

Instructions for the I9 Section 2

Normally this form is completed by your employer which would be **Evergreen** however if you are not coming into our Houston, TX office an **authorized representative** can complete this form for you.

An **authorized representative** is anyone that is not related to you and not yourself.

You will need either one form of ID from List A or one from List B **AND** List C. You can visit <https://www.uscis.gov/i-9-central/form-i-9-acceptable-documents> for a list of acceptable ID's.

Most commonly used ID's are listed below:

| <u>LIST A</u> | <u>List B</u> | <u>List C</u> |
|---------------------------|------------------------|---------------------------------------|
| - Passport | - Driver License | - Social Security Card (unrestricted) |
| - Passport Card | - Government Issued ID | - Birth Certificate |
| - Permanent Resident Card | - School ID | |
| - EAD Card | - Military Card | |

If you use an EAD or Permanent Resident Card the number you will put in **document number** will start with 3 letter and then 10 numbers. Ex. SRC1234567890. It is sometimes on the front but always on the back.

The **authorized representative** will verify the ID(s) are valid and complete the I9 section 2.

Steps to complete (see example on next page):

1. Write ID(s) information in correct list depending on what ID(s) you provide.
2. Have the **authorized representative sign** their name in BOX 1
3. Date the form in BOX 2
4. Print their last name in BOX 3
5. Print their first name in BOX 4

*****Once this is complete send me your complete I9 and copy of ID(s).*****

Please fill out the sections in yellow below.



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

| | | | | | |
|---|--|---|--|--|--------------------------------|
| Employee Info from Section 1 | | Last Name (Family Name) Print Your Last Name | First Name (Given Name) Print Your 1st Name | M.I. | Citizenship/Immigration Status |
| List A Identity and Employment Authorization | | OR | | List B Identity | AND |
| List C Employment Authorization | | | | | |
| Document Title Passport | | Document Title Drivers License or ID, etc. | | Document Title Social Security Card, etc. | |
| Issuing Authority USA | | Issuing Authority State of DL | | Issuing Authority SSA or other agency | |
| Document Number put passport # here | | Document Number DL # | | Document Number SS # | |
| Expiration Date (if any) (mm/dd/yyyy) put passport exp. date here | | Expiration Date (if any) (mm/dd/yyyy) DL exp date | | Expiration Date (if any) (mm/dd/yyyy) NA | |
| Document Title | | Additional Information | | OR Code - Sections 2 & 3 Do Not Write in This Space | |
| Issuing Authority | | | | | |
| Document Number | | | | | |
| Expiration Date (if any) (mm/dd/yyyy) | | | | | |
| Document Title | | | | | |
| Issuing Authority | | | | | |
| Document Number | | | | | |
| Expiration Date (if any) (mm/dd/yyyy) | | | | | |

ONLY fill out **List A** if using your passport, passport card, etc.

ONLY fill out **Lists B & C** if using your DL and SS card or other docs from the list on previous page

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)

| | | | | |
|---|--|--|--|--------------------------|
| Signature of Employer or Authorized Representative Have Non-Family Member Sign | | Today's Date (mm/dd/yyyy) date | Title of Employer or Authorized Representative Authorized Representative | |
| Last Name of Employer or Authorized Representative Print last name | | First Name of Employer or Authorized Representative print first name | Employer's Business or Organization Name Evergreen Contract Resources | |
| Employer's Business or Organization Address (Street Number and Name) 100 Waugh Dr., ste 300 | | City or Town Houston | State TX | ZIP Code 77007 |

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

| | | | | |
|--|-------------------------|---------------------------|---|--|
| A. New Name (if applicable) | | | B. Date of Rehire (if applicable) | |
| Last Name (Family Name) | First Name (Given Name) | Middle Initial | Date (mm/dd/yyyy) | |
| C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing 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 | | Today's Date (mm/dd/yyyy) | Name of Employer or Authorized Representative | |

DO NOT USE