#### INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

**Anti-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

**Section 1- Employee.** All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. The employer is responsible for ensuring that Section 1 is timely and properly completed.

**Preparer/Translator Certification.** The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1 personally.

**Section 2 - Employer.** For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. Employers must record: 1) document title; 2) issuing authority; 3) document number, 4) expiration date, if any; and 5) the date employment begins. Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. However, employers are still responsible for completing the I-9.

**Section 3 - Updating and Reverification.** Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:

- examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C),
- record the document title, document number and expiration date (if any) in Block C, and
- complete the signature block.

**Photocopying and Retaining Form I-9.** A blank I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

For more detailed information, you may refer to the Department of Homeland Security (DHS) Handbook for Employers, (Form M-274). You may obtain the handbook at your local U.S. Citizenship and Immigration Services (USCIS) office.

**Privacy Act Notice.** The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Reporting Burden. We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachuetts Avenue, N.W., Washington, DC 20529. OMB No. 1615-0047.

**NOTE:** This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.

#### OMB No. 1615-0047; Expires 03/31/07

### **Employment Eligibility Verification**

Please 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 eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

| Section 1. Employee Information and Verification. To b                                                                                                                                                                                                                                                                                                                                                                                                   | be completed and signed by employ                                                                     | ee 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 provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.  Employee's Signature  Preparer and/or Translator Certification. (To be other than the employee.) I attest, under penalty of perjury, of my knowledge the information is true and correct.  Preparer's/Translator's Signature  Address (Street Name and Number, City, State, Zip Code) | A citizen or national of th A Lawful Permanent Res An alien authorized to wo (Alien # or Admission #) | Date (month/day/year)  I is prepared by a person    |
| Section 2. Employer Review and Verification. To be con examine one document from List B and one from List C, as listed cany, of the document(s).                                                                                                                                                                                                                                                                                                         |                                                                                                       |                                                     |
| Document title:                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                       |                                                     |
| Expiration Date (if any):  CERTIFICATION - I attest, under penalty of perjury, that I had employee, that the above-listed document(s) appear to be go employee began employment on (month/day/year) is eligible to work in the United States. (State employment appropriate employment.)  Signature of Employer or Authorized Representative  Print Name                                                                                                 | genuine and to relate to the en<br>and that to the best of magencies may omit the date th             | nployee named, that the<br>y knowledge the employee |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                          | d Number, City, State, Zip Code)                                                                      | Date (month/day/year)                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                       |                                                     |
| Section 3. Updating and Reverification. To be completed a                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                       | to of robins (month/dov/secs) (if annicable)        |
| A. New Name (if applicable)                                                                                                                                                                                                                                                                                                                                                                                                                              | В. Да                                                                                                 | te of rehire (month/day/year) (if applicable)       |
| C. If employee's previous grant of work authorization has expired, provi eligibility.  Document Title: Document #:                                                                                                                                                                                                                                                                                                                                       | Expiration Date (if a                                                                                 | nny):                                               |
| I attest, under penalty of perjury, that to the best of my knowledge, presented document(s), the document(s) I have examined appear t                                                                                                                                                                                                                                                                                                                    | this ampleyes is sligible to work                                                                     |                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                          | , this employee is engible to work                                                                    | in the United States, and if the employee           |

#### LISTS OF ACCEPTABLE DOCUMENTS

#### LIST A

#### Documents that Establish Both Identity and Employment Eligibility

- U.S. Passport (unexpired or expired)
- **2.** Certificate of U.S. Citizenship (Form N-560 or N-561)
- **3.** Certificate of Naturalization (Form N-550 or N-570)
- **4.** Unexpired foreign passport, with *I-551 stamp or* attached *Form I-94* indicating unexpired employment authorization
- **5.** Permanent Resident Card or Alien Registration Receipt Card with photograph (Form *I-151* or *I-551*)
- **6.** Unexpired Temporary Resident Card (*Form I-688*)
- 7. Unexpired Employment Authorization Card (Form I-688A)
- **8.** Unexpired Reentry Permit (Form I-327)
- **9.** Unexpired Refugee Travel Document (Form I-571)
- **10.** Unexpired Employment
  Authorization Document issued by
  DHS that contains a photograph
  (Form I-688B)

#### LIST B

### Documents that Establish Identity

OR

- 1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address
- 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address
- **3.** School ID card with a photograph
- 4. Voter's registration card
- 5. U.S. Military card or draft record
- 6. Military dependent's ID card
- 7. U.S. Coast Guard Merchant Mariner Card
- 8. Native American tribal document
- **9.** Driver's license issued by a Canadian government authority

# For persons under age 18 who are unable to present a document listed above:

- 10. School record or report card
- 11. Clinic, doctor or hospital record
- **12.** Day-care or nursery school record

#### LIST C

## AND Documents that Establish Employment Eligibility

- U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
- 2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
- Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
- 4. Native American tribal document
- **5.** U.S. Citizen ID Card (Form *I-*197)
- **6.** ID Card for use of Resident Citizen in the United States (Form I-179)
- Unexpired employment authorization document issued by DHS (other than those listed under List A)

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)