



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

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

ANTI-DISCRIMINATION: Employees for whom acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation for Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification, differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1 is filled out by the employee

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 (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	ZIP Code 49307		
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.) **12345678912**

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
		12345678912		J1234567 Ferrislandia

Signature of Employee
Brutus T. Bulldog

Today's Date (mm/dd/yyyy)
10/30/2023

Section 2 is filled out by the employer

If a preparer and/or translator assisted you in completing this form, you **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: An authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment. The authorized representative must 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.

Document Title	List A	OR	List B	AND	List C
Document Title 1	Passport				
Issuing Authority	Ferrislandia				
Document Number (if any)	J1234567				
Expiration Date (if any)	10/30/2026				
Document Title 2 (if any)	Additional Information				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Check here if you used an alternative procedure authorized by DHS to examine documents.

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): **10/30/2023**

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	

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.