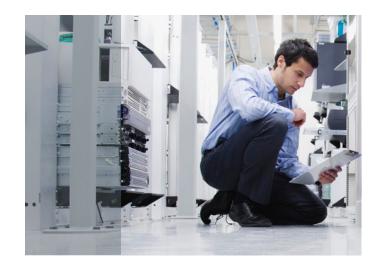
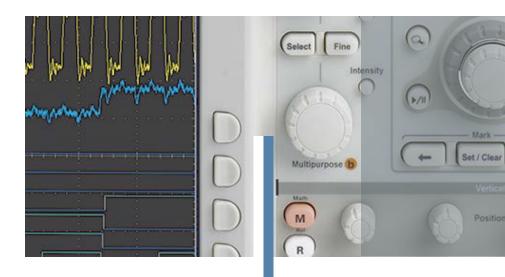
I-9 Tutorial







I-9 Tutorial: Section 1 Associate Information

Department of Homeland Security

U.S. Citizenship and Immigration Services

use of false documents in connection with the

completion of this form.

Employee's Signature

Review the form to ensure these items are **COMPLETELY** filled out

OMB No. 1615-0047; Expires 06/30/09

Form I-9, Employment Eligibility Verification

Last Name

•First Name

Middle Initial

•Maiden Name if applicable

Street Address

City

State

•Zip

Social Security Number

Date of Birth

·associate has signed and dated the form

IMPORTANT: 1 of the 3 boxes must be checked and all information filled in accordingly.

NOTE: Preparer and/or Translator Certification only to be completed if someone other then the associate completes section 1

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The retusal to hive an individual because the documents have a future expiration date may also constitute illegal discrimination.							
Section 1. Employee Informa	tion and Verification. To be complet	ed and signed by employe	e at the time employment begins.				
Print Name: Last	First	Middle Initial	Maiden Name				
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)				
City	State	Zip Code	Social Security #				
I am aware that federal law p imprisonment and/or fines fo	orovides for A cit	penalty of perjury, that I am (che izen or national of the United Sta rful permanent resident (Alien#)	tes				

An alien authorized to work until

clien # or Admission #)

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

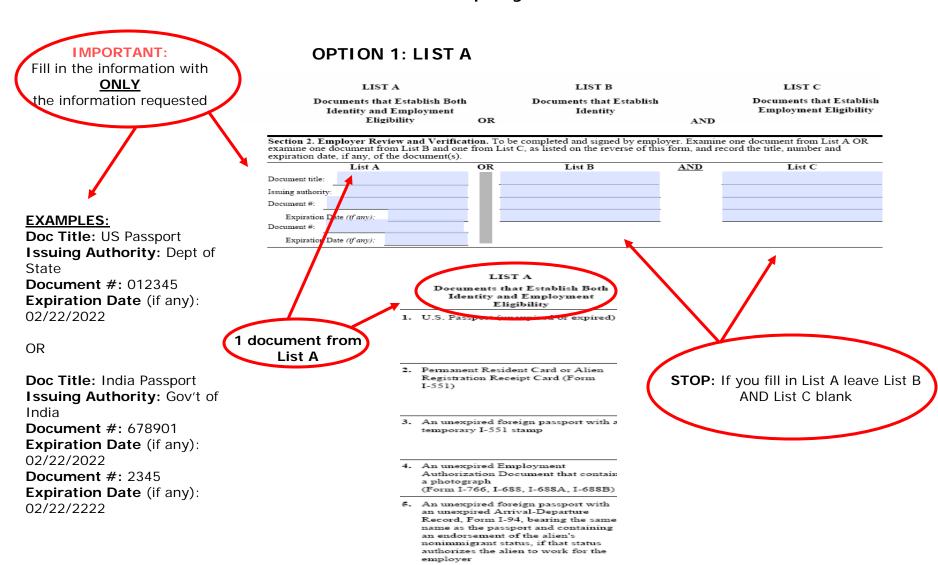
Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Treparer of Franslator's Signature	Print Name			
Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)		



Date (month/day/year)

I-9 Tutorial: Section 2: Employer Review & Verification



NOTE: List of acceptable documents are located on page 4 of the I-9



I-9 Tutorial: Section 2: Employer Review & Verification Cont'd

Fill in the information with **OPTION 2: LIST B AND LIST C** ONLY document from list B the information requested AND 1 document from list C Section 2. Employer Review and Verification. To be completed and signed by imployer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and **EXAMPLE LIST B:** Doc Title: TX DL expiration date, if any, of the document(s). **Issuing Authority: DPS** List A OR List B AND List C **Document #: 012345** Document title: Expiration Date (if any): 02/22/2022 Issuing authority: Document #: AND Expiration Date (if any): **EXAMPLE LIST C:** Document #: Doc Title: US Passport Expiration Date (if any): **Issuing Authority:** Dept of State Document #: 012345 LIST B LIST C Documents that Establish Documents that Establish Identity **Employment Eligibility** Expiration Date (if any): 02/22/2022 AND ID card issued by my card issued by a state or outlying possession of the United States provided it contains a photograph or information such as the Social Security Administration (other than a card stating it is not valid for employment) name, date of birth, gender, height, eye color and address 2. ID card issued by federal, state or Certification of Birth Abroad local government agencies or issued by the Department of State (Form FS-545 or Form DS-1350) entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address STOP: If you fill in List B AND C 3. School ID card with a photograph Original or certified copy of a birth certificate issued by a state. county, municipal authority or leave List A blank outlying possession of the United States bearing an official seal 4. Voter's registration card 4. Native American tribal document 5. U.S. Military card or draft record 5. U.S. Citizen ID Card (Form I-197) 6. Military dependent's ID card ID Card for use of Resident Citizen in the United States (Form U.S. Coast Guard Merchant Mariner I-179) Card Native American tribal document Unexpired employment authorization document issued by DHS (other than those listed under Driver's license issued by a Canadian

I-9 Tutorial

NOTE: List of acceptable documents are located on page 4 of the I-9



IMPORTANT:

I-9 Tutorial: Section 2: Employer Review & Verification Cont'd

IMPORTANT: the date the associate starts CERTIFICATION Lattest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on and that to the best of my knowledge the employee is eligible to work in the United States. (State (month/day/year) employment agencies may omit the date the employee began employment.) Signature of Employer or Authorized Representative Print Name Title Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) Date (month/day/year) **IMPORTANT:** Enter the local street address **NOT** the P.O. Box **NOTE:** date should reflect the actual day information was verified - NO BACKDATING



I-9 Tutorial: Section 3: Updating and Verification

NOTE: This is to be done by the I-9 Coordinator or whoever maintains the I-9 file

Section 3. Updating and Reverification. To be completed and signed by employer.									
A. New Name (if applicable)			B. Date of Rehire (month/day/year) (if applicable)						
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.									
Document Title:		Document #:			Expiration Date (if any	<i>i</i>):			
l attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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 Au	thorized Representative				Date (month/day/year	r)			

<u>Updating & Reverification to be used when:</u>

- Work Authorization expires from section 1
- Marriage and the last name changes
- Foreign National leaves the country & is issued a new I-94



Revised 1: 09/10/2008