New Form I-9 and Best Practices

Kim Clarke
kaclarke@varnumlaw.com
616-336-6441
04/10/2013
Employer Work Authorization Obligation

- Not knowingly hire
- Not knowingly continue to employ
- Form I-9 is requirement and defense
Pre-hire – May not ask

- Citizenship/nationality
- Immigration status
- Type of work authorization
- Whether have green card
I-9 Process

- Verification of identity
- Verification of work authorization
- Verification obligation only requires reasonable inquiry; i.e. "You are not ICE"
New Form I-9

- Must use 5/7/2013
- Two page
- Additional optional information
- Attempts to clarify form
New Form I-9

## Employment Eligibility Verification

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

### 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.)

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td></td>
</tr>
<tr>
<td>First Name (Given Name)</td>
<td></td>
</tr>
<tr>
<td>Middle Initial</td>
<td></td>
</tr>
<tr>
<td>Other Names Used (if any)</td>
<td></td>
</tr>
<tr>
<td>Address (Street Number and Name)</td>
<td></td>
</tr>
<tr>
<td>Apt. Number</td>
<td></td>
</tr>
<tr>
<td>City or Town</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Zip Code</td>
<td></td>
</tr>
<tr>
<td>Date of Birth (mm/dd/yyyy)</td>
<td></td>
</tr>
<tr>
<td>U.S. Social Security Number</td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
<tr>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

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 non-citizen 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:

1. Alien Registration Number/USCIS Number: [ ]
2. Form I-94 Admission Number: [ ]

### Signature of Employee

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date (mm/dd/yyyy)</td>
<td></td>
</tr>
</tbody>
</table>

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.

<table>
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<tr>
<th>Field</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Signature of Preparer or Translator</td>
<td></td>
</tr>
<tr>
<td>Date (mm/dd/yyyy)</td>
<td></td>
</tr>
<tr>
<td>Last Name (Family Name)</td>
<td></td>
</tr>
<tr>
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</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Zip Code</td>
<td></td>
</tr>
</tbody>
</table>

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**VARNUM**  
**Attorneys at Law**
Section 2. Employer or Authorized Representative Review and Verification

<table>
<thead>
<tr>
<th>List A</th>
<th>List B</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identity and Employment Authorization</td>
<td>Identity</td>
<td>Employment Authorization</td>
</tr>
<tr>
<td>Document Title:</td>
<td>Document Title:</td>
<td>Document Title:</td>
</tr>
<tr>
<td>Issuing Authority:</td>
<td>Issuing Authority:</td>
<td>Issuing Authority:</td>
</tr>
<tr>
<td>Document Number:</td>
<td>Document Number:</td>
<td>Document Number:</td>
</tr>
<tr>
<td>Expiration Date (if any): mm/dd/yyyy:</td>
<td>Expiration Date (if any): mm/dd/yyyy:</td>
<td>Expiration Date (if any): mm/dd/yyyy:</td>
</tr>
</tbody>
</table>

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 Authorized Representative]

Section 3. Reverification and Rehires

[To be completed and signed by employer or authorized representative]
# Lists of Acceptable Documents

All documents must be UNEXPIRED.

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

<table>
<thead>
<tr>
<th>List A</th>
<th>Documents that Establish Both Identity and Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>U.S. Passport or U.S. Passport Card</td>
</tr>
<tr>
<td>2.</td>
<td>Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
</tr>
<tr>
<td>3.</td>
<td>Foreign passport that contains a temporary I-551 or temporary I-551 printed notation on a machine-readable immigrant visa</td>
</tr>
<tr>
<td>4.</td>
<td>Employment Authorization Document that contains a photograph (Form I-766)</td>
</tr>
<tr>
<td>5.</td>
<td>For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
</tr>
<tr>
<td>a.</td>
<td>Foreign passport, and</td>
</tr>
<tr>
<td>b.</td>
<td>Form I-444 or Form I-444A that has the following:</td>
</tr>
<tr>
<td>(1)</td>
<td>The same name as the passport; and</td>
</tr>
<tr>
<td>(2)</td>
<td>An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</td>
</tr>
<tr>
<td>6.</td>
<td>Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-444 or Form I-444A indicating nonimmigrant admission under the Compact of Free Association between the United States and the FSM or RMI</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>List B</th>
<th>Documents that Establish Identity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Driver’s license or ID card issued by a State or territory of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
</tr>
<tr>
<td>2.</td>
<td>ID card issued by federal, state or local government agencies or entities; provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
</tr>
<tr>
<td>3.</td>
<td>School ID card with a photograph</td>
</tr>
<tr>
<td>4.</td>
<td>Voter’s registration card</td>
</tr>
<tr>
<td>5.</td>
<td>U.S. Military card or draft record</td>
</tr>
<tr>
<td>6.</td>
<td>Military dependent’s ID card</td>
</tr>
<tr>
<td>7.</td>
<td>U.S. Coast Guard Merchant Mariner Card</td>
</tr>
<tr>
<td>8.</td>
<td>Native American tribal document</td>
</tr>
<tr>
<td>9.</td>
<td>Driver’s license issued by a Canadian government authority</td>
</tr>
<tr>
<td>10.</td>
<td>For persons under age 18 who are unable to present a document listed above:</td>
</tr>
<tr>
<td>11.</td>
<td>School record or report card</td>
</tr>
<tr>
<td>12.</td>
<td>Clinic, doctor, or hospital record</td>
</tr>
<tr>
<td>13.</td>
<td>Day-care or nursery school record</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>List C</th>
<th>Documents that Establish Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>A Social Security Account Number card, unless the card includes one of the following restrictions:</td>
</tr>
<tr>
<td>(1)</td>
<td>NOT VALID FOR EMPLOYMENT</td>
</tr>
<tr>
<td>(2)</td>
<td>VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
</tr>
<tr>
<td>(3)</td>
<td>VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
</tr>
<tr>
<td>2.</td>
<td>Certification of Birth Abroad issued by the Department of State (Form FS-545)</td>
</tr>
<tr>
<td>3.</td>
<td>Certification of Report of Birth issued by the Department of State (Form DS-1550)</td>
</tr>
<tr>
<td>4.</td>
<td>Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</td>
</tr>
<tr>
<td>5.</td>
<td>Native American tribal document</td>
</tr>
<tr>
<td>6.</td>
<td>U.S. Citizen ID Card (Form I-197)</td>
</tr>
<tr>
<td>7.</td>
<td>Identification Card for Use of Resident Citizen in the United States (Form I-170)</td>
</tr>
<tr>
<td>8.</td>
<td>Employment authorization document issued by the Department of Homeland Security</td>
</tr>
</tbody>
</table>

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

Refer to Section 2 of the instructions, titled “Employer or Authorized Representative Review and Verification,” for more information about acceptable receipts.
Old Form I-9
Section 1 – 1st Day of Employment

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

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

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.)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Names Used (if any)</th>
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</table>

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<tr>
<th>Address (Street Number and Name)</th>
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<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>E-mail Address</th>
<th>Telephone Number</th>
</tr>
</thead>
</table>

VARNUM
ATTORNEYS AT LAW
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): ____________________________

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 (mm/dd/yyyy): ________________

Last Name (Family Name): ___________________ First Name (Given Name): ___________________

Address (Street Number and Name): ___________________________________________ City or Town: _____________

State: __________ Zip Code: __________

Employer Completes Next Page
Section 2 – By 3rd of Employment

- Ask employee to present acceptable documentation from List A, or Lists B and C (list attached), to verify statement of employment authorization in Section 1
- Expired documents are no longer acceptable forms of identification
- Remember that choice of documents is employee's
- Do not request more or different documentation
- Review documents: Do they appear genuine and to relate to presenter?
- Simply attaching copies of documents is not sufficient
Section 2. Employer or Authorized Representative Review and Verification

Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee’s first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the “Lists of Acceptable Documents” on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.

Employee Last Name, First Name and Middle Initial from Section 1:
<table>
<thead>
<tr>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
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<td>Expiration Date (if any)(mm/dd/yyyy):</td>
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<td>Expiration Date (if any)(mm/dd/yyyy):</td>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
</tr>
</tbody>
</table>

3-D Barcode
Do Not Write in This Space
Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee’s first day of employment (mm/dd/yyyy): [ ] (See instructions for exemptions.)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Employer’s Business or Organization Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Employer’s Business or Organization Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>
I-9 Required Timeline

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

- Section 1 employment authorization expiration
- Section 2 employment authorization document only
- Reverify before expiration
- Do not reverify permanent residence card
Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

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.

<table>
<thead>
<tr>
<th>Document Title:</th>
<th>Document Number:</th>
<th>Expiration Date (if any) (mm/dd/yyyy):</th>
</tr>
</thead>
</table>

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:
Record Keeping

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

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

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

- Response to ICE Raid
  - Attorney
  - Examine search warrant
  - Cooperation
  - Gather information from supervising agent/U.S. Attorney – ask questions
  - Assign company representatives to each agent
  - Communication
Form I-9 - Enforcement Results

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

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

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

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

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

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 documents 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 (Employers must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) First Name (Given Name) Middle Initial Other Names Used (If any)
Bob Jones

Address (Street Number and Name) Apt. Number City or Town State Zip Code
Campus
Big Rapids
MI

Date of Birth (mm/dd/yyyy) Social Security Number Email Address Telephone Number
1/23/45 6789 bjones@ferris.edu

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): 04/03/2013

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:

Last Name (Family Name) First Name (Given Name)

Address (Street Number and Name) City or Town State Zip Code

Employer Completes Next Page

Form I-9 04/08/13 N
Page 7 of 9
Section 2. Employer or Authorized Representative Review and Verification

(Employee or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You may 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.)

<table>
<thead>
<tr>
<th>Employee Last Name, First Name and Middle Initial from Section 1:</th>
<th>Bob Jones</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>List A</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Document Title:</strong></td>
<td><strong>Document Title:</strong></td>
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</tr>
</tbody>
</table>

**Certification**

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

**The employee's first day of employment (mm/dd/yyyy): 04/03/2013 (See instructions for exemptions.)**

**Signature of Employer or Authorized Representative:** Kimberly Clarke

**Date (mm/dd/yyyy): 04/03/2013**

**Employee's Business or Organization Name:** Ferris

**City or Town:** Big Rapids

**State:** 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): Kimberly Clarke

B. Date of Rehire (if applicable) (mm/dd/yyyy): 04/03/2013

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:** Kimberly Clarke
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): Jones
First Name (Given Name): Bob
Middle Initial: E
Other Names Used (if any):

Address (Street Number and Name): Campus
Apt. Number: Big Rapids
City or Town: MI
State: MI
Zip Code:

Date of Birth (mm/dd/yyyy): 1/23/1958
U.S. Social Security Number: 1-23-45-6789
E-mail Address: b.jones@ferris.edu
Telephone Number:

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

☑ A citizen of the United States
☐ A noncitizen national of the United States (See instructions)
☐ A lawful permanent resident (Alien Registration Number/USCIS Number):

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

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-194 Admission Number:

1. Alien Registration Number/USCIS Number: ____________________

OR

2. Form I-194 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 "NA" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: ____________________
Date (mm/dd/yyyy): 04/03/2013

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 to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator: ____________________
Date (mm/dd/yyyy): ____________________

Last Name (Family Name): ____________________
First Name (Given Name): ____________________

Address (Street Number and Name): ____________________
City or Town: ____________________
State: ____________________
Zip Code: ____________________

Employer Completes Next Page
Section 2. Employer or Authorized Representative Review and Verification

Employer Last Name, First Name and Middle Initial from Section 1: Bob Jones

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<td>Document Title:</td>
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<td>Expiration Date (if any) (mm/dd/yyyy):</td>
</tr>
</tbody>
</table>

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

I-D Barcode  
Do Not Write in This Space

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee’s first day of employment (mm/dd/yyyy): 04/03/2013  
(Signature of Employer or Authorized Representative)  
Signature: Kimberly Clark  
Last Name (Family Name):  
First Name (Given Name):  
Employer's Business or Organization Name: Ferris  
Employer's Business or Organization Address (Street Number and Name): Campus  
City or Town: Big Rapids  
State:  
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 Rehires (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 that 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:  
Case (mm/dd/yyyy):  
First Name of Employer or Authorized Representative:
Employment Eligibility Verification

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) | First Name (Given Name) | Middle Initial | Other Names Used (if any) |
-------------------------|------------------------|---------------|--------------------------|
Smith                    | James                  |               |                          |

Address (Street Number and Name) | Apt Number | City or Town | State | Zip Code |
---------------------------------|------------|--------------|-------|----------|
415 Main Street                |            | Big Rapids   | MI    | 49307    |

Date of Birth (mm/dd/yyyy) | U.S. Social Security Number | E-mail Address |
----------------------------|----------------------------|---------------|
3/7/62                      |                           |               |

Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

☐ A citizen of the United States
☐ A noncitizen national of the United States (See Instructions)
☒ A lawful permanent resident ( Alien Registration Number/USCIS Number) __________________________

☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) ___________ Some aliens may write "NA" 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 "NA" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: __________________________

Date (mm/dd/yyyy): 04/10/13

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 |
------------------------|------------------------|---------------------------------|--------------|-------|----------|
|                        |                        |                                 |              |       |          |
Section 2. Employer or Authorized Representative Review and Verification

(Employee 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 "List 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:

<table>
<thead>
<tr>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identity and Employment Authorization</td>
<td>Document Title:</td>
<td>Document Title:</td>
<td>Document Title:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Issuing Authority:</td>
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<td>Expiration Date (If any) (mm/dd/yyyy):</td>
<td>Expiration Date (If any) (mm/dd/yyyy):</td>
<td></td>
</tr>
</tbody>
</table>

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 03/15/2013 (See instructions for exemptions.)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Date (mm/dd/yyyy):</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kimberly A. Clarke</td>
<td>03/15/2013</td>
<td>Dept. Mgr.</td>
</tr>
</tbody>
</table>

Employee's Business or Organization Address (Street Number and Name):

120 Oak Street

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.

<table>
<thead>
<tr>
<th>Document Title:</th>
<th>Document Number:</th>
<th>Expiration Date (If any) (mm/dd/yyyy):</th>
</tr>
</thead>
</table>

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:

Print Name of Employer or Authorized Representative:

Form L9 6/30/11 N Page 8 of 9
Employment Eligibility Verification

Section 1. Employee Information and Attestation

Last Name (Family Name)  Smith
First Name (Given Name)   James
Middle Initial  T
Other Names Used (if any)

Address (Street Number and Name)  415 Main Street
Apt Number  3
City or Town  Big Rapids
State  MI
Zip Code  49307

Date of Birth (mm/dd/yyyy)  3/7/62
U.S. Social Security Number  123-45-6789
E-mail Address
Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

☐ A citizen of the United States
☐ A noncitizen national of the United States (See instructions)
☒ A lawful permanent resident (Alien Registration Number/USCIS Number):

☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) __________________________. Some aliens may write "NA" 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 "NA" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: James T. Smith
Date (mm/dd/yyyy): 04/10/13

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:

Last Name (Family Name)
First Name (Given Name)

Address (Street Number and Name)
City or Town
State
Zip Code

Employer Completes Next Page
Section 2. Employer or Authorized Representative Review and Verification

Employees 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:

<table>
<thead>
<tr>
<th>List A Identity and Employment Authorization</th>
<th>OR</th>
<th>List B Identity</th>
<th>AND</th>
<th>List C Employment Authority</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title:</td>
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<td>Issuing Authority:</td>
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<td>Expiration Date (if any)/mm/dd/yyyy:</td>
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<td>Expiration Date (if any)/mm/dd/yyyy:</td>
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</tr>
</tbody>
</table>

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 03/15/2013 (See instructions for exemptions)

Signature of Employer or Authorized Representative: Kimberly A. Clark

Date (mm/dd/yyyy): 03/15/2013

Title of Employer or Authorized Representative:

Employer's Business or Organization Name: Ferris State University

Employer's Business or Organization Address (Street Number and Name): 420 Oak Street

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 B 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: 

Form I-9 03/08/13 N
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.)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Names Used (if any)</th>
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</thead>
<tbody>
<tr>
<td>García</td>
<td>María</td>
<td></td>
<td>Hernández</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>124 First St.</td>
<td></td>
<td>Big Rapids</td>
<td>MI</td>
<td>49307</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>E-mail Address</th>
<th>Telephone Number</th>
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</tbody>
</table>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

☐ A citizen of the United States
☐ A noncitizen national of the United States (See instructions)
☐ A lawful permanent resident (Alien Registration Number/USCIS Number)

☒ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) 11/13/2013 (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _______________ OR 2. Form I-94 Admission Number: _______________

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

Foreign Passport Number: _______________

Country of Issuance: _______________

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

Signature of Employee: ________________________ Date (mm/dd/yyyy): ________________________

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

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

Signature of Preparer or Translator: ________________________ Date (mm/dd/yyyy): 4/13

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
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<tr>
<td>García</td>
<td>María</td>
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</table>

Address (Street Number and Name) | City or Town | State | Zip Code |
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</tbody>
</table>
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 your document(s) presented by the above-named employee, and if you have any doubt about the document(s), you may request additional documentation. In the event you cannot verify a document, sign the certification “Do Not Verify This Employee” and complete the section below. For each document you review, record the following information: document title, issuing authority, document number, and expiration date (if any).

Employee Last Name, First Name and Middle Initial from Section 1: **Sanchez, Maria Garcia**

<table>
<thead>
<tr>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Document Title:</strong></td>
<td>Employment Math Doc</td>
<td><strong>Document Title:</strong></td>
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<td><strong>Expiration Date:</strong></td>
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<td><strong>Expiration Date:</strong></td>
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</tbody>
</table>

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee’s first day of employment (mm/dd/yyyy) 04/12/2013 See instructions for exemptions.

Signature of Employer or Authorized Representative

[Signature]

Date (mm/dd/yyyy) 04/12/2013

Title of Employer or Authorized Representative

[Title]

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 123

B. Date of Rehires (if applicable) (mm/dd/yyyy):

Document Title: Employment Math Doc

Document Number: 12345

Expiration Date (if any) (mm/dd/yyyy): 11/1/2013

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

[Signature]

Date (mm/dd/yyyy): 04/12/2013

Print Name of Employer or Authorized Representative

[Print Name]
Employment Eligibility Verification

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.)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maria Garcia Sanchez</td>
<td></td>
<td></td>
<td>Hernandez</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>124 First St.</td>
<td></td>
<td>Big Rapids</td>
<td>MI</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>Social Security Number</th>
<th>E-mail Address</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

I am aware that federal law prohibits employment 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: ______________________)
- [X] An alien authorized to work until expiration date if applicable, mm/dd/yyyy 11/13/2013. 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:

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 "NA" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: ______________________
Date (mm/dd/yyyy): ______________________

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

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

Signature of Preparer or Translator: ______________________
Date (mm/dd/yyyy): 4/13

<table>
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<tr>
<th>Last Name (Family Name)</th>
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<tr>
<td>Maria Garcia Sanchez</td>
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**VARNUM ATTORNEYS AT LAW**

Form I-9 03/08/13 N
Page 7 of 9
Section 2. Employer or Authorized Representative Review and Verification

Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee’s first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as stated on the "list 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. Areas:

Employee Last Name, First Name and Middle Initial from Section 1: Sánchez, María García

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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.

The employer's first day of employment (mm/dd/yyyy): 04/13/2013

Signature of Employer or Authorized Representative: [Signature]

Date (mm/dd/yyyy): 04/13/2013

Title of Employer or Authorized Representative: [Title]

Last Name (Family Name): Clarke

First Name (Given Name): [First Name]

Employer's Business or Organization Name: [Name]

Employer's Business or Organization Address (Street Number and Name): [Address]

City or Town: [City]

State: [State]

Zip Code: [Zip]

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

A. New Name (if applicable) Last Name (Family Name): [New Last Name]

First Name (Given Name): [New First Name]

Middle Initial: [Middle Initial]

B. Date of Rehire (if applicable) (mm/dd/yyyy): [Date]

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: [Title]

Document Number: [Number]

Expiration Date (if any) (mm/dd/yyyy): [Date]

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 documents, the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative: [Signature]

Date (mm/dd/yyyy): [Date]

Print Name of Employer or Authorized Representative: [Name]
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 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): Brown
First Name (Given Name): Mary
Middle Initial: Beth
Other Names Used (If any): Maribeth

Address (Street Number and Name): Main Street 123
 Apt. Number: 4
City or Town: BR
State: ND
Zip Code: 10345

Date of Birth (mm/dd/yyyy): 11/18/64
U.S. Social Security Number: N/A
E-mail Address: 

Telephone Number: 

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

☑ A citizen of the United States
☐ A noncitizen national of the United States (See instructions)
☐ A lawful permanent resident (Alien Registration Number/LRSCIS Number):
☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) 12/31/99. Some aliens may write “N/A” in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/LRSCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/LRSCIS Number: __________________________

OR

2. Form I-94 Admission Number: __________________________

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

Foreign Passport Number: __________________________

Country of Issuance: __________________________

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

Signature of Employee: __________________________

Date (mm/dd/yyyy): __________

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

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

Signature of Preparer or Translator: __________________________

Date (mm/dd/yyyy): __________

Last Name (Family Name): __________________________
First Name (Given Name): __________________________

Address (Street Number and Name): __________________________

City or Town: __________________________
State: __________________________
Zip Code: __________________________

Employer Completes Next Page

VARNUM ATTORNEYS AT LAW

Form I-9 03/08/13 N

Page 7 of 9
Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representatives 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 “List of Acceptable Documents” on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name, and Middle Initial from Section 1: Brown, Mary

<table>
<thead>
<tr>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
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<tbody>
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<td>Expiration Date (if any) (mm/dd/yyyy):</td>
<td>Expiration Date (if any) (mm/dd/yyyy):</td>
</tr>
</tbody>
</table>

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee’s first day of employment (mm/dd/yyyy): 4/4/13 (See instructions for exceptions.)

Signature of Employer or Authorized Representative

Date (mm/dd/yyyy): 4/18/13

Title of Employer or Authorized Representative

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): 4/4/2013

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: Marriage Cert

Document Number: 123-45-6789

Expiration Date (if any) (mm/dd/yyyy): 12/31/2012

Signature of Employer or Authorized Representative:

Date (mm/dd/yyyy): 4/18/2013

Print Name of Employer or Authorized Representative:

Page 8 of 9
### Employment Eligibility Verification

**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.)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown</td>
<td>Mary</td>
<td>Beth</td>
<td>Marybeth</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>Zip Code</th>
</tr>
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<tbody>
<tr>
<td>Main Street 123</td>
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<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>E-mail Address</th>
<th>Telephone Number</th>
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<tr>
<td>1964/02/08</td>
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</table>

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: __________________________
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)

<table>
<thead>
<tr>
<th>Signature of Employee:</th>
<th>Date (mm/dd/yyyy):</th>
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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.

<table>
<thead>
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<th>Signature of Preparer or Translator:</th>
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Section 2. Employer or Authorized Representative Review and Verification

(Employee or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: Brown, Mary

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</table>

Certification

I, the undersigned Employer or Authorized Representative, do hereby certify 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: 4/1/13 (See instructions for exemptions.)

Signature of Employer or Authorized Representative: Clarke

Date (mm/dd/yyyy): 4/8/13

Title of Employer or Authorized Representative: Department Manager

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: Marriage Certificate

Document Number: 12345678

Expiration Date (if any/mm/dd/yyyy):

I, the undersigned Employer or Authorized Representative, do hereby certify 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: Clarke

Date (mm/dd/yyyy): 04/10/2013

Print Name of Employer or Authorized Representative: Kim Clarke