

I-9 Form: Instructions for Nonresidents on J-1 Visa

U.S. Department of Justice
Immigration and Naturalization Service

OMB No. 1115-0136

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 be completed and signed by employee at the time employment begins.

Print Name: Last 1	First	Middle Initial	Maiden Name 2
Address (Street Name and Number) 3		Apt. #	Date of Birth (month/day/year) 5
City 4	State	Zip Code	Social Security # 6
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): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A) <input type="checkbox"/> An alien authorized to work until ____/____/____ (Alien # or Admission #) 7 7a 7b	
Employee's Signature 8		Date (month/day/year) 9	

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.

Preparer's/Translator's Signature 10	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. 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 expiration date, if any, of the document(s).

List A 11	OR	List B	AND	List C
Document title: 12				
Issuing authority: 13				
Document #: 14				
Expiration Date (if any): ____/____/____ 15				
Document #: 16				
Expiration Date (if any): ____/____/____ 17				

CERTIFICATION - I attest, 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 (month/day/year) ____/____/____ **17** and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative 18	Print Name 19	Title 20
Business or Organization Name 21		Date (month/day/year) 22

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable) A	B. Date of rehire (month/day/year) (if applicable) B
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: C1 Document #: C2 Expiration Date (if any): ____/____/____ C3	
I 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 Authorized Representative D	Date (month/day/year) E

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins).

1. Enter your name (last name first, same as shown exactly on your social security card).
 2. Enter your maiden name (if applicable).
 3. Enter your address (street name and number).
 4. Enter City, State, and Zip Code.
 5. Enter your date of birth (month/day/year).
 6. Enter your U.S. social security number.
 7. Check this box (that you are a foreign national) if you are not a citizen of the U.S. or a permanent resident (green card holder).
 - 7a. Enter the date from your Form DS-2019 (US Department of State).
 - 7b. Enter the departure number from your Form I-94 (Departure Record).
 8. Employee should sign.
 9. Enter the date that you completed this form.
 10. To be completed and signed if Section 1 is prepared by a person other than the employee.
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Section 2. Employer Review and Verification (To be completed and signed by employer or authorized representative). The following is an example of how to fill out the I-9 form when choosing from List A, #4 (unexpired foreign passport). Please note that for List A, you need to make only one choice of documentation. If you choose a document from List B, you must also examine a document from List C.

11. Document Title - Enter "PASSPORT".
12. Issuing Authority - Enter country that issued the passport.
13. Document Number - Enter the passport number.
14. Expiration date - Enter date the passport expires.
15. Document # - Enter the departure number from the Form I-94 (Departure Record).

16. Expiration date - Enter the end date from line 3 of Form DS-2019 (U.S. Department of State).

If the individual is employed past this date, the I-9 will need to be reverified by completing Section 3 of the I-9.

Also, please verify that the UW is the sponsor on line 2 of Form DS-2019.

17. Enter the date that the employee began employment in the department.

18. Employer or authorized representative should sign.

19. Print name of employer or authorized representative.

20. Enter title of employer or authorized representative.

21. Enter departmental name, address (mailbox).

22. Enter the date.

Submit the Form I9 and the Form 1007 to the Payroll Office. Box 355655

Section 3. Updating and reverification. To be completed and signed by employer, if the employee is employed past the end date (number 3 of Form DS-2019).

A. Enter new name (if applicable).

B. Enter the date of rehire (if applicable).

C1. Document Title - Enter "DS-2019."

C2. Document # - Enter the departure number from Form I-94.

C3. Expiration Date - Enter the date from line 3 of Form DS-2019.

D. Employer or authorized representative should sign.

E. Enter the date that employer or authorized representative completed Section 3.