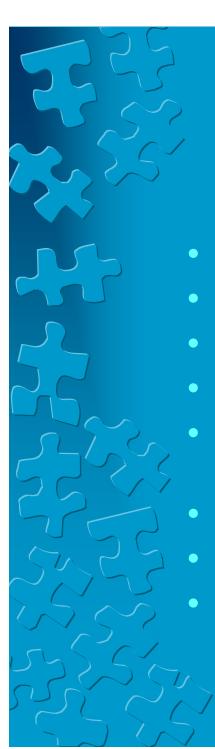
Completion of the Form I-9

Employment Eligibility Verification
US Citizenship and Immigration Services
(USCIS)

www.uscis.gov/I-9

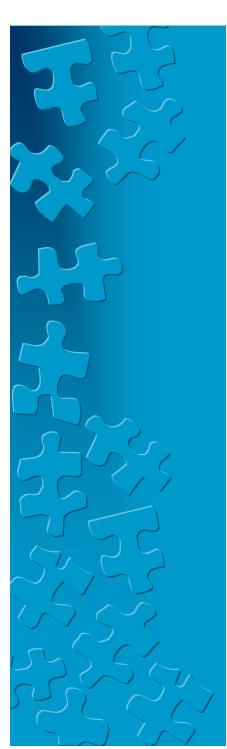


Agenda

- 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



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 Veri	fication. To	be completed and signed by em	ployee a	at the time employment begins.
Print Name: Last	First	Middle Init		Maiden Name
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City S	State	Zip Code		Social Security #
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		Time Name		
Address (Street Name and Number, City, State	e, Zip Code)		Da	ate (month/day/year)
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LISTS OF ACCEPTABLE DOCUMENTS

LIST A

LIST B

LIST C

AND

Documents that Establish Both Identity and Employment Eligibility

OR

Documents that Establish Identity

Documents that Establish Employment Eligibility

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	U.S. Social Security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
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	Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. School ID card with a photograph	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. 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)
6. Military dependent's ID card	6. ID Card for use of Resident
7. U.S. Coast Guard Merchant Mariner Card	Citizen in the United States (Form I-179)
8. Native American tribal document	7. Unexpired employment authorization document issued by
Driver's license issued by a Canadian government authority	DHS (other than those listed under List A)
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	
	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

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



OMB No. 1615-0047; Expires 06/30/08 Form I-9, Employment Eligibility Verification

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

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

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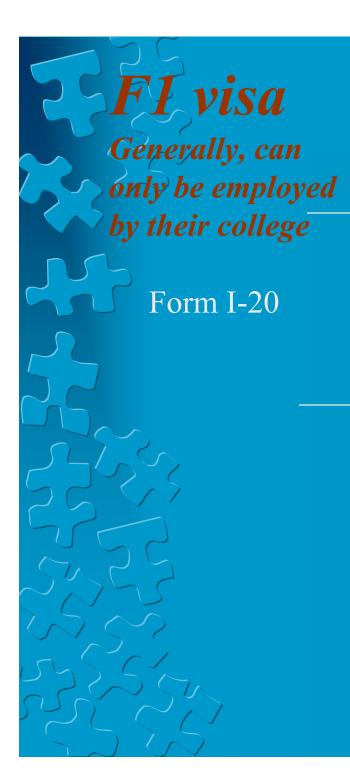
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CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 8/6/7 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 Print Name Title 19 Spec 1 H 1 S T Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) YOU A GROY NAME A Add VESS BlackSburg VA 24000 8/6/07 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.	and the same of th	00 30	0.00	_	
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employment agencies may omit the date the employee began employment.) Signature of Employer or Authorized Representative Print Name Title JANE Doe Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) Your Agrey Mane & Address (Street Name and Number, City, State, Zip Code) 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.	(month/day/year) 8 / 16 / 7 and that to the best of	my knowledge	the employee is eligible	to work in	the United States (State
Signature of Employer or Authorized Representative Print Name Dec Typ Specialist Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) Your Agaicy Marie & Action 1955 Black Special (Special Name and Number, City, State, Zip Code) 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.				to work in	the Office States. (State
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) Your Agrey Mare & Actives Blacksburg, A 24060 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.				Title	
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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.	Your Approu NAme + Add res	S Blac	Kalvira VA 2		8/16/07
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Document Title: Document #: Expiration Date (if any): 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.	A. New Name (y applicable)		. B. Date	of Kenire (m	onth/day/year) (if applicable)
l 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.	C. If employee's previous grant of work authorization has expired, p	rovide the informa	tion below for the documer	t that establis	hes current employment eligibility.
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)				nited States	, and if the employee presented
	Signature of Employer or Authorized Representative			Date	(month/day/year)

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.



US	Denar	tment	of	J	ustice

Certificate of Eligibility for Nonimmigrant (F-1) Student

nigration and Naturalization Service		Stat	us - For Academic ar	nd Language Stud	ents (O)	MB NO. 111:	5-0051)
se read Instructions on Page 2 spage must be completed and signed in the U.S. by a design	mated school official.					SI	EVIS
Family Name (sumame):		1	For Immigratio	n Official User		Student's NO 0 0 0 4 0	
First (given) Name: Middle Nam	ne:	11					
Country of birth:	Date of birth(mo/day/year): 03/27/1972	11				0.40%0	260
Country of citizenship: KOREA, SOUTH	Admission number:	11			- 1		
chool (School district) name: Virginia Polytechnic Institute and State Graduate School						7.708	
School Official to be notified of student's arrival in U.S.(Name Zelma Harris Immigration Advisor School address (include zip code):	e and Title):	Vi	isa issuing post	Date Visa Issued	\dashv		
Graduate School 0325 Sandy Hall BlackBburg, VA 24061 School code (including 3-digit suffix, if any) and approval dat WAS214F01228001 approved		l					
This certificate is issued to the student named above Continued attendance at this school. Level of education the student is pursuing or will pur	for:	R	einstated, extension gr	anted to:			
The student named above has been accepted for a ful school, majoring in Hospitality Administratic The student is expected to report to the school no late and complete studies not later than 05/15/2007 study is 60 months. English proficiency: This school requires English proficiency The student has the required English px	on/Management, or than 08/16/2002 The normal length of	8.	b. Funds from thi Specify type:_ c. Funds from an	stimated for an ac- ne number of mor- onal funds s school	ademic tenths given	erm of 9 n in item 7).	0.00
c. Expenses of dependents (0) \$ _ d. Other (specify): misc \$ _	10.663.00 7.200.00 0.00 1,000.00 18,863.00	9.	Remarks:	amily ployment Total			
School Certification: I certify under penalty of perju and is true and correct; I executed this form in the Ur the student's application, transcripts, or other records execution of this form; the school has determined tha will be required to pursue if full course of study as determined that or issue this form. Zelma Harria Name of School Official Signature of Designated S	of courses taken and pro t the above named studer fined by 8 CFR 214.2(f)(nd ev of of it's qu 6); I:	raluation in the Unite financial responsibili ualifications meet all	d States by me or ity, which were re standards for adm	other off ceived at hission to amed sch	icials of the s the school p the school; t	school of rior to the he student authorized

	Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state	.)
		U		2		
11.	Student Certification:	I have read and agreed to comply with the terms	and conditions of my adm	sion and those of any extent	ension of stay as specified	on
	page 2. I certify that a	l information provided on this form refers speci	fically to me and is true and	correct to the best of my l	knowledge. I certify that	I
	seek to enter or remain	in the United States temporarily, and solely for	the purpose of pursuing a f	ull course of study at the so	chool named on page 1 of	thi
		the named school to release any information from				

my nonimmigrant status.

Name of Student

Name of parent or guardian Signature of parent or guardian If student under 18

Address (city)

(State or Province) (Country)

Form I-20 A-B (Rev. 04-27-88)N

For Official Use Only Microfilm Index Number

2 VISA Can not be employed

-	Department of Justice
TIC	Denartment 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 SEVIS This page must be completed and signed in the U.S. by a designated school official Dependent's Copy N0000405468 Middle Name: Dependent's Middle Name Dependent's First (given) Name: First (given) Name: Date of birth(mo/day/year): Dependent's Country of birth: OOB(mo/day/year) Country of birth: CHINA 09/16/1973 05/04/1973 CHINA Admission number: Admission number Country of citizenship: Dependent's Country of Citizenship: For Immigration Official User 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 Visa issuing post Date Visa Issued Blacksburg, VA 24061 School code (including 3-digit suffix, if any) and approval date: WAS214F01228001 approved on 01/07/2003 Reinstated, extension granted to: 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: The student named above has been accepted for a full course of study at this This school has information showing the following as the student's school, majoring in Entomology means of support, estimated for an academic term of 9 The student is expected to report to the school no later than 08/18/2001 months (Use the same number of months given in item 7). and complete studies not later than 05/15/2006 . The normal length of a. Student's personal funds 4,301.00 study is 60 months. Funds from this school 20,699.00 Specify type: Assistantship 6. English proficiency: Funds from another source 0.00 This school requires English proficiency. Specify type: The student has the required English proficiency. On-campus employment 0.00 7. This school estimates the student's average costs for an academic term of 25,000.00 (up to 12) months to be: a. Tuition and fees 9. Remarks: 10,663.00 Living expenses 7,200.00 Expenses of dependents (1) 4.000.00 Other (specify): Misc. 1,000.00 Total 22,863.00 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 Jocelyn Navarro 04/08/2003 Blacksburg, VA Name of School Official 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 Name of parent or guardian Signature of parent or guardian Address (city) (State or Province) (Country) If student under 18

Form I-20 A-B (Rev. 04-27-88)N

For Official Use Only Microfilm Index Number



Form **DS-2019**

U.S. Department of State



CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR(J-1) STATUS EXPIRES: 02-21-2005 ESTIMATED BURDEN TIME: 45 m

EXPIRES: 02-28-2005

1-30°					*See	Page 2
I. Family Name:	First Name:		Middle Name:		Gender: FEMALE	N0000214656
Date of Birth (mm-dd-yyyy): 02-02-1977 Fethiya/Muola	th: Country of Bir	th: TURKEY	Citizenship Country Code:	Citizenship Country: TURKEY		J-1
Legal Permanent Residence Country Code: Legal I		Position Code				
TU TU: U.S. Address: Virginia Tech	RKEY	213		ACHING STAFF IN ESEARCHERS	CLUDING	
Blacksburg, VA 24061				BBARCHERS		700.500
						22 E 25
2. Program Sponsor: Virginia Polytechnic Instit	ute and State Uni	versity		Exchange Visitor Progra P-1-000	m Number: 71	
Participating Program Official Description: PROFESSOR; RESEARCH SCHOLAR DOCTORATE; STUDENT MASTERS;			SOCIATE; STUDENT	BACHELORS; STU	DENT	
Purpose of this form: Begin new progra	am; accompanied b	y number (0) of	immediate family	members.		Artist Control
3. Form Covers Period:	4. Exchange Visitor C	alegory:				
From (mm-dd-yyyy): 04-01-2003	SHORT-TERM	SCHOLAR				15-8736
	Subject/Field Code:	Subject/Field Code D				223
To (mm-dd-yyyy): 07-01-2003	40.0501	Chemistry,	General			700
During the period covered by this form, the total c Current Program Sponsor funds : \$5,0 Total : \$5,000.00	00.00	(.S. S) is to be provided to t	he exchange visitor by:			
U.S. DEPARTMENT OF STATE INSUSE OR OR RESPOSSIBLE OFFICIAL THAT A NOTIFICAL FORM HAS BEEN PROPULED TO THE U.S. DE	CERTIFICATION BY TION COPY OF THIS EPARTMENT OF STATE	7. Ruth Athanson			Alter	
(INCLUDE DATE).		Graduate Scho	Name of Official Preparing Fo ol 0325	rm		Title
APR X 1 2003		Blacksburg, V				540-231-9561
\i /		Address of I	Responsible Officer or Alternate R	Responsible Officer		Telephone Number
CLASS	_	Kup (thaiso	\sim		03-19-2003
UNTIL	-	Signature of	Responsible Officer or Alternate	Responsible Officer		Date (mm-dd-yyyy)
Statement of Responsible Officer for Releasing Statement of Responsible Officer for Releasing Statement of the International Statement of the Program specified in item 2 is necessary or high	ponsor (FOR TRANSFER OF P. Transfer of this excluding desirable and is in conformity	ROGRAM) hange visitor from program n y with the objectives of the Mi	ambertrual Educational and Cultural Ex	sponsored change Act of 1961, as amen-	byded.	
Signature of Responsible Officer or A				1	Date (mm-dd-yyyy	
PRELIMINARY ENDORSEMENT OF CONSULA IMMIGRATION AND NATIONALITY ACT AND	R OR IMMIGRATION OFFIC PL 94-454, AS AMENDED &	ER REGARDING SECTIO	N 212(e) OF THE		LIDATION BY R faximum validation pe	ESPONSIBLE OFFICER
The Exchange Visitor in the above program:						s up to six months for Short-term
Not subject to the two-year residence require	rement,			Scholars and four m	onths for Camp Coun	selors and Summer Travel/Work.
2. Subject to two-year residence requirement	based on:	LL USAID PARTICIPANTS	G-2-4263 AND ALL ALIEN P-3-4510 ARE SUBJECT TO	(1) Exchange Visito	or is in good standing a	at the present time
A. Government financing and/or	ALL AND	O-YEAR HOME RES	IDENCE REQUIREMENT)			
	A COMP	1/4/			Date (mm-d	ld-yyyy)
B. The Exchange Visitor Skills List a	ind or					
C. PL 94-484 as amended) <u>s</u>			Responsible Officer of the standing and the standing and the standing and the standing at the	r Alternate Responsible Officer at the present time
	ration Officer	_3 2	7 1 1 1 2 5 0 3 Date (mm-dd-yyyy)		Date (mm-d	ld-yyyy)
THE U. S. DEPARTMENT OF STATE RE	SERVES THE RIGHT TO MA	KE FINAL DETERMINAT	ION REGARDING 212 (e).	Signature of R	esponsible Officer or	Alternate Responsible Officer
EXCHANGE VISITOR CERTIFICATION	N: I have read and agree with	h the statement on item 2	on page 2 of this document.		0.00	-03-2003
					25	-01-2003

DS-2019 (formerly IAP-66)

Signistere of Applicant

J2 VISA

Can not work.....

unless
has
EAD
card

U.S. Department of State



CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR(J-1) STATUS

OMB APPROVAL NO.1405-0119
EXPIRES: 02-28-2005
ESTIMATED BURDEN TIME: 45 min
*See Page 2

4.84					*See Page 2
1. J-2 Family Name:	3-2 First Name:		J-2 Middle Name:	J-2 Gene FE	MALE N0000537996
Date of Birth/mm-dd-yyyy): City of Birth 10/02/1977 Hangzhou	Country of I	CHINA	Citizenship Country Code: CH	Citizenship Country: CHINA	J-2 Depend
Legal Permanent Residence Country Code: Legal Per CHI		y: Position Code 214		GRADUATE STUDENTS	
U.S. Address: Virginia Tech	in.				DEPENDENCE.
Blacksburg, VA 24061					35.50
J-1 Family Name:	J-1 First Name:		J-1 Middle Name:	J-1 Gend MAL	
l Program Sponsor: Virginia Polytechnic Institu	te and State Un	niversity		Exchange Visitor Program Numb P-1-00071	** ***********************************
Participating Fragram Official Description: PROFESSOR; RESEARCH SCHOLAR; DOCTORATE; STUDENT MASTERS;			SOCIATE; STUDENT	BACHELORS; STUDENT	
Purpose of this form: OTHER Initial printing.					
1 Form Covers Period:	4. Exchange Visitor	Category:			2,210,4
From (mm-dd-yyyy): 04-24-2003	RESEARCH !	SCHOLAR			
Te (mm-dd-yyyy): 08-15-2003	Subject/Field Code: 14.1001	Electrical,	Electronics and C	ommunications	200
5. During the period covered by this form, the total es Current Program Sponsor funds : \$16,60 Personal funds : \$4,000.00 Total : \$28,600.00	imated flasscial support(h	n U.S. 5) is to be provided to the	se exchange visitor by:		
6. U.S. DEPARTMENT OF STATE / INS USE OR CE RESPONSIBLE OFFICER THAT A NOTIFICATI	RTIFICATION BY ON COPY OF THIS	7. Ruth Athanson	×		Alternate Responsible
FORM HAS BEEN PROVIDED TO THE U.S. DEP (INCLUDE DATE).	ARTMENT OF STATE		Name of Official Preparing For	m	Title
		Graduate School Blacksburg, V.			540-231-9561
			esponsible Officer or Alternate R	seponatble Officer	Telephone Number
		Ruch Signature of	Cethera Responsible Officer or Alternate	Responsible Officer	4/24/23 Date (mm-dd-yyyy)
Statement of Responsible Officer for Releasing Spo Effective date (mm-dd-yyyy): to the program specified in item 2 is necessary or highly	Tennafor of this av	PROGRAM)	mber	anonaored by	
Signature of Responsible Officer or Alte	rmate Responsible Officer			Date	(mm-dd-yyyy) of Signature
PRELIMINARY ENDORSEMENT OF CONSULAR IMMIGRATION AND NATIONALITY ACT AND PROPERTY AN	OR IMMIGRATION OFF . 94-484, AS AMENDEDS	ICER REGARDING SECTION to item 1(a) of page 2).	N 212(e) OF THE		ION BY RESPONSIBLE OFFICE validation period is one year*)
The Exchange Visitor in the above program:				*EXCEPT: Maximum valida Scholars and four months for	stion period is up to six months for Short-t Camp Counselors and Summer TraveUW
Not subject to the two-year residence requires		(ALL USAID PARTICIPANTS	G-J-0263 AND ALL ALIEN		od standing at the present time
2. Subject to two-year residence requirement has	sed on:	HYSICIANS SPONSORED BY THE TWO-TEAR HOME RESI	P-3-4510 ARE SUBJECT TO		
A. Government financing and/or				-	Date (mm-dd-yyyy)
B. The Exchange Visitor Skills List and	Vose				
C. PL 94-484 ax amended					ble Officer or Alternate Responsible Offic od standing at the present time
Name			Title		
40.00			Date (mm-dd-yyyy)		Date (mm-dd-yyyy)
Signature of Consular or Immigra THE U.S. DEPARTMENT OF STATE RESE				Signature of Responsible	le Officer or Alternate Responsible Office
EXCHANGE VISITOR CERTIFICATION	Oliver Street Control of the Control				
	9.54		Virginia Te	eh	04/24/03
Signature of Appli	carpt		Place		* Date (mm-dd-yyyy)

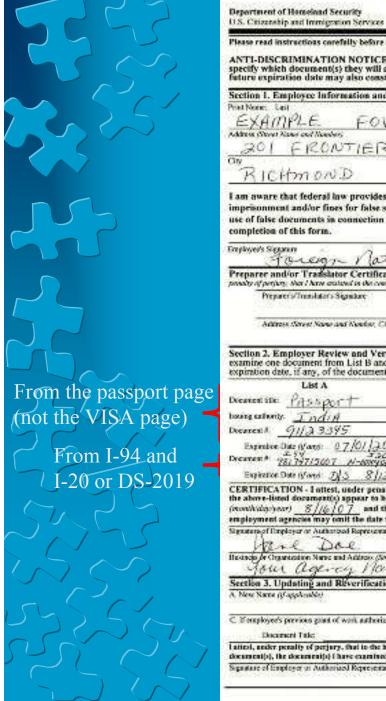
DS-2019 (formerly IAP-66)

Page 1 of 2

Sample I-94 Card

Admission number to enter in Section 1

Departure Number	
981747150	07U.S. IMMIGRATION
Immigration and Naturalization Service	080 DET 350 AUG 1 0 2000
I-94 Departure Record	ADMITTED UNTIL
14. Family Name	
15. First (Given) Name	16. Birth Date (Day/Mo/Yr) 150669
17. Country of Citizenship $I \mid N \mid D \mid I \mid A \mid \qquad \qquad$	
See Other Side	STAPLE HERE



OMB No. 1615-0047; Expires 96/30/08

Form I-9, Employment Eligibility Verification

Pers 1-9 (Rev. 05/05/07) N

Please read instructions carefully before completing this form. The instructions must be evailable 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 I. Employee Information and Veril	ication. To be e	completed and signe	d by employee	at the time employment begins.
reat Neme: Last	First		fath; intal	Maxies Name
EXAMPLE FORE	16N	NATIO.	nIA/	
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am aware that federal law provides for opensonment and/or fines for false statem se of false documents in connection with to ompletion of this form.	ents or	s, under potatty of perjo A citizen or noticeal A taxful percentent An abor authorized o (Alten # or Adresses	of the United State resident (Alben #) / work until	
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Preparers/Translators Signature		Print Name		
Address Street Name and Norther, City, State	Zip Code)		1	lika (neonlikis) (rosn)
expiration date, if any, of the document(s). List A	OR	List B	AND	List C
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ignature of Corpleyer or Authorized Representative	Frim Name	111111111111111111111111111111111111111		150
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extractor for Organization Marios and Address (Seven Nove		The second secon		Date (marchise/mar)
your agency name	+ addr	240		8/16/07
ection 3. Updating and Réverification. To	be completed as	nd signed by employ		Superior
New Name (Papphenble)			B, Date of Re	bise (monthidge)wary (glappicable)
Monaployee's previous gainst of work authorization has	espired, provide th	e information below for	the document that	catantiskos current employment eligibility
Decement Falc	15	country F		Expiration Date (if any):
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atical, ander penalty of perjury, that to the best of m focuraculal, the document(s) I have examined appear				States, and if the employee presented

Example F1, J1

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

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.

	EAC 05-245-52586	CASSIVE 1129 PETITION FOR A NONIMMIGRANT WORKER
55	September 12, 2005 NOTICE DATE September 20, 20051 of 1 P. MICHAEL KHOSEA ATTORNEY	VIRGINIA DEPARTMENT OF
3	LAW OFFICES OF P MICHAEL KHOSLA & ASSOCIATES P C 11123 MONTGOMERY ROAD SUITE 202 CINCINNATI OH 45249	Nótice Type: Approval Notice Class fils Valid from 10/01/2005/to/09/30/2008
55		property (an work for the petitioner, but only as detailed in a little of the petition of the following the petition of the pe
	The petitioner should keep the upper portion of rmis the should keep the right part with his op her form 1 1 34 when departing the U.S. The left, part is for his the U.S. must pornally obtain a visa in the new classic	If some recrtical should be given to the worker. He or consider the feet of this should be turned in with the of the constant
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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

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	n. To be completed	and signed by employe	e at the time employment begins.			
Print Name: Last Firs		Middle Initial	Maiden Name			
SAMPLE H	13					
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)			
1 Lovely Lane			01/31/60			
City State		Zip Code	Social Security #			
RICHMOND VA		23233	123-44			
NICTIVIOND VA	T	0.000	123-44-5566			
I am aware that federal law provides for		I attest, under penalty of perjury, that I am (check one of the following): A citizen or national of the United States				
imprisonment and/or fines for false statements or		A lawful permanent resident (Alien #) A				
use of false documents in connection with the	=	authorized to work until	9/30/08			
completion of this form.	(Alien#	or Admission #) 06	9 37 5231 10			
Employee's Signature	(-1111111		Date (month/day/year),			
H13 Sampl	e		8/30/07			
Preparer and/or Translator Certification. (To be co	ompleted and signed if S	ection 1 is prepared by a person	on other than the amployee) Lattest ander			
penalty of perjury, that I have assisted in the completion of this fo	orm and that to the best	of my knowledge the informati	on is true and correct.			
Preparer's/Translator's Signature	P	rint Name				
Address (Street Name and Number, City, State, Zip Co.	nde)		Date (month/day/year)			
transco (criteriano anti-rambo), criy, crimo, zip con			Date (month/day/year)			
Section 2. Employer Review and Verification. To examine one document from List B and one from Li expiration date, if any, of the document(s).	ist C, as listed on the	agned by employer. Exa e reverse of this form, ar	mine one document from List A OR and record the title, number and			
List A OR	List B	AND	I int C			
1	List B	AND	List C			
Document title: PASS PORT						
Issuing authority: TND/A						
Document #: 9/1 a) 33 445						
Expiration Date (if any): 7/1/2010						
Document #: 06937523110						
0/20/00						
Expiration Date (if any): 9/30/08						
CERTIFICATION - I attest, under penalty of perjury, the above-listed document(s) appear to be genuine and	that I have examine	d the document(s) presen	ted by the above-named employee, that			
(month/day/year) $\frac{8/30/07}{2}$ and that to the best	of my knowledge the	e employee is eligible to w	ork in the United States (State			
employment agencies may omit the date the employee b	began employment.)	,, g	oran in one onited states. (State			
	Print Name		Title			
does name	YOUR A	JAME.	Your Title			
Justiness of Organization Name and Address (Street Name and Ni	umber, City, State, Zip C	ode)	Date (month/day/year)			
Your agency NAME + Addres	is.		8/30/07			
Section 3. Updating and Reverification. To be com		ov employer	8/30/01			
A. New Name (if applicable)	-proton and bigited t	, , , , , , , , , , , , , , , , , , , ,	hire (month/day/year) (if applicable)			
			, and the second			
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 #:					
attest, under penalty of perjury, that to the best of my knowle			Expiration Date (if any):			
document(s), the document(s) I have examined appear to be ge	nuine and to relate to t	he individual.	States, and it the employee presented			
Signature of Employer or Authorized Representative			Date (month/day/year)			
			Form I-9 (Rev. 06/05/07) N			

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.

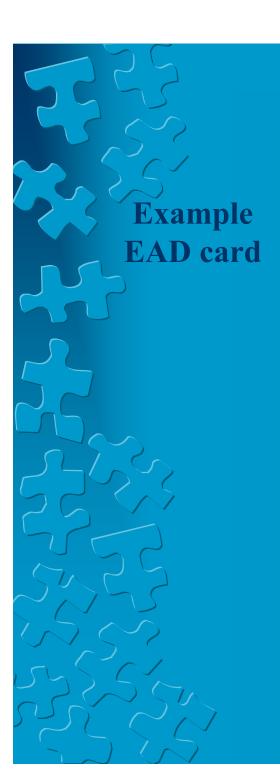


Form I-688B (August 1995)

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.







Department of Homeland SecurityU.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 V	Verification	To be completed an	d signed by amploy	an at the time and leave at he sine		
Print Name: Last	First	To be completed an	Middle Initial	Maiden Name		
SMITH	1 1 4	m	Wilddie Illitial	Maidell Name		
Address (Street Name and Number)	カルバ	,, ,	A A - #	D. ODLA C.		
			Apt. #	Date of Birth (month/day/year)		
123 MAIN ST				11 / / 0 / 7 / Social Security #		
City	State		Zip Code			
- BICHMOND	VA		73278	111-22-3333		
I am aware that federal law provides for	or			heck one of the following):		
imprisonment and/or fines for false statements or		A citizen or national of the United States A lawful permanent resident (Alien #) A				
use of false documents in connection w	ith the	. =	horized to work until	5/13/96		
completion of this form.		7	Admission #) A	123456789		
Employee's Signature		(Alleli # Of A	dillission #)	Date (month/don/som)		
Oldan In	ith			Date (month/day/year) 2 / 15/96		
Preparer and/or Translator Certification penalty of perjury, that I have assisted in the complete	on. (To be comp etion of this form	leted and signed if Section and that to the best of m	on I is prepared by a per by knowledge the informa	son other than the employee.) I attest, under tion 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 Verific	cation. To be	completed and sign	ed by employer Ev	amine one document from List A OR		
examine one document from List B and or	ne from List (C, as listed on the re	verse of this form, a	and record the title, number and		
expiration date, if any, of the document(s)).					
List A	OR	List B	ANI	List C		
Document title: Employment Authoriza	tign					
Issuing authority: USCIS	rd =					
Document #: EAC. 96.005.0007	- 1					
: 1						
Expiration Date (if any): $\frac{5}{13}$ /96	· III					
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 go	enuine and to	relate to the employe	e named, that the em	plovee began employment on		
(month/day/year) $2/15/96$ and that employment agencies may omit the date the	to the best of	my knowledge the en	iployee is eligible to	work in the United States. (State		
Signature of Employer or Authorized Representative		Name		Title		
			11	Title		
GOUN SIGNATURE Business or Organization Name and Address (Street)	N	90012 /	me	Date (month/day/year)		
			,	Date (month/day/year)		
YOUR ACTIVEY NAME Section 3. Updating and Reverification.	+ HJ	PRESS		2/15/96		
A. New Name (if applicable)	10 be comple	eted and signed by e				
A. New Name (y applicable)			B. Date of F	Rehire (month/day/year) (if applicable)		
C. If employee's previous grant of work authorization	n has expired, pro	ovide the information be	ow for the document that	t establishes current employment eligibility.		
Document Title:		Document #:		Expiration Date (if any):		
l attest, under penalty of perjury, that to the best o	of my knowledg	e, this employee is eligil	ole to work in the Unite	d States, and if the employee presented		
document(s), the document(s) I have examined app	pear to be genui	ne and to relate to the i	ndividual.			
Signature of Employer or Authorized Representative				Date (month/day/year)		
				Form I-9 (Rev. 06/05/07) N		



 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 <u>before</u> or <u>within 3 business days</u> 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.



• 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 19 form dated 06/05/07 for all new hires.

Be sure to enter the employment begin date.

<u>Do not</u> 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!)



To avoid **discrimination** penalties in an USCIS audit, <u>do not</u> 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

