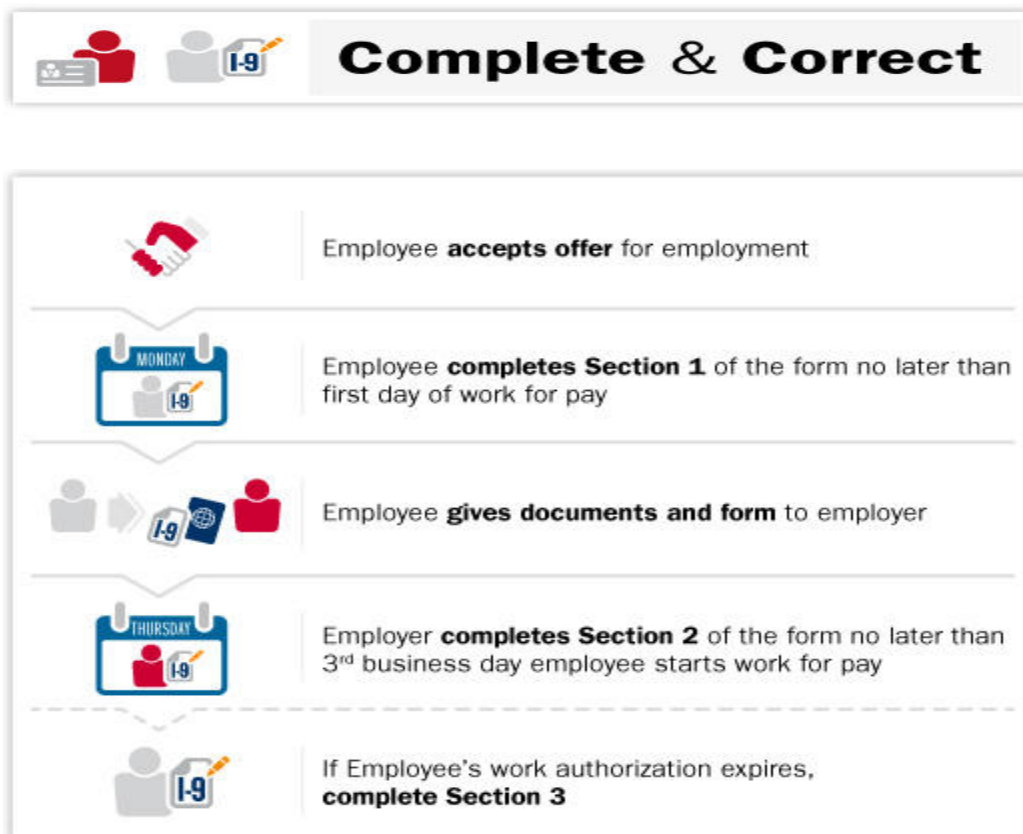


I-9 GUIDELINES & INFORMATION

- Per Federal Law, all new employees **must** have a valid I-9 Form completed on the 1st day of employment.
- If the I-9 Form is late-- Do not backdate the form. Explain why the document is late on a separate sheet of paper. Sign and date it and attach it to the original I-9. Remind all involved that federal law requires this form to be completed by the hiring department no later than the third workday.
- All original documents **must** be provided to the employer for verification within **3** business days of employment starting.
- In conjunction with the I-9, some individuals, such as nonimmigrant students and exchange visitors, **must** also present additional documentation in order to prove their work authorization in the United States.
- Social Security Cards with "Valid for Work Only with INS Authorization" **cannot** be used to satisfy the I-9.
- **White-out** is **not** allowed on any I-9. This voids the I-9 and makes it invalid.
- A new I-9 is needed when:
 - A change in citizenship status is made (i.e., from H-1B to Permanent Resident).
 - An employee is rehired after a break in employment of longer than a year.

******For rules and regulations regarding the I-9 Employment Eligibility Verification and answers to questions, contact Human Resources at extension 3454.******



Completing Section 1, Employee Information and Verification

When completing Form I-9, you must make available to your employee the complete instructions to the form and the List of Acceptable Documents.

Your newly hired employee must complete and sign Section 1 of Form I-9 no later than their first day of employment.

You may have your employees complete Form I-9:

- On their first day of employment (i.e., the actual commencement of employment of an employee for wages or other remuneration referred to as date of hire in the DHS regulations).
- Before their first day of hire, if you have offered the individual a job and if they have accepted the offer.



Employees can have help completing Section 1, including using a translator.

Employee Responsibilities for Section 1

Employees must provide their:

- Full legal name;
If the employee has two last names (family names), include both. If the employee has two first names (given names), include both.
If the employee hyphenates his or her first or last names, include the hyphen (-) between the names.
Include his or her middle initial, if the employee has a middle name.
- Other names used, if applicable (e.g., maiden name);
- Current physical address, including street name and number (no P.O. Box), city, state and ZIP code;
- Date of birth;
- Check mark next to the appropriate box to indicate whether they are a U.S. citizen or national, lawful permanent resident of the United States, or an alien authorized to work in the United States;
- Alien Registration/USCIS or Form I-94 Admission number and the date employment authorization expires (if applicable);
- Signature and date.

- All fields should be completed, if they do not apply, please use 'NA'.
- Additionally, employees may provide their:
- Social Security number (This is optional unless the employer uses E-Verify and the individual has been issued a number.)
- Telephone Number
- E-mail Address

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) Doe	First Name (Given Name) John	Middle Initial A	Other Names Used (if any) N/A	
Address (Street Number and Name) 123 Main Street	Apt. Number 1	City or Town Washington	State DC	Zip Code 20000
Date of Birth (mm/dd/yyyy) 01/01/1960	U.S. Social Security Number 000-00-0000	E-mail Address johndoe@email.com		Telephone Number (202) 123-4567

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) 02/28/2015. 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: 1 2 3 4 5 6 7 8 9

OR

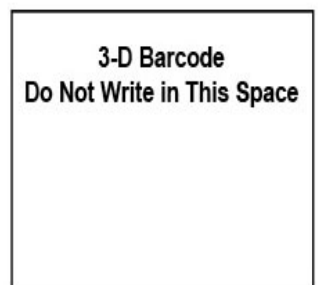
2. Form I-94 Admission Number: _____

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): Date Employee Completes Section 1
--	---

Your employee must sign the form even if a preparer or translator helps them. The preparer or translator who helps your employee must provide his or her name and address and must sign and date the certification on the form. If more than one preparer or translator is used, have the additional preparers or translators fill out the certification on additional Forms I-9 and attach the forms to the initial Form I-9.

The date your employee enters next to his or her signature should match the date the preparer/translator signed the form.

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): Date Employee Completes Section 1	
Last Name (Family Name) Doe		First Name (Given Name) Jane	
Address (Street Number and Name) 123 Main Street	City or Town Washington	State DC	Zip Code 20000

Hiring Department Responsibilities for Section 1:

You must:

- Review the information your employee provided in Section 1;
- Ensure that your employee provided information in all required fields, if they do not apply, please use 'NA';
- Ensure your employee signed and dated the form;
- Ensure the Preparer/Translator section has been completed, signed, and dated **ONLY** if your employee used a preparer/translator.

In addition:

- You should note whether your employees indicated in Section 1 that their employment authorization will expire.

Completing Section 2, Employer Review and Verification

The Hiring Department must complete and sign Section 2 of Form I-9 within three business days of the date of hire of their employee (the hire date means the first day of work for pay).

For example, if your employee began work for pay on Monday, you must complete Section 2 by Thursday of that week. If the job lasts less than three days, you must complete Section 2 no later than the first day of work for pay.



Employee Responsibilities for Section 2

Employees must present unexpired original documentation that shows the employer their identity and employment authorization. Your employees choose which documentation to present.

Employees must present (the employees must only present their documentation; the hiring department is responsible for completing it):

- One selection from List A; or
- One selection from List B in combination with one selection from List C.

Note:

- List A contains documents that show both identity and employment authorization
- List B documents show identity only
- List C documents show employment authorization only

In certain circumstances, your employee may present an acceptable receipt in lieu of a List A, B, or C document. Receipts only temporarily satisfy the document presentation requirement for Section 2.

Hiring Department Responsibilities for Section 2

The Hiring Department or an authorized representative of the Hiring Department completes Section 2. Hiring Departments or their authorized representatives must physically examine the documentation presented and sign the form.

The Hiring Department or authorized representative must:

- Ensure that any document your employee presents is on the Lists of Acceptable Documents or is an acceptable receipt. All copies of documentation must be legible and clear.

- Physically examine each document to determine if it reasonably appears to be genuine and to relate to your employee presenting it. If you determine the document does not reasonably appear to be genuine and relate to your employee, you should allow your employee to present other documentation from the List of Acceptable Documents.
- Enter your employee's Last Name, First Name and Middle Initial (if provided) from Section 1.
- Ensure that each document is listed in the appropriate lists, such as List A, List B or List C.
- Enter the document title, issuing authority, number(s) and expiration date (if any) from the original document(s) your employee presented.
- Enter the date your employee began or will begin work for pay.
- Enter the name, signature and title of the person completing Section 2, as well as the date he or she completed Section 2.
- Enter the Hiring Department's business name and physical address (please do not use P.O.Box numbers). If your company has multiple locations, use the most appropriate address that identifies the location of the hiring department with respect to the employee and his or her Form I-9 completion (e.g., the address where the Form I-9 is completed).
- Make a legible copy of the documentation presented and return the documentation back to your employee.

Entering Dates in Section 2

Section 2 includes two spaces that require dates. These spaces are for:

- Your employee's first day of employment (i.e., "date of hire" which means the commencement of employment of an employee for wages or other remuneration).
- The date you examined the documentation your employee presented to show identity and employment authorization.

The Date the Employee Began Employment

The date your employee began employment may be a current, past or future date. You should enter:

- A current date
 - If Section 2 is completed the same day your employee begins employment for wages or other remuneration
- A past date
 - If Section 2 is completed after your employee began employment for wages or other remuneration. Enter the actual date your employee began employment for wages or other remuneration.
- A future date
 - If Section 2 is completed after the employee accepts the job offer but before he or she will begin employment for wages or other remuneration, enter the date the employee expects to begin such employment. If the employee begins employment on a different date, cross out the expected start date and write in the correct start date. Date and initial the correction.

The Date the Employer Examined the Employee's Documents

This date is the actual date you complete Section 2 by examining the documentation your employee presents and signing the certification.

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: Doe, John A

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: EAD		Document Title:		Document Title:
Issuing Authority: DHS/USCIS		Issuing Authority:		Issuing Authority:
Document Number: XXX1234567891		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy): 02/28/2015		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>3-D Barcode Do Not Write in This Space</p> </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):				

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 Above** (See instructions for exemptions.)

Signature of Employer or Authorized Representative <i>Alice Smith</i>		Date (mm/dd/yyyy) Date Employer Completes Section 2	Title of Employer or Authorized Representative HR Manager	
Last Name (Family Name) Smith	First Name (Given Name) Alice	Employer's Business or Organization Name Widgets, Inc.		
Employer's Business or Organization Address (Street Number and Name) 567 Maple Street		City or Town Washington	State DC	Zip Code 20000