

I-9 Completion for Students



Pay extra attention to these areas!



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)		2 Middle Initial	3 Other Names Used (if any)	
Address (Street Number and Name) No P.O. box can be used			Apt. Number	City or Town	State	Zip Code
Date of Birth (mm/dd/yyyy)	4 U.S. Social Security Number	E-mail Address		5	6 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):

- citizen of the United States
- noncitizen national of the United States (See instructions)
- 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: 8	Date (mm/dd/yyyy): 9
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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



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.)

10

Employee Last Name, First Name and Middle Initial from Section 4:

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: 0 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):				

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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.

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The employee's first day of employment (mm/dd/yyyy): 12 (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

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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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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.



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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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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 <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) Bulldog	First Name (Given Name) Brutus	Middle Initial B	Other Names Used (if any) N/A	
Address (Street Number and Name) 1234 Ruff Road	Apt. Number NA	City or Town Big Rapids	State MI	Zip Code 49307
Date of Birth (mm/dd/yyyy) 09/19/1990	U.S. Social Security Number 1 2 3 - 4 5 - 6 7 8 9	E-mail Address brutusbulldog1@ferris.edu	Telephone Number (012) 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)*

3-D Barcode
Do Not Write in This Space

Signature of Employee: <i>Brutus B. Bulldog</i>	Date (mm/dd/yyyy): 05/06/2013
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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



Example of a properly filled out employee section.

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: Driver's Licence		Document Title: Social Security Card
Issuing Authority:		Issuing Authority: State of Michigan		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:				
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): 05/06/2013 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <i>Debbera Lunsted</i>		Date (mm/dd/yyyy) 05/06/2013	Title of Employer or Authorized Representative Student Employment Rep	
Last Name (Family Name) Lunsted		First Name (Given Name) Debbera	Employer's Business or Organization Name Ferris State University	
Employer's Business or Organization Address (Street Number and Name) 1201 S. State Street CSS 101		City or Town Big Rapids	State MI	Zip Code 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 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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I-9 Completion for International Students



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.



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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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) Bulldog		First Name (Given Name) Betty		Middle Initial B	Other Names Used (if any)	
Address (Street Number and Name) 1234 Dog House Road		Apt. Number NA	City or Town Big Rapids		State MI	Zip Code 49307
Date of Birth (mm/dd/yyyy) 05/05/1990	U.S. Social Security Number 1-2-3-4-5-6-7-8-9	E-mail Address bulldogb2@ferris.edu		Telephone Number (012) 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: 1 2 3 4 5 6 7 8 9 1 2

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

Foreign Passport Number: J123467

Country of Issuance: Ferrisland

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: 8	Date (mm/dd/yyyy): 9 5/06/2013
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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



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

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 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.)

10 Employee Last Name, First Name and Middle Initial from Section 1: Bulldog, Betty B

List A Identity and Employment Authorization	OR List B Identity	AND List C Employment Authorization
Document Title: Passport	Document Title:	Document Title:
Issuing Authority: Ferrisland	Issuing Authority:	Issuing Authority:
Document Number: J123467	Document Number:	Document Number:
Expiration Date (if any)(mm/dd/yyyy): 06/06/2018	Expiration Date (if any)(mm/dd/yyyy):	Expiration Date (if any)(mm/dd/yyyy):
Document Title: I-94	Date is equivalent to duration of status ← Optional	
Issuing Authority: Dept of Homeland Security		
Document Number: 12345678912		
Expiration Date (if any)(mm/dd/yyyy): 08/08/2018		
Document Title: I-20	3-D Barcode Do Not Write in This Space	
Issuing Authority: SEVIS		
Document Number: M000341567189		
Expiration Date (if any)(mm/dd/yyyy): 08/08/2018		

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

13 Signature of Employer or Authorized Representative		Date (mm/dd/yyyy) 05/06/2013	Title of Employer or Authorized Representative Student Employment Rep	
Last Name (Family Name) Lunsted		First Name (Given Name) Debbera	14 Employer's Business or Organization Name Ferris State University	
Employer's Business or Organization Address (Street Number and Name) 1201 S. State Street CSS 101		City or Town Big Rapids	State MI	Zip Code 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 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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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

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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) Brutus		First Name (Given Name) Bulldog		Middle Initial B	Other Names Used (if any) N/A
Address (Street Number and Name) 1234 Ruff Road		Apt. Number NA	City or Town Big Rapids	State MI	Zip Code 49307
Date of Birth (mm/dd/yyyy) 05/06/2013	U.S. Social Security Number 1 2 3 - 4 5 - 6 7 8 9	E-mail Address brutusbulldog1@ferris.edu		Telephone Number (012) 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)

3-D Barcode
Do Not Write in This Space

Signature of Employee:	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 (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**



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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) Brutus	First Name (Given Name) Bulldog	Middle Initial B	Other Names Used (if any) N/A		
Address (Street Number and Name) 1234 Ruff Road		Apt. Number NA	City or Town Big Rapids	State MI	Zip Code 49307
Date of Birth (mm/dd/yyyy) 05/06/2013	U.S. Social Security Number 123-45-6789	E-mail Address brutusbulldog1@ferris.edu		Telephone Number (012) 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)



Signature of Employee:	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 (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**

The first and last names need to be switched

Instead of birth date, calendar date is listed

Did not check one of the four boxes

Employee signature is missing



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Section 1. Employee Information and Attestation <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) Bulldog		First Name (Given Name) Brutus		Middle Initial B	Other Names Used (if any)
Address (Street Number and Name) P.O. Box 123			Apt. Number NA	City or Town Big Rapids	State [Dropdown]
Date of Birth (mm/dd/yyyy) 09/19/1990			U.S. Social Security Number [] [] [] - [] [] - 1 2 3 4	E-mail Address brutusbulldog1@yahoo.com	Telephone Number (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):

- 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: [Dropdown]

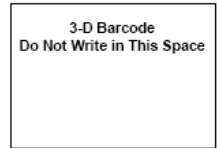
Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

Signature of Employee: Debbera Lunsted	Date (mm/dd/yyyy): 05/06/2013 [Dropdown]
---	--

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 [Dropdown] Zip Code



Employer Completes Next Page





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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) Bulldog		First Name (Given Name) Brutus		Middle Initial B	Other Names Used (if any)	
Address (Street Number and Name) P.O. Box 123			Apt. Number NA	City or Town Big Rapids	State	Zip Code 49307
Date of Birth (mm/dd/yyyy) 09/19/1990	U.S. Social Security Number [] [] - [] [] - 1234	E-mail Address brutusbulldog1@yahoo.com			Telephone Number (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):

- 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: <i>Debbera Lunsted</i>	Date (mm/dd/yyyy): 05/06/2013
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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



Needs to be filled in, even if not applicable N/A or a line through required

No state chosen

Address cannot be a P.O. box

Not clear if student intentionally left spaces blank or not, need the other numbers or lines through blank boxes

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: Social Security Card		Document Title: Driver's License		Document Title:
Issuing Authority: SSA		Issuing Authority: State of Michigan		Issuing Authority:
Document Number: 123-45-6789		Document Number: XXXX-XXX-XXXX		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:				3-D Barcode Do Not Write in This Space
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): 05/06/2013 (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy) 05/06/2013	Title of Employer or Authorized Representative Student Employment Rep	
Last Name (Family Name) Debbers	First Name (Given Name) Lunsted	Employer's Business or Organization Name Ferris State University		
Employer's Business or Organization Address (Street Number and Name) 1201 S. State Street CSS 101		City or Town Big Rapids	State MI	Zip Code 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 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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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: Social Security Card		Document Title: Driver's License		Document Title:
Issuing Authority: SSA		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:				
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): 05/06/2013 (See instructions for exemptions.)

Signature of Employer or Authorized Representative	Date (mm/dd/yyyy) 05/06/2013	Title of Employer or Authorized Representative Student Employment Rep
Last Name (Family Name) Debbers	First Name (Given Name) Lunsted	Employer's Business or Organization Name Ferris State University
Employer's Business or Organization Address (Street Number and Name) 1201 S. State Street CSS 101	City or Town Big Rapids	State MI
		Zip Code 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).

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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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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

No signature

First and last name are switched

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: 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-XXXX-XXXX-XXXX
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:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

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Certification

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The employee's first day of employment (mm/dd/yyyy): 05/06/2013 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <i>Debbera Lunsted</i>	Date (mm/dd/yyyy) 05/16/2013	Title of Employer or Authorized Representative Student Employment Rep
Last Name (Family Name) Lunsted	First Name (Given Name) Debbera	Employer's Business or Organization Name Ferris State University
Employer's Business or Organization Address (Street Number and Name) 1201 S. State Street CSS 101	City or Town Big Rapids	State MI
		Zip Code 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):
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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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Section 2. Employer or Authorized Representative Review and Verification

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