



**Public Partnerships - Colorado, Inc. (PPC)
I-9 Instructions**

IMPORTANT: This form must be completed by the Employee and Managing Employer within three (3) days of employment. The U.S. Citizenship and Immigration Services (US-CIS) Form I-9 must be completed using the corresponding numbered instructions provided below. **PPC will not provide payment to any Employee who has not completed the Form I-9 correctly.** This form will be returned to the Managing Employer if any of the required fields are missing or incorrect. This form is a Federal form and must be completed in order for an Employee to be in compliance with the U.S. Department of Homeland Security (DHS) employment eligibility requirements. For more information, see US-CIS Handbook for Employers on Instructions for Completing the I-9, available online at www.uscis.gov/files/form/m-274.pdf.

Section 1 (to be completed by Employee):

*The Employee must complete the following fields if he/ she is 18 or older:
If the Employee is under the age of 18, a parent or legal guardian must complete this section and print “employee under 18” in the Signature Line (field 8) and fill out fields 1-13.*

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) 1		First Name (Given Name)		Middle Initial	Other Names Used (if any) 2
Address (Street Number and Name) 3		Apt. Number	City or Town 4	State	Zip Code
Date of Birth (mm/dd/yyyy) 5	U.S. Social Security Number 6	E-mail Address 7			Telephone Number 8

1. Employee’s full legal name: Last Name, First Name, Middle Initial.
2. Other names used by employee, if any (for example, if employee has changed name due to marriage).
3. Employee’s address where Employee currently lives.
4. Employee’s current city, state, and complete zip code.
5. Employee’s birth date. Specify the month, day, and year of birth.
6. Employee’s complete Social Security Number (SSN).
7. Employee’s email address.
8. Employee’s telephone number.

9

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) _____. 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: _____

OR

10

2. Form I-94 Admission Number: _____

3-D Barcode
Do Not Write in This Space

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)

- 9. Employee must check off the statement that applies to his or her current citizenship or Visa status.
- 10. **If the Employee is a lawful permanent resident, the Employee must enter the Alien #. If the Employee is an alien authorized to work, the Employee must enter the Alien Registration # or Form I-94 Admission Number (if using an admission number, please list the foreign passport number and county of issuance)**

Signature of Employee: _____	11	Date (mm/dd/yyyy): _____	12
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- 11. Employee's signature (sign full legal name).
- 12. The date the Employee completed and signed this Form I-9.

Note: the Employee must sign the form prior to or the same day the Managing Employer signs the form in Section 2.

If someone helped the Employee fill out Section 1, the person who helped must:

- 13. Sign their name in this field.
- 14. Print their name in this field
- 15. Print their current address in this field.
- 16. Print the date they helped complete the form in this field.

These fields only need to be completed if someone helped you (the Employee) fill out the Form I-9 or if you (the Employee) are under the age of 18.

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:	13	Date (mm/dd/yyyy):		16
Last Name (Family Name)	14	First Name (Given Name)		
Address (Street Number and Name)	15	City or Town	State	Zip Code

Section 2 (to be completed by Managing Employer):

The Managing Employer must complete the following fields:

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.)

****Note: the Managing Employer may be a different person than the Client receiving services (i.e. Authorized Representative).***

In this section the Managing Employer must verify and list the correct documentation in the appropriate format. Remember, incomplete information will delay payment for services.

Employee Last Name, First Name and Middle Initial from Section 1:		
List A Identity and Employment Authorization	OR	List B Identity
		AND
		List C Employment Authorization
Document Title:	17	Document Title:
Issuing Authority:		Issuing Authority:
Document Number:		Document Number:
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 style="text-align: center; margin: 0;">3-D Barcode</p> <p style="text-align: center; margin: 0;">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):		

17. The Managing Employer must verify the document(s) provided by the Employee. The Employee must provide one of the documents from List A of the “*List of Acceptable Documents*” page that accompanies the Form I-9 **OR** one document from List B **AND** one document from List C. PPC uses E-Verify; therefore, **the List A or List B document provided must contain a clear photo.** The Managing Employer must accept any documents on the “*List of Acceptable Documents*” other than a List B item that does not contain a photo or a document that has expired. Documents presented by the Employee that require signature must be signed. PPC will return the form I-9 to the Employer if there isn’t appropriate documentation listed in List A or in **BOTH** B and C. **Clear photocopies of all documents used for the verification must be submitted to PPL for verification using E-Verify.**

The Managing Employer enters this information for the documents verified from each List:

- € Document Title (for example, “Drivers License” or “Social Security Card”)
- € Issuing Authority (for example, “CO DMV” or “Social Security Administration”)
- € Document # (for example, the Employee’s Social Security number “123-45-6789”)
- € Expiration Date (enter “N/A” if there is no expiration date)

In this section the Managing Employer must certify that they have 1). examined the documents presented by the above named employee, 2). the above listed documents appear to be genuine and to relate to the employee named, and 3). to the best of their knowledge the employee is authorized to work in the United States.

Remember, incomplete information will delay payment for services

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): **18** (See instructions for exemptions.)

Signature of Employer or Authorized Representative 19		Date (mm/dd/yyyy) 24	Title of Employer or Authorized Representative 21 Managing Employer	
Last Name (Family Name) 20	First Name (Given Name)	Employer's Business or Organization Name 22 Public Partnerships Colorado INC		
Employer's Business or Organization Address (Street Number and Name) 23 148 State Street		City or Town Boston	State MA	Zip Code 02109

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial		B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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18. The date the Employee began working. If the Employee has not begun working and the employment begin date is unknown, enter the same date as the Managing Employer signature date in field #20.
19. Managing Employer's signature (sign full legal name).
20. Managing Employer's full legal name.
21. Managing Employer's title. Write: "Managing Employer."
22. The name of the Employer (Public Partnerships-Colorado, Inc.)
23. Employer address (148 State St. Boston, MA 02109). This section will be pre-populated.
24. The date that the Managing Employer has verified the information on this Form I-9. This date is very important. This date must be no more than three (3) calendar days after the employment start date indicated in field # 15.

Section 3 (to be completed by Managing Employer if applicable):

This section is only completed if one or more of the following applies:

- The Employee is rehired by the Managing Employer within three (3) years of his/her last date worked
- The Employee has a name change
- The Employee's work authorization expires

If applicable, the Managing Employer must complete the following fields:

Section 3. Reverification and Rehires <i>(To be completed and signed by employer or authorized representative.)</i>		
A. New Name (if applicable) Last Name <i>(Family Name)</i> First Name <i>(Given Name)</i> Middle Initial		B. Date of Rehire (if applicable) (mm/dd/yyyy):
25		26
C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.		
Document Title:	Document Number:	Expiration Date (if any) (mm/dd/yyyy):
27	28	29
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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
30	31	32

- 25. New name of the Employee (if applicable).
- 26. The date the Employee was rehired.

If the employee was an alien and his/ her documents have expired you must revalidate the work authorization.

- 27. The Document Title of the new document(s) used to verify employment eligibility.
- 28. The Document # of the new document(s) used to verify employment eligibility.
- 29. The Expiration Date of the new document(s) used to verify employment eligibility.

- 30. Managing Employer signature (sign full legal name) to indicate the Managing Employer has verified any existing and new information on the Form I-9.
- 31. The date that you (the Managing Employer) verified the documentation provided.
- 32. Printed Name of the Managing Employer