

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 (<small>unrestricted</small>)
- 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) <i>Print Your Last Name</i>	First Name (Given Name) <i>Print Your 1st Name</i>	M.I.	Citizenship/Immigration Status
List A Identity and Employment Authorization				
Document Title <i>Passport</i>	OR		Document Title <i>Drivers License or ID, etc.</i>	AND
Issuing Authority <i>USA</i>			Issuing Authority <i>State of DL</i>	Document Title <i>Social Security Card, etc.</i>
Document Number <i>put passport # here</i>			Document Number <i>DL #</i>	Issuing Authority <i>SSA or other agency</i>
Expiration Date (if any) (mm/dd/yyyy) <i>put passport exp. date here</i>			Expiration Date (if any) (mm/dd/yyyy) <i>DL exp date</i>	Document Number <i>SS #</i>
Document Title			Expiration Date (if any) (mm/dd/yyyy) <i>NA</i>	Expiration Date (if any) (mm/dd/yyyy)
Issuing Authority			Additional Information	
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 <i>Have Non-Family Member Sign</i>	Today's Date (mm/dd/yyyy) <i>date</i>	Name of Employer or Authorized Representative <i>Authorized Representative</i>
Last Name of Employer or Authorized Representative <i>print last name</i>	First Name of Employer or Authorized Representative <i>print first name</i>	Employer's Business or Organization Name <i>Evergreen Contract Resources</i>
Employer's Business or Organization Address (Street Number and Name) <i>100 Waugh Dr., ste 300</i>	City or Town <i>Houston</i>	State <i>TX</i> ZIP Code <i>77007</i>

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
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