



Employment Eligibility Verification

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

USCIS
Form I-9

OMB No. 1615-0047
Expires 07/31/2026

Read the form completely and make sure instructions are available to the employee during completion.

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

Employers cannot specify which documents are presented.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B. Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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.

Ensure the employee information matches what is on the presented documentation.

Last Name (Family Name) Bulldog		First Name (Given Name) Brutus		Middle Initial (if any) T	Other Last Names Used (if any) N/A	
Address (Street Number and Name) 123 Ferris State Drive			Apt. Number (if any)	City or Town Big Rapids		State MI
Date of Birth (mm/dd/yyyy) 08/08/1930		U.S. Social Security Number X X X X X X X X X		Employee's Email Address brutus@ferris.edu		Employee's Telephone Number 555-555-5555

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

1. A citizen of the United States

2. A noncitizen national of the United States (See Instructions.)

3. A lawful permanent resident (Enter USCIS or A-Number.)

4. A noncitizen (other than **Item Numbers 2.** and **3.** above) authorized to work until (exp. date, if any)

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
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Ensure the employee selects the option that applies to them.

Signature of Employee Brutus T. Bulldog	Today's Date (mm/dd/yyyy) 10/30/2023
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The employee must sign and date the form or it is considered incomplete..

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1			Driver's License		Social Security Card
Issuing Authority			Michigan		Social Security Admin.
Document Number (if any)			B-000-000-000-000		xxx-xx-xxxx
Expiration Date (if any)			08/08/2022		N/A
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.					First Day of Employment (mm/dd/yyyy): _____
Last Name, First Name and Title of Employer or Authorized Representative A. Person, HR Administrator		Signature of Employer or Authorized Representative <i>A. Person</i>		Today's Date (mm/dd/yyyy) 10/30/2023	
Employer's Business or Organization Name Ferris State University		Employer's Business or Organization Address, City or Town, State, ZIP Code 1201 S. State Street, Big Rapids, MI 49307			

Enter the information from the documentation provided in the appropriate location

Ensure the documentation as reviewed and sign the form within three (3) days of

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

If the I-9 is completed outside of the HR office, you must send the original to HR with the additional hiring paperwork. Do not keep copies of the I-9 in your department.