

Form I-9, Employment Eligibility Verification

Section 1: Employee Completes

Must be completed no later than 1st day of employment

NOTE TO DEPTS:
You are responsible for reviewing & ensuring that your employee fully and properly completes Section 1.



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

Only use current form

▶ **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.)*

Employee MUST PRINT info clearly

Last Name (Family Name) Ransom		First Name (Given Name) Sheldon		Middle Initial B	Other Names Used (if any)	
Address (Street Number and Name) 12345 N. Copper Rd			Apt. Number	City or Town Houghton	State MI	Zip Code 49931
Date of Birth (mm/dd/yyyy) 00/00/2013	U.S. Social Security Number		E-mail Address Optional (otherwise, enter "N/A")		Telephone Number Optional or "N/A"	

Voluntary (unless USCIS E-Verify)

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):

1 box must be marked here

- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): **If checked, include #**
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) **If checked, include date**. Some aliens may write "N/A" in this field. *(See instructions)*

Use the mm/dd/yyyy format for all dates entered

Enter either the Alien Registration Number or the I-94 Admission Number

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: _____

If you entered an I-94 Admission Number for Line 2 above, fill in your Foreign Passport Number and Country of Issuance.

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

Signature of Employee: *Employee signs here* Date (mm/dd/yyyy): 00/00/2013

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 _____



Employer completes next page!



Section 2: List A Documents

Section 2 must be completed within 3 business days of hire.

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.)

Employer MUST fill in.

Employee Last Name, First Name and Middle Initial from Section 1: **Ransom, Sheldon B** ← From Section 1

NOTE TO DEPTS:
DO NOT write anywhere in List B & C if employee presents List A documents.

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: U.S. Passport Issuing Authority: United States Document Number: #00XX00000 Expiration Date (if any)(mm/dd/yyyy): 05/13/2020		Document Title: U.S. Passport Issuing Authority: United States Document Number: #00XX00000 Expiration Date (if any)(mm/dd/yyyy): 05/13/2020		Document Title: U.S. Passport Issuing Authority: United States Document Number: #00XX00000 Expiration Date (if any)(mm/dd/yyyy): 05/13/2020
Document Title: I-94 Issuing Authority: DHS Document Number: 0000000000 Expiration Date (if any)(mm/dd/yyyy): D/S		Document Title: I-94 Issuing Authority: DHS Document Number: 0000000000 Expiration Date (if any)(mm/dd/yyyy): D/S		Document Title: Form I-20 or Form DS-2019 Issuing Authority: DHS Document Number: N0000000000 Expiration Date (if any)(mm/dd/yyyy): 06/30/2015
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> 3-D Barcode Do Not Write in This Space </div>				

Section 2: List B & C Documents

NOTE TO DEPTS:
DO NOT write anywhere in List A if employee presents List B & C documents.

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: U.S. Passport Issuing Authority: United States Document Number: #00XX00000 Expiration Date (if any)(mm/dd/yyyy): 05/13/2020		Document Title: Driver's License Issuing Authority: State of Michigan Document Number: H12345678910 Expiration Date (if any)(mm/dd/yyyy): 00/00/2013		Document Title: Social Security Card Issuing Authority: As listed on card Document Number: 123-45-6789 Expiration Date (if any)(mm/dd/yyyy): 00/00/2013
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> 3-D Barcode Do Not Write in This Space </div>				

All lines for List B & C are required.

Section 2: Certification

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): **06/30/2013** (See instructions for exemptions.)

Signature of Employer or Authorized Representative <i>Timothy Hardy</i>	Date (mm/dd/yyyy) 07/01/2013	Title of Employer or Authorized Representative Store Manager
Last Name (Family Name) Hardy	First Name (Given Name) Timothy	Employer's Business or Organization Name Campus Bookstore
Employer's Business or Organization Address (Street Number and Name) 456 Campus Way	City or Town Collegeville	State MD
		Zip Code 12345

Section 3: To Be Completed by HR

Section 3 should ONLY be completed if a break of employment occurs or a former employee is going to be rehired.

Example: How to properly UPDATE and REVERIFY Section 3 when rehiring an employee

Only record if applicable

Section 3. Reverification and Rehires <small>(To be completed and signed by employer or authorized representative.)</small>			
A. New Name (if applicable) Last Name (Family Name)	First Name (Given Name)	Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
			06/30/2013
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):	
Permanent Resident Card	123-456-789	00/00/2013	
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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:	
<i>HR Employee or authorized person</i>	00/00/2013	HR Employee or authorized person	

DO NOT forget to sign and date Sections 2 and 3!