
IS IISteu	I attest, under penalty of perjury,	that I am (check	one of the fo	llowing):							
	A citizen of the United States										
	A noncitizen national of the Unit	ed States (See in	nstructions)								
	A lawful permanent resident (Ali	en Registration N	Number/USCIS	Number):							
	 An alien authorized to work until (ex (See instructions) 				. Some aliens	may writ	te "N/A" in this field.				
Did not check one	For aliens authorized to work, p	rovide your Alien	Registration N	lumber/USCIS Number C	OR Form I-94 A	Admissi	ion Number:				
of the four boxes	1. Alien Registration Number/US	SCIS Number:						1			
of the four boxes	OR					Do No	3-D Barcode of Write in This Space				
	2. Form I-94 Admission Number										
	If you obtained your admissio States, include the following:	n number from C	BP in connect	ion with your arrival in the	e United						
	Foreign Passport Number:					<u> </u>		1			
	Country of Issuance:				*						
	Some aliens may write "N/A"	on the Eoreian P	assoort Numb	er and Country of Issuan	re fields (See	instruc	tions)				
		on and t or orgin t					-	1			
	Signature of Employee:				Date (mm/d	d/yyyy):	05/06/2013		Sea allest		
Employee signature	Preparer and/or Translator Ce employee.)	rtification (70)	be completed a	and signed if Section 1 is	prepared by a	person	n other than the				COLORADORU -
is missing	I attest, under penalty of perjury, information is true and correct.	that I have assis	sted in the co	npletion of this form an	d that to the l	best of	my knowledge the				
	Signature of Preparer or Translator:					Date (/	mm/dd/yyyy):	1.00		28-11 13-11 13-11	Canal Contract
A STREET, I STREET, STREET, STR	Last Name (Family Name)			First Name (Gi	ven Name)			the second	HEAT 18		
	Address (Street Number and Name)			City or Town	5	State	Zip Code				Contraction of the
		💼 E	Employer Con	npletes Next Page	5 00						のないのであるの

Form I-9 03/08/13 N



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 (<i>Family Name</i>) Bulldog	First Nar Brutu	me (<i>Given Name</i>) 15) Middle Initial B	Other Nan	nes Used (if a	any)	
	Address (Street Number and P.O. Box 123		Apt. Number	City or Town	ļ	State	Zip Code	_
	Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	NA E-mail Address	Big Rapids s		Telepho	49307 one Number	
			brutusbulldog1@yahoo.com			(123	(123) 456-7890	

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):

- X 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: _____ 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: Debbera Lunsted

Date (mm/dd/yyyy): 05/06/2013

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

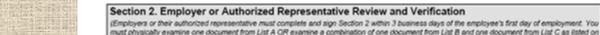
I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (m	m/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		

Form	I-9	03	/08/	13	Ν

		Department of Citizenship an ore completing thi iscriminate again he refusal to hire nation.	st work-authorized individual an individual because the do	at be available ls. Employer ocumentation	s CANNO n presented	r specify which I has a future	
	than the first day of employment, but not befor			unu olgin oc		onn i o no later	
		Name (Given Nam itus	e) Middle Initial B	Other Name	s Used (if a	ny)	required
Address cannot be a	Address (Street Number and Name) P.O. Box 123	Apt. Number NA	City or Town Big Rapids	s	State	Zip Code	No state
P.O. box	Date of Birth (mm/dd/yyyy) U.S. Social Security Nur 09/19/1990 12		ess alldog1@yahoo.com	I	· ·	ne Number 456-7890	chosen
	I am aware that federal law provides for impri connection with the completion of this form. Lattest, under penalty of perjury, that I am (ch			s or use of f	false docu	iments in	
Not clear if student	A noncitizen national of the United States (S						
	A lawful permanent resident (Alien Registrat						
intentionally left spaces	 An alien authorized to work until (expiration date, (See instructions) 	if applicable, mm/d	ld/yyyy)	. Some aliens	s may write	"N/A" in this field.	
blank or not, need the	For aliens authorized to work, provide your A	lien Registration	Number/USCIS Number O	R Form I-94	Admissio	n Number:	
other numbers or lines	1. Alien Registration Number/USCIS Numbe					3-D Barcode	
through blank boxes	OR 2. Form I-94 Admission Number:				Do Not	Write in This Space	
0	If you obtained your admission number fro States, include the following:	m CBP in conne	ction with your arrival in the	United			
	Foreign Passport Number:						
	Country of Issuance:			•			
	Some aliens may write "N/A" on the Foreig	in Passport Num	ber and Country of Issuanc	e fields. (Se	e instructio	ons)	
	Signature of Employee: Debbera Lun	sted		Date (mm/	/dd/yyyy):	05/06/2013	
	Preparer and/or Translator Certification employee.)	To be completed	l and signed if Section 1 is p	prepared by	a person (other than the	
	I attest, under penalty of perjury, that I have a information is true and correct.	ssisted in the c	ompletion of this form and	d that to the	e best of n	ny knowledge the	
	Signature of Preparer or Translator:				Date (m	m/dd/yyyy):	
	Last Name (Family Name)		First Name (Giv	en Name)			Service States of the
	Address (Street Number and Name)		City or Town		State	Zip Code	
	STOP	Employer Co	ompletes Next Page	STOP			
	Form I-9 03/08/13 N					Page 7 of	

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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:
Social Security Card Issuing Authority: SSA	Driver's License Issuing Authority: State of Michigan	Issuing Authority:
Document Number: 123-45-6789	Document Number: XXXX-XXX-XXX-XXX	Document Number:
Expiration Date (if any)(mm/dd/yyyy): N/A	Expiration Date (if any)(mm/dd/yyyy): 05/06/2016	Expiration Date (if any)(mm/dd/yyyy):
Document Title:		
Issuing Authority:	-11	
Document Number:	-1	
Expiration Date (if any)(mm/dd/yyyy):	-1	
Document Title:	1	3-D Barcode Do Not Write in This Space
Issuing Authority:	-	
Document Number:	-1	
Expiration Date (if any)(mm/dd/yyyy):	-11	-

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): 05/06/2013 (See instructions for exemptions.)

Signature of Employer or Authorized Representative	Date (mm/dd)yy	y)	Title of Employer or A	uthorized Ra	epresentative
	05/06/2013		Student Emplo	oyment S	Rep
Last Name (Family Name) First Name (Given Name)	Empi	oyer's Business or Org	anization Na	ime
Debbera Lun	sted	Fer	ris State Univ	versity	
Employer's Business or Organization Address (Street Number	and Name) City or To	wn		State	Zip Code
1201 S. State Street CSS 101	Big R	apids		MI 💽	49307

 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 previous grant of 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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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 CR 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 explaidon date, if any.) Employer did not print students' full name

Document used in List A is not acceptable to be there, per the guidelines for List A, the two lists should be shifted over and would read as List B and List C

ЪТ	• • •	
NO.	signature	
10	Signature	

First and last name are switched

List A Identity and Employment Authorization		List B Identity	AND	-	List C Employment Authorization
Document Title: Social Security Card Study Authority:	Dri	ment Title: .ver's License ng Authority:		Documer Issuing A	at Title: authority:
53A Document Number: 123-45-6789	Docu	ite of Michigan mentNumber: X-XXX-XXX-XXX		Documer	nt Number:
Expiration Date <i>(if any)(mm/dd/yyyy):</i> N/A		ation Date (if any)(mm/dd/yyyy) /06/2016	:	Expiratio	n Date (if any)(mm/dd/yyyy):
Document Title: souing Authority: Document Number:					
Expiration Date (if any)(mm/dd/yyyy):					3-D Barcode
Document Title:					Do Not Write in This Space
ssuing 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): 05/06/2013 (See instructions for exemptions.)

Signature of Employer or Authorized R	lepresentative	Date (mm/dd/yyyy/		Title of Employe	r or A	uthorize	d Re	epresentative	
		05/0	6/2013		Student E	mplo	yment	5 3	lep	
Last Name (Family Name)	First Name (Give	n Name	Ŋ	Empio	yer's Business o	r Orga	anization	Na	me	
Debbera	Lunste	d		Fer	ris State	Univ	versi	ty		
Employer's Business or Organization A	Address (Street Number and)	Name)	City or Tow	n			State		Zip Code	
1201 S. State Street CS	55 101		Big Ray	01ds			MI	•	49307	
			-							_
Section 3. Reverification a	ind Rehires (To be con	npieter	d and signe	d by e	imployer or aut	horiz	ed repre	950	ntative.)	
A. New Name (if applicable) Last Nam	e (Family Name) First Name	(Given	Name)	M	ódie Initial B. Da	ate of i	Rehire (i	f ap	plicable) (mm/dd/y)	NN)
C. If employee's previous grant of emplo					for the document	from I	ist 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:
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Form I-9 03/08/13 N



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	OD List D	AND List C
List A Identity and Employment Authorization	OR List B Identity	AND List C Employment Authorization
Document Title:	Document Title:	Document Title:
cocument me.	Social Security Card	Driver's License
Issuing Authority:	Issuing Authority:	Issuing Authority: State of Michigan
Document Number:	Document Number: 123-45-6789	Document Number: XXXX-XXX-XXX
Expiration Date (if any)(mm/dd/yyyy):	Expiration Date (if any)(mm/dd/yyyy):	Expiration Date (if any)(mm/dd/yyyy): 09/19/2016
Document Title:		
Issuing Authority:	-11	
Document Number:	-1	
Expiration Date (if any)(mm/dd/yyyy):	-1	
Document Title:		3-D Barcode Do Not Write in This Space
Issuing Authority:	-11	
Document Number:		
Expiration Date (if any)(mm/dd/yyyy):	-11	

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): 05/06/2013 (See instructions for exemptions.)

Signature of Employer or Authorized Representative Debbera Lunsted Date (mm/dd/yyyy) Title of Employer or Authorized Representative 05/16/2013 Student Employment Rep Last Name (Family Name) First Name (Given Name) Employer's Business or Organization Name Lunsted Debbera Ferris State University Employer's Business or Organization Address (Street Number and Name) City or Town State Zip Code 1201 S. State Street CSS 101 49307 Big Rapids MI -

 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:



(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:	Bulldog,	Brutus E	3
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List A Identity and Employment Authorization	OR List B Identity	AND List C Employment Authorization			
Document Title:	Document Title: Social Security Card	Document Title: Driver's License			
Issuing Authority:	Issuing Authority:	Issuing Authority: State of Michigan			
Document Number:	Document Number: 123-45-6789	Document Number: XXXX-XXX-XXX-XXX			
Expiration Date (if any)(mm/dd/yyyy):	Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy): 09/19/2016			
Document Title:					
Issuing Authority:	-11				
Document Number:	1				
Expiration Date (if any)(mm/dd/yyyy):	1	3-D Barcode			
Document Title:	1	Do Not Write in This Space			
Issuing Authority:	-11				
Document Number:	1				
Expiration Date (if any)(mm/dd/yyyy):	-11				

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):	05/06	5/2013	_ (\$	ee instructions for	exem	ptio	ns.)
Signature of Employer or Authorized Representative	Date (/	mm/dd/yyyy)		Title of Employer or Ar	uthoriz	ed Ri	epresentative
Debbera Lunsted	05/1	6/2013	-	Student Emplo	ymen	t I	lep
Last Name (Family Name) First Name (Give	n Name	9	Emplo	yer's Business or Orga	nizatio	n Na	me
Lunsted Debbera			Fer	ris State Univ	rersi	ty	
Employer's Business or Organization Address (Street Number and	Name)	City or Town	n		State		Zip Code
1201 S. State Street CSS 101		Big Rap	ids		MI	•	49307

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 (# applicable) (mm/dd/yyyy)

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):			
attest under seasts of sectors that to the best of my broudedes this employee is sutherized to used in the United States and if					

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:		

Both the issuing authority and expiration date need to be filled out, even if not applicable for expiration date there needs to be an N/A or a line in the field

Dates listed by employer is not within three days of start of employment

Any questions feel free to contact the Student Employment Office!