



# Completion of the Form I-9

Employment Eligibility Verification  
US Citizenship and Immigration Services  
(USCIS)

[www.uscis.gov/I-9](http://www.uscis.gov/I-9)

Version 2/2008



# Agenda

- New I9 Form dated 06/05/07
- Sample Completed Forms
- The One Day And Three Day Rule
- Who Should Sign The I-9
- How To Complete The Form For Foreign Nationals
- Penalties For Prohibited Practices
- Common Errors
- How To Avoid Harassment and Discrimination Penalties in an USCIS Audit



# New I-9 Form dated 06/05/2007

- The new form dated 06/05/2007 must be used for all new hires effective December 27, 2007.  
<http://www.uscis.gov/files/form/i-9.pdf>
- The employee is not obliged to provide his or her Social Security number in Section 1, unless the employer participates in E-Verify.
- Employers may now sign and retain Forms I-9 electronically.
- Note: The Spanish version of Form I-9 can be used for reference, but the form must be completed in English.
- For additional information, reference the Handbook for Employers, revised 11/01/2007.  
<http://www.uscis.gov/files/nativedocuments/m-274.pdf>

**Form I-9, 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 the documents have 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	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City		State	Zip Code
			Social Security #
<b>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.</b>		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 #)	

Employee's Signature	Date (month/day/year)
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**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	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	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**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) \_\_\_\_\_ 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	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

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

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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: _____	Document #: _____	Expiration Date (if any): _____
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		Date (month/day/year)

## LISTS OF ACCEPTABLE DOCUMENTS

LIST A Documents that Establish Both Identity and Employment Eligibility	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Eligibility
OR		
AND		
1. U.S. Passport (unexpired or expired)	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	1. U.S. Social Security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	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	2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. An unexpired foreign passport with a temporary I-551 stamp	3. School ID card with a photograph	3. 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. An unexpired Employment Authorization Document that contains a photograph (Form I-766, I-688, I-688A, I-688B)	4. Voter's registration card	4. Native American tribal document
	5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)
5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer	6. Military dependent's ID card	6. ID Card for use of Resident Citizen in the United States (Form I-179)
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	7. Unexpired employment authorization document issued by DHS (other than those listed under List A)
	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	

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



Department of Homeland Security  
U.S. Citizenship and Immigration Services

**Form I-9, 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 the documents have 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 <u>EXAMPLE</u>	First <u>US</u>	Middle Initial <u>CITIZEN</u>	Maiden Name
Address (Street Name and Number) <u>201 FRONTIER RD</u>		Apt. #	Date of Birth (month/day/year) <u>06/15/1969</u>
City <u>BLACKSBURG</u>	State <u>VA</u>	Zip Code <u>24060</u>	Social Security # <u>123-45-6789</u>

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 or national of the United States

☐ A lawful permanent resident (Alien #) A \_\_\_\_\_

☐ An alien authorized to work until \_\_\_\_\_

(Alien # or Admission #) \_\_\_\_\_

Employee's Signature U S citizen Date (month/day/year) 8/16/07

**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	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	OR	List B	AND	List C
Document title: _____		<u>Driver's License</u>		<u>Social Security Card</u>
Issuing authority: _____		<u>Virginia DMV</u>		<u>Social Security Admin</u>
Document #: _____		<u>T 23-45-6789</u>		<u>123-45-6789</u>
Expiration Date (if any): _____		<u>06-30-2020</u>		
Document #: _____				
Expiration Date (if any): _____				

**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) 8/16/07 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 <u>Jane Doe</u>	Print Name <u>JANE DOE</u>	Title <u>I9 Specialist</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>Your Agency Name + Address Blacksburg, VA 24060</u>		Date (month/day/year) <u>8/16/07</u>

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

A. New Name (if applicable) \_\_\_\_\_ B. Date of Rehire (month/day/year) (if applicable) \_\_\_\_\_

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: \_\_\_\_\_ Document #: \_\_\_\_\_ Expiration Date (if any): \_\_\_\_\_

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	Date (month/day/year)
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# Who can you employ?

- Citizens of the U.S. including persons born in Puerto Rico, Guam, the U.S. Virgin Islands, or the Northern Mariana Islands.
- Nationals of the U.S. including persons born in American Samoa or Swains Island.
- Lawful Permanent Residents LPR – will have a LPR , Resident Alien, or Alien Card.
- Employment Authorization Card holders (beware of restrictions under terms and conditions).
- Certain non US citizens that have specific authorization to work at **your company**.



# Colleges and Universities can hire:

- F-1 Students, J-1 Students and J-1 Non-students **that are enrolled or sponsored by their university.**
- Students can work a maximum of 20 hrs per week when school is in session. No maximum during school breaks and vacations so long as enrolled for the next term.
- During academic year, students must be enrolled fulltime
- Be sure you are hiring the student and NOT the F2 or J2 dependent. The forms are very similar, see examples.
- Check I-20 or DS-2019 to be sure the sponsoring school is listed as your school. If not, they **MUST** have **PRIOR** written permission from their sponsor to work at your school.
- Check I-20 or DS-2019 for begin and end dates.



# F1 visa

Generally, can  
only be employed  
by their college

Form I-20

U.S. Department of Justice  
Immigration and Naturalization Service

Certificate of Eligibility for Nonimmigrant (F-1) Student  
Status - For Academic and Language Students (OMB NO. 1115-0051)

Page 1

Please read Instructions on Page 2

This page must be completed and signed in the U.S. by a designated school official.

1. Family Name (surname):	
First (given) Name:	Middle Name:
Country of birth: KOREA, SOUTH	Date of birth (mo/day/year): 03/27/1972
Country of citizenship: KOREA, SOUTH	Admission number:

2. School (School district) name: Virginia Polytechnic Institute and State University Graduate School
School Official to be notified of student's arrival in U.S. (Name and Title): Zelma Harris Immigration Advisor
School address (include zip code): Graduate School 0325 Sandy Hall Blacksburg, VA 24061
School code (including 3-digit suffix, if any) and approval date: WAS214F01228001 approved on 01/07/2003


3. This certificate is issued to the student named above for:  
Continued attendance at this school.
4. Level of education the student is pursuing or will pursue in the United States:  
DOCTORATE
5. The student named above has been accepted for a full course of study at this school, majoring in Hospitality Administration/Management. The student is expected to report to the school no later than 08/15/2002 and complete studies not later than 05/15/2007. The normal length of study is 60 months.
6. English proficiency:  
This school requires English proficiency.  
The student has the required English proficiency.
7. This school estimates the student's average costs for an academic term of 9 (up to 12) months to be:
- |                                |              |
|--------------------------------|--------------|
| a. Tuition and fees            | \$ 10,663.00 |
| b. Living expenses             | \$ 7,200.00  |
| c. Expenses of dependents (0 ) | \$ 0.00      |
| d. Other (specify): misc       | \$ 1,000.00  |
| Total                          | \$ 18,863.00 |

For Immigration Official User		SEVIS Student's Copy N0000406242 
Visa issuing post	Date Visa Issued	
Reinstated, extension granted to:		

8. This school has information showing the following as the student's means of support, estimated for an academic term of 9 months (Use the same number of months given in item 7).
- |                              |              |
|------------------------------|--------------|
| a. Student's personal funds  | \$ 0.00      |
| b. Funds from this school    | \$ 0.00      |
| Specify type:                |              |
| c. Funds from another source | \$ 19,000.00 |
| Specify type: family         |              |
| d. On-campus employment      | \$ 0.00      |
| Total                        | \$ 19,000.00 |

9. Remarks:

10. School Certification: I certify under penalty of perjury that all information provided above in items 1 through 9 was completed before I signed this form and is true and correct; I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form; the school has determined that the above named student's qualifications meet all standards for admission to the school; the student will be required to pursue a full course of study as defined by 8 CFR 214.2(h)(6); I am a designated official of the above named school and am authorized to issue this form.

Zelma Harris		Immigration Advisor	04/08/2003	Blacksburg, VA
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)

11. Student Certification: I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay as specified on page 2. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full course of study at the school named on page 1 of this form. I also authorize the named school to release any information from my records which is needed by the INS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status.

Name of Student		24 April 200
Name of parent or guardian	Signature of parent or guardian	Address (city) (State or Province) (Country) (Date)

# F2 VISA

Can not  
be employed

U.S. Department of Justice  
Immigration and Naturalization Service

Certificate of Eligibility for Nonimmigrant (F-1) Student  
Status - For Academic and Language Students (OMB NO. 1115-0051)

Page 1

Please read Instructions on Page 2

This page must be completed and signed in the U.S. by a designated school official.

1. Family Name (surname):		Dependent's Family Name (surname):	
First (given) Name:	Middle Name:	Dependent's First (given) Name:	Dependent's Middle Name:
Country of birth:	Date of birth (mo/day/year):	Dependent's Country of birth:	DOB (mo/day/year):
CHINA	09/16/1973	CHINA	05/04/1973
Country of citizenship:	Admission number:	Dependent's Country of Citizenship:	Admission number:
CHINA			

2. School (School district) name:	
Virginia Polytechnic Institute and State University Graduate School	
School Official to be notified of student's arrival in U.S. (Name and Title): Jocelyn Navarro Student Services Assistant	
School address (include zip code): Graduate School 0325 Sandy Hall Blacksburg, VA 24061	
School code (including 3-digit suffix, if any) and approval date: WAS214F01228001 approved on 01/07/2003	

For Immigration Official User	
Visa issuing post	Date Visa Issued
Reinstated, extension granted to:	

3. This certificate is issued to the student named above for:	
Use by dependents for entering United States.	

4. Level of education the student is pursuing or will pursue in the United States:	
DOCTORATE	

5. The student named above has been accepted for a full course of study at this school, majoring in:	
Entomology	
The student is expected to report to the school no later than 08/18/2001	
and complete studies not later than 05/15/2006. The normal length of study is 60 months.	

6. English proficiency:	
This school requires English proficiency.	
The student has the required English proficiency.	

7. This school estimates the student's average costs for an academic term of 9 (up to 12) months to be:	
a. Tuition and fees	\$ 10,653.00
b. Living expenses	\$ 7,200.00
c. Expenses of dependents (1 )	\$ 4,000.00
d. Other (specify): Misc.	\$ 1,000.00
Total	\$ 22,853.00

8. This school has information showing the following as the student's means of support, estimated for an academic term of 9 months (Use the same number of months given in item 7).	
a. Student's personal funds	\$ 4,301.00
b. Funds from this school	\$ 20,599.00
Specify type: Assistantship	
c. Funds from another source	\$ 0.00
Specify type:	
d. On-campus employment	\$ 0.00
Total	\$ 25,000.00

9. Remarks:	

10. School Certification: I certify under penalty of perjury that all information provided above in items 1 through 9 was completed before I signed this form and is true and correct; I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form; the school has determined that the above named student's qualifications meet all standards for admission to the school; the student will be required to pursue a full course of study as defined by 8 CFR 214.2(f)(6); I am a designated official of the above named school and am authorized to issue this form.	
Jocelyn Navarro	Student Services Assistant
04/08/2003	Blacksburg, VA
Name of School Official	Signature of Designated School Official Title Date Issued Place Issued (city and state)

11. Student Certification: I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay as specified on page 2. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full course of study at the school named on page 1 of this form. I also authorize the named school to release any information from my records which is needed by the INS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status.	
Name of Student	Signature of Student Date

Name of parent or guardian		Signature of parent or guardian		Address (city) (State or Province) (Country) (Date)	
If student under 18					

# J1 visa

Generally, can only  
be employed by  
their college

## Form DS-2019

U.S. Department of State				OMB APPROVAL NO. 1405-0119 EXPIRES: 02-28-2005 ESTIMATED BURDEN TIME: 45 min *See Page 2	
CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR(J-1) STATUS					
1. Family Name:		First Name:	Middle Name:	Gender:	N0000214656
Date of Birth (mm-dd-yyyy): 02-02-1977		City of Birth: Fethiya/Muola	Country of Birth: TURKEY	Citizenship Country Code: TU	Citizenship Country: TURKEY
Legal Permanent Residence Country Code: TU		Legal Permanent Residence Country: TURKEY	Position Code: 213	Position: UNIVERSITY TEACHING STAFF INCLUDING RESEARCHERS	
U.S. Address: Virginia Tech Blacksburg, VA 24061					
2. Program Sponsor: Virginia Polytechnic Institute and State University				Exchange Visitor Program Number: P-1-00071	
Participating Program Official Description: PROFESSOR; RESEARCH SCHOLAR; SHORT-TERM SCHOLAR; STUDENT ASSOCIATE; STUDENT BACHELORS; STUDENT DOCTORATE; STUDENT MASTERS; STUDENT NON-DEGREE					
Purpose of this form: Begin new program; accompanied by number (0) of immediate family members.					
3. Form Covers Period:			4. Exchange Visitor Category:		
From (mm-dd-yyyy): 04-01-2003			SHORT-TERM SCHOLAR		
To (mm-dd-yyyy): 07-01-2003			Subject/Field Code: 40.0501 Subject/Field Code Description: Chemistry, General		
5. During the period covered by this form, the total estimated financial support (in U.S. \$) is to be provided to the exchange visitor by: Current Program Sponsor funds : \$5,000.00 Total : \$5,000.00					
6. U.S. DEPARTMENT OF STATE / INS USE OR CERTIFICATION BY RESPONSIBLE OFFICER THAT A NOTIFICATION COPY OF THIS FORM HAS BEEN PROVIDED TO THE U.S. DEPARTMENT OF STATE (INCLUDE DATE). APR X 1 2003 CLASS UNTIL			7. Ruth Athanson Name of Official Preparing Form Graduate School 0325 Blacksburg, VA 24061 Address of Responsible Officer or Alternate Responsible Officer Ruth Athanson Signature of Responsible Officer or Alternate Responsible Officer		Alternate Responsible Officer Title 540-231-9561 Telephone Number 03-19-2003 Date (mm-dd-yyyy)
8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM) Effective date (mm-dd-yyyy): . Transfer of this exchange visitor from program number . sponsored by . to the program specified in item 2 is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961, as amended.					
Signature of Responsible Officer or Alternate Responsible Officer			Date (mm-dd-yyyy) of Signature		
PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-424, AS AMENDED (See item 11a) of page 2).					
The Exchange Visitor in the above program:					
1. <input type="checkbox"/> Not subject to the two-year residence requirement.					
2. <input checked="" type="checkbox"/> Subject to two-year residence requirement based on:					
A. <input type="checkbox"/> Government financing and/or					
B. <input checked="" type="checkbox"/> The Exchange Visitor Skills List and/or					
C. <input type="checkbox"/> PL 94-484 as amended					
Signature of Consular or Immigration Officer Jennife Johnson			Title 3/25/03 Date (mm-dd-yyyy)		
THE U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212 (e).					
EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement on item 2 on page 2 of this document.					
Signature of applicant			Place 25-03-2003 Date (mm-dd-yyyy)		



# J2 VISA

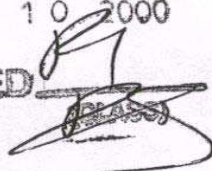
Can not  
work.....

unless  
has  
EAD  
card

U.S. Department of State					OMB APPROVAL NO. 1405-0119 EXPIRES: 03-31-2005 ESTIMATED BURDEN TIME: 45 min *See Page 2	
<b>CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR(J-1) STATUS</b>						
1. J-2 Family Name:		J-2 First Name:		J-2 Middle Name:	J-2 Gender: <b>FEMALE</b>	N0000537996
Date of Birth(mm-dd-yyyy): 10/02/1977		City of Birth: Hangzhou		Country of Birth: CHINA	Citizenship Country Code: CH	Citizenship Country: CHINA
Legal Permanent Residence Country Code: CH		Legal Permanent Residence Country: CHINA		Position Code: 214	Position: UNIVERSITY GRADUATE STUDENTS	
U.S. Address: Virginia Tech Blacksburg, VA 24061						
J-1 Family Name:		J-1 First Name:		J-1 Middle Name:	J-1 Gender: <b>MALE</b>	
2. Program Sponsor: Virginia Polytechnic Institute and State University						
Exchange Visitor Program Number: P-1-00071						
Participating Program Official Description: PROFESSOR; RESEARCH SCHOLAR; SHORT-TERM SCHOLAR; STUDENT ASSOCIATE; STUDENT BACHELORS; STUDENT DOCTORATE; STUDENT MASTERS; STUDENT NON-DEGREE						
Purpose of this form: <b>OTHER</b> Initial printing.						
3. Form Covers Period:			4. Exchange Visitor Category:			
From (mm-dd-yyyy): 04-24-2003			<b>RESEARCH SCHOLAR</b>			
To (mm-dd-yyyy): 08-15-2003			Subject/Field Code: 14.1001 Electrical, Electronics and Communications <b>Engineering</b>			
5. During the period covered by this form, the total estimated financial support(in U.S.\$) is to be provided in the exchange visitor by: Current Program Sponsor funds : \$16,600.00 Personal funds : \$4,600.00 Total : \$20,600.00						
6. U.S. DEPARTMENT OF STATE / INS USE OR CERTIFICATION BY RESPONSIBLE OFFICER THAT A NOTIFICATION COPY OF THIS FORM HAS BEEN PROVIDED TO THE U.S. DEPARTMENT OF STATE (INCLUDE DATE).					7. Ruth Athanson Name of Official Preparing Form Graduate School 0325 Blacksburg, VA 24061 Address of Responsible Officer or Alternate Responsible Officer <i>Ruth Athanson</i> Signature of Responsible Officer or Alternate Responsible Officer	
					Alternate Responsible Officer Title 540-231-9561 Telephone Number 4/24/03 Date (mm-dd-yyyy)	
8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM) Effective date (mm-dd-yyyy): _____, Transfer of this exchange visitor from program number _____ sponsored by _____ to the program specified in item 2 is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961, as amended.						
Signature of Responsible Officer or Alternate Responsible Officer					Date (mm-dd-yyyy) of Signature	
PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 312(c) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (See item 1(a) of page 2).						
The Exchange Visitor in the above program:						
1. <input type="checkbox"/> Not subject to the two-year residence requirement.						
2. <input type="checkbox"/> Subject to two-year residence requirement based on:						
A. <input type="checkbox"/> Government financing and/or						
B. <input type="checkbox"/> The Exchange Visitor Skills List and/or						
C. <input type="checkbox"/> PL 94-484 as amended						
(ALL USAID PARTICIPANTS G-2-0263 AND ALL ALIEN PHYSICIANS SPONSORED BY P-3-4510 ARE SUBJECT TO THE TWO-YEAR HOME RESIDENCE REQUIREMENT)						
Name					Title	
Signature of Consular or Immigration Officer					Date (mm-dd-yyyy)	
THE U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 312(c).						
EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement on item 2 on page 2 of this document.						
Signature of Applicant					Virginia Tech Place 04/24/03 Date (mm-dd-yyyy)	

# Sample I-94 Card

Admission number to enter in Section 1

Departure Number		981747150 07		U.S. IMMIGRATION	
				080 DET 350	
Immigration and Naturalization Service		AUG 10 2000			
I-94 Departure Record		ADMITTED UNTIL			
14. Family Name					
15. First (Given) Name			16. Birth Date (Day/Mo/Yr)		
			15 06 69		
17. Country of Citizenship					
INDIA					
See Other Side			STAPLE HERE		



Department of Homeland Security  
U.S. Citizenship and Immigration Services

OMB No. 1615-0047; Expires 06/30/08  
**Form I-9, 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 the documents have 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 <u>EXAMPLE</u>		First <u>FOREIGN</u>	Middle Initial <u>NATIONAL</u>	Maiden Name
Address (Street Name and Number) <u>201 FRONTIER RD</u>			City <u>Richmond</u>	State <u>VA</u>
Zip Code <u>23233</u>			Date of Birth (month/day/year) <u>06/15/1970</u>	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.

I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen or national of the United States  
☐ A lawful permanent resident (Alien #) A

☒ An alien authorized to work until 08/12/2010  
(Alien # or Admission #) 98174715007

Employee's Signature

Foreign National

Date (month/day/year)

8/16/07

**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/Translator's Signature

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	OR	List B	AND	List C
Document title: <u>Passport</u>				
Issuing authority: <u>India</u>				
Document #: <u>91123395</u>				
Expiration Date (if any): <u>07/01/2010</u>				
Document #: <u>98174715007</u>				
Expiration Date (if any): <u>08/12/2010</u>				

**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) 8/16/07 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

Print Name

Title

Jane Doe

Jane Doe

I-9 Specialist

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

Gov Agency Home Address

8/16/07

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

A. New Name (if applicable)

B. Date of Rehire (month/day/year) (if applicable)

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

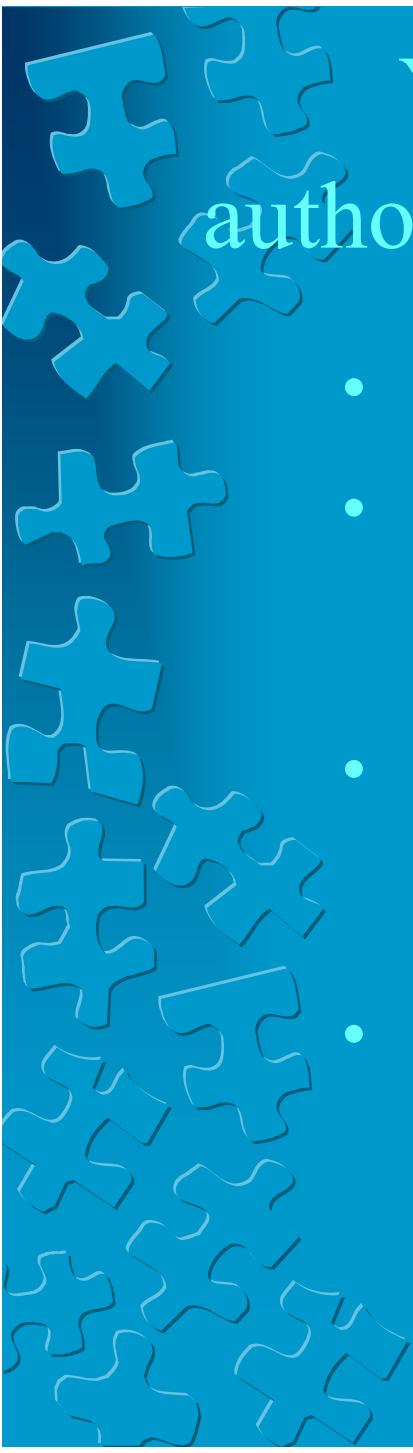
Document Title	Document #	Expiration Date (if any)
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.		
Signature of Employer or Authorized Representative		Date (month/day/year)

# Example F1, J1

From I-20, DS-2019  
From I-94 card

From the passport page  
(not the VISA page)

From I-94 and  
I-20 or DS-2019



You can only employ those with authorization to work for **your company**

- **H-1B Specialty Occupation and,**
- **O-1 Persons of extraordinary ability**  
**Provided they have an unexpired**  
**Form I-797A for your company**
- **TN NAFTA** (for citizens of Canada and Mexico), your company name must be listed on the I-94 card.
- Others who have an unexpired Employment Authorization Card (EAD). EADs for **Optional Practical Training** have restrictions regarding field of study and degree requirements.



Notice of Action

UNITED STATES OF AMERICA

RECEIPT NUMBER EAC-05-245-52586		CASE TYPE 1129
RECEIPT DATE September 12, 2005		PETITION FOR A NONIMMIGRANT WORKER
PRIORITY DATE	PAGE 1 of 1	PETITIONER VIRGINIA DEPARTMENT OF
NOTICE DATE September 20, 2005		BENEFICIARY
P/MICHAEL KHOSLA ATTORNEY LAW OFFICES OF P/MICHAEL KHOSLA & ASSOCIATES P C 11123 MONTGOMERY ROAD SUITE 202 CINCINNATI OH 45249		Notice Type: Approval Notice Class: H1B Valid from 10/01/2005 to 09/30/2008
<p>The above petition and change of status have been approved. The status of the named foreign worker(s) in this classification is valid as indicated above. The foreign worker(s) can work for the petitioner, but only as detailed in the petition and for the period authorized. Any change of employment requires a new petition. Since this employment authorization stems from the filing of this petition, no separate employment authorization documentation is not required. Please contact the INS with any questions about tax or other matters.</p> <p>The petitioner should keep the upper portion of this form. The lower portion should be given to the worker. He or she should keep the right part with his or her Form I-94, <i>Arrival/Departure Record</i>. This should be turned in with the I-94 when departing the U.S. The left part is for his or her records. A person granted a change of status who leaves the U.S. must normally obtain a visa in the new classification before returning. The left part can be used in applying for the new visa. If a visa is not required, he or she should present it, along with any other required documentation, when applying for reentry in this new classification at a port of entry or pre-flight inspection station. The petitioner may also file Form I-824, <i>Application for Action on an Approved Application or Petition</i>, with this office to request that we notify a consulate, port of entry, or pre-flight inspection office of this approval.</p> <p>The approval of this visa petition does not in itself change immigration status and does not guarantee that the alien beneficiary will subsequently be found to be eligible for admission to the United States, or for an extension, change, or adjustment of status.</p> <p>THIS FORM IS NOT A VISA NOR MAY IT BE USED IN PLACE OF A VISA.</p>		

Please see the additional information on the back. You will be notified separately about any other cases you filed.

IMMIGRATION & NATURALIZATION SERVICE  
VERMONT SERVICE CENTER  
75 LOWER WELDEN STREET  
SAINT ALBANS VT 05479-0001  
Customer Service Telephone: (800) 375-5283  
Form I-797A (Rev. 09/07/93)N



PLEASE TEAR OFF FORM I-94 PRINTED BELOW, AND STAPLE TO ORIGINAL I-94 IF AVAILABLE

Detach This Half for Personal Records

Receipt # EAC-05-245-52586

I-94# 069375231 10

NAME

CLASS H1B

VALID FROM 10/01/2005 UNTIL 09/30/2008

PETITIONER: VIRGINIA DEPARTMENT OF  
101 N 14TH STREET  
RICHMOND VA 23219

069375231 10

Receipt Number EAC-05-245-52586

Immigration and  
Naturalization Service

I-94

Departure Record

Petitioner: VIRGINIA DEPA

14. Family Name	
15. First (Given) Name	16. Date of Birth
17. Country of Citizenship	

## Example H1 visa

From the passport page  
(not the VISA page)

From I-94

Department of Homeland Security  
U.S. Citizenship and Immigration Services

OMB No. 1615-0047; Expires 06/30/08

### Form I-9, Employment Eligibility Verification

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**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 the documents have 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 <u>SAMPLE</u>	First <u>H1B</u>	Middle Initial	Maiden Name
Address (Street Name and Number) <u>1 Lovely Lane</u>		Apt. #	Date of Birth (month/day/year) <u>01/31/60</u>
City <u>RICHMOND</u>	State <u>VA</u>	Zip Code <u>23233</u>	Social Security # <u>123-44-5566</u>
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 checked="" type="checkbox"/> An alien authorized to work until <u>9/30/08</u> (Alien # or Admission #) <u>069 37523110</u>	
Employee's Signature <u>H1B Sample</u>		Date (month/day/year) <u>8/30/07</u>	

**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	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	OR	List B	AND	List C
Document title: <u>PASSPORT</u>				
Issuing authority: <u>INDIA</u>				
Document #: <u>9112233445</u>				
Expiration Date (if any): <u>7/1/2010</u>				
Document #: <u>06937523110</u>				
Expiration Date (if any): <u>9/30/08</u>				

**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) 8/30/07 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 <u>Your Name</u>	Print Name <u>YOUR NAME</u>	Title <u>Your Title</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>Your Agency Name &amp; Address</u>		Date (month/day/year) <u>8/30/07</u>

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

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
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:	Document #:	Expiration Date (if any):
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		Date (month/day/year)



# Employment Authorization Card (EAD)

*NOTE: Cards with "Optional Practical Training" listed under "Terms and Conditions" have restrictions regarding field of study and degree requirements*

In May 1995, some INS offices began issuing a modified I-688B. The most significant change was to the card stock which was changed from the Polaroid process to a synthetic material called Teslin on which the biometric and biographic data of the bearer are printed. Note that on this version, the name is printed on two lines.



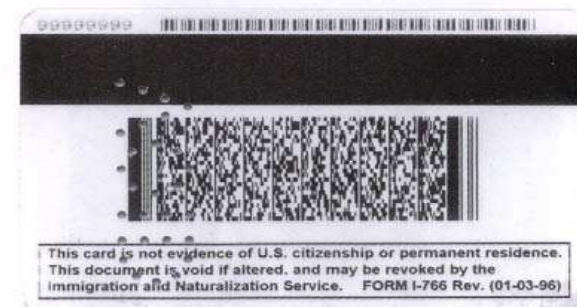
Form I-688B (May 1995)

In August 1995 changes were made to the software which prints the I-688Bs and the name reverted to the one line format similar to the original card.



Form I-688B (August 1995)

In January 1997, INS began issuing a new Employment Authorization Document, Form I-766. The new card is a credit card type of document. The front of the card contains a photo, fingerprint and signature of the rightful holder. The reverse contains a standard bar code, magnetic strip and a two-dimensional bar code which will contain unique card, biographic and biometric data.



Form I-766 (January 1997)



# Example EAD card

Department of Homeland Security  
U.S. Citizenship and Immigration Services

OMB No. 1615-0047; Expires 06/30/08

## Form I-9, Employment Eligibility Verification

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**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 the documents have 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 <u>SMITH</u>	First <u>ADAM</u>	Middle Initial	Maiden Name
Address (Street Name and Number) <u>123 MAIN ST</u>		Apt. #	Date of Birth (month/day/year) <u>11/10/71</u>
City <u>RICHMOND</u>	State <u>VA</u>	Zip Code <u>23228</u>	Social Security # <u>111-22-3333</u>

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 or national of the United States

☐ A lawful permanent resident (Alien #) A

☒ An alien authorized to work until 5/13/96

(Alien # or Admission #) A 123456789

Employee's Signature Adam Smith Date (month/day/year) 2/15/96

**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

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	OR	List B	AND	List C
Document title: <u>Employment Authorization CARD</u>				
Issuing authority: <u>USCIS</u>				
Document #: <u>EAC 960050007</u>				
Expiration Date (if any): <u>5/13/96</u>				
Document #:				
Expiration Date (if any):				

**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) 2/15/96 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 <u>Your Signature</u>	Print Name <u>YOUR NAME</u>	Title <u>Your Title</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>YOUR AGENCY NAME + ADDRESS</u>		Date (month/day/year) <u>2/15/96</u>

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

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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:	Document #: Expiration Date (if any):
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	Date (month/day/year)



# Can not employ

- F-2 Visa holder. Which is the spouse or child of an F-1 student
- J-2 visa holder that does not have an EAD card.
- Most other visa types

If you hire someone that is not legal and they work, you must pay them to avoid also violating Labor Laws. Be sure to fully tax and issue a W2 form.



## Review Summary

### Section 1. Employee Information and Verification

- To be completed and signed by employee prior to or on the first day of work.
- Check only one box.
- Complete all fields.

#### For Lawful Permanent Residents and Aliens authorized to work:

- Alien number and/or admission (departure) number must be completed, but employee is not required to present a document to complete section 1.



## Section 2. Employer Review and Verification

- Must be completed before or within 3 business days of hire date
- Examine one document from List A **OR** examine one document from List B and one from List C. No more, no less. Doing more can result in being fined for **discrimination**.
- F1, J1, H1-B, and O-1 visa holders will usually present their passport and I-94.
- Use the first day of actual work as the employment begin date in the “CERTIFICATION” section.



## *Receipts*

- If the employee cannot present the necessary documents for Section 2 within 3 days (because it is lost, stolen or destroyed), *they must present a receipt for the application for the replacement document within 3 days*. They then have 90 days from date of hire to present the actual documents.
- Record the receipt by writing the word “receipt” and any document number on the I9. When the employee presents the actual document, cross out the word “receipt” and any document number and insert the information from the actual document. Initial and date the change.





## **Section 3. Updating and Reverification**

- For aliens with a work authorization ending date in Section 1:
  - Track the work ending date and ensure that employment is either terminated at that time or a new I9 is completed for the renewed work authorization.
- Reverifications (Section 3 C) and name changes (Section 3 A) are done in this section.

Note: List B identity documents, such as a driver's license, should not be reverified.



# Who should sign the I-9?

I attest, under penalty of perjury, that...  
the above-listed document(s) appear to be  
**genuine and to relate to the employee**  
named...

**Whoever saw the original documents  
and the employee should sign the I-9.**



# Penalties for Prohibited Practices

- Fine of not less than \$110 and not more than \$1,100 for each employee for whom the Form I-9 was not properly completed, retained and/or made available for inspection.
- Fines up to \$3,000 per employee and/or 6 months imprisonment for knowingly hiring or continuing to employ unauthorized aliens.
- Unlawful discrimination: \$275-\$11,000 fine
- Document fraud: \$275-\$5,500 fine
- In some cases they are charging managers with felonies.



# Key Points for the I-9

## *Anti-discrimination Provisions*

- You cannot request that an employee present more or different documents than are required.
- Also, cannot refuse to honor documents which on their face reasonably appear to be genuine and to relate to the person presenting them.
- The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

# Avoid Common Errors

**If you enter any data in Section 1, be sure to complete the preparer certification**

**Complete list A using the passport page, do not use the visa page.**

**Do not leave the citizenship field blank.**

**Use the updated I9 form dated 06/05/07 for all new hires.**

**Be sure to enter the employment begin date.**

**Do not use copies or faxes to complete the I-9, use original documents only.**

**Have the employee complete Section 1 before or on the first day of employment.**

**Track expiration dates and be sure to reverify or terminate.**

**Do not use more documents than are required.**

**Do not use SS cards that have any wording other than the employee's name on it.**

**Do not back date (they are now using forensics to test the age of the ink!)**





# Avoid Common Errors


- To avoid **discrimination** penalties in an USCIS audit, do not keep copies of the I9 in the personnel files. File separately from all else.
- **Retain I-9's for all active employees.**
- Purge and destroy I-9's for terminated employees as follows: “retain completed I-9's for three (3) years after the date of hire or one (1) year after the date employment ends, **whichever is later.**”

If you have incorrect I-9's on file that could have been destroyed, but weren't, you can still be fined in an USCIS audit.



# Correcting Errors

- Draw a single line through incorrect information
- Do not use white out or obliterate
- Write missing information or correct information nearby
- Date and initial by person making the correction
- Never back date



Per the January 2008 edition of the AHRS  
Periodical at <http://www.dhrm.virginia.gov/publications/ahrs/jan08/home.htm>  
questions about Forms I-9 and the  
employment of aliens should be addressed to  
your agency's assigned DHRM Agency  
Human Resource Services consultant.