

Employment Eligibility Verification - Form I-9
Guidelines
and
Examples

I-9 GUIDELINES **And INFORMATION**

- A new or returning employee **must** have a valid I-9 Form completed within the **3 days** of employment.
- All original documents **must** be provided for verification within **3** business days of employment.
- In conjunction with the I-9, all non-citizens **must** also provide an I-20 Form, a DS-2019 Form, or an I-797 Form for employment authorization.
- Social Security Cards with “Valid for Work Only with INS Authorization” **cannot** be used to satisfy the I-9.
- If an employee does not have a Social Security number, a comptroller ID number **must** be obtained from the Payroll Office **before** paperwork can be completed.
 - Once the Social Security card has been received, a copy of the signed card **must** be submitted to the Payroll Office.
- **White-out** is **not** allowed on any I-9. This voids the I-9 and makes it invalid.
- The I-9 Form **must** be completed **after** the Offer Letter is signed.
- A new I-9 is needed when:
 - A change in citizenship status is made.
 - An employee is rehired after a break in employment.
- **For rules and regulations regarding the I-9 Employment Eligibility Verification and answers to questions, contact The Citizenship and Immigration Services.**

<http://www.uscis.gov/portal/site/uscis>

Telephone 1-800-357-2099

INSTRUCTIONS FOR EMPLOYEES COMPLETING SECTION ONE

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.			
Print Name: Last	Doe	First	Joanne
Middle Initial	M.	Maiden Name	
Address (Street Name and Number)	12 Main St.		Apt. #
Date of Birth (month/day/year)	5/15/1973		
City	Anywhere, VA	State	
Zip Code	23456		Social Security #
123-45-6789			
<p>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.</p>	<p>I attest, under penalty of perjury, that I am (check one of the following):</p> <p><input type="checkbox"/> A citizen or national of the United States</p> <p><input type="checkbox"/> A lawful permanent resident (Alien #) A</p> <p><input checked="" type="checkbox"/> An alien authorized to work until <u>10/31/2007</u></p> <p>(Alien # or Admission #) <u>9876543210</u></p>		
Employee's Signature	Joanne M Doe		Date (month/day/year)
			9/6/2005
<p>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.</p>			
Preparer's/Translator's Signature	Joseph Doe		Print Name
Joseph Doe		Joseph Doe	
Address (Street Name and Number, City, State, Zip Code)	16 Main St. Anywhere, VA 23456		Date (month/day/year)
			9/6/2005

1. Employee enters full name and maiden name, if applicable.
2. Employee enters current address and date of birth.
3. Employee enters his or her city, state and Social Security number.
4. Employee reads warning and attests to immigration status.
5. Employee signs and dates the form.
6. If the employee uses a preparer or translator to fill out the form, that person must certify that he or she assisted the employee by completing this signature block.

I-9 OF US CITIZEN

SAMPLE: TX DRIVERS LICENSE AND SOCIAL SECURITY CARD

U.S. Department of Justice
Immigration and Naturalization Service

U.S. CITIZEN

OMB No. 1115-0136

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

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

Print Name: Last SAMPLE	First FEMALE	Middle Initial R.	Maiden Name
Address (Street Name and Number) HOME ADDRESS		Apt. #	Date of Birth (month/day/year) 3-5-75
City GRAND PRAIRIE	State TX	Zip Code 75052	Social Security # 555-55-5555
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 checked="" 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 <i>Female R. Sample</i>		Date (month/day/year) 00/00/03	

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: _____		TEXAS DRIVERS LICENSE		SOCIAL SECURITY CARD
Issuing authority: _____		DEPARTMENT OF PUBLIC SAFETY		US GOVERNMENT
Document #: _____		1111 1111		555-55-5555
Expiration Date (if any): ___/___/___		3.15.06		___/___/___
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) **6.1.03** 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 <i>Susan Ginn</i>	Print Name SUSAN GINN	Title HR. SPECIALIST II
Business or Organization Name THE UNIVERSITY OF TEXAS AT ARLINGTON		Date (month/day/year) 00/00/03
Address (Street Name and Number, City, State, Zip Code) 1225 W. MITCHELL ST. Box 19176, ARLINGTON, TX 76019-0176		

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)
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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)

I-9 OF PERMANENT RESIDENT

SAMPLE: PERMANENT RESIDENT WITH RESIDENT ALIEN CARD

U.S. Department of Justice
Immigration and Naturalization Service

OMB No. 1115-0136

Employment Eligibility Verification

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

Print Name: Last NGUYEN First PHUONG Middle Initial _____ Maiden Name _____	
Address (Street Name and Number) MY STREET ADDRESS Apt. # _____ Date of Birth (month/day/year) 1-16-78	
City ARLINGTON State TX Zip Code 76013 Social Security # 333-33-3333	
<p>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.</p> <p>I attest, under penalty of perjury, that I am (check one of the following):</p> <input type="checkbox"/> A citizen or national of the United States <input checked="" type="checkbox"/> A Lawful Permanent Resident (Alien # A043693988) <input type="checkbox"/> An alien authorized to work until ___/___/___ (Alien # or Admission #) _____	
Employee's Signature <i>Phuong Nguyen</i> Date (month/day/year) 02/00/03	

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: RESIDENT ALIEN CARD		_____		_____
Issuing authority: US. DEPT. OF JUSTICE/INS		_____		_____
Document #: A043693988		_____		_____
Expiration Date (if any): 11/23/02		___/___/___		___/___/___
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) **6/1/03** 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 <i>Susan Ginn</i>	Print Name SUSAN GINN	Title HR. SPECIALIST II
Business or Organization Name THE UNIVERSITY OF TEXAS AT ARLINGTON		Date (month/day/year) 00/00/03
Address (Street Name and Number, City, State, Zip Code) 1225 W. MITCHELL ST. Box 19176, ARLINGTON, TX 76019-0176		

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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I-9 OF INTERNATIONAL EMPLOYEE

SAMPLE : INTERNATIONAL STUDENTS WITH PASSPORT AND I-94

U.S. Department of Justice
Immigration and Naturalization Service

OMB No. 1115-0136

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

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

Print Name: Last BALASUBRAMA	First VASA	Middle Initial A	Maiden Name
Address (Street Name and Number) MY STREET ADDRESS		Apt. #	Date of Birth (month/day/year) 6-9-77
City ARLINGTON	State TX	Zip Code 76013	Social Security # 777-77-7777

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 **E.I.D.S.**
(Alien # or Admission #) **85514161508**

Employee's Signature: *Susan Ginn* Date (month/day/year): **00/00/03**

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: PASSPORT + I 94		_____		_____
Issuing authority: MALAYSIA		_____		_____
Document #: 12345678		_____		_____
Expiration Date (if any): 6.22.03		- - -		- - -
Document #: 85514161508		_____		_____
Expiration Date (if any): E.I.D.S.		_____		_____

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) **6.1.03** 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 <i>Susan Ginn</i>	Print Name SUSAN GINN	Title HR. SPECIALIST II
Business or Organization Name THE UNIVERSITY OF TEXAS AT ARLINGTON		Date (month/day/year) 00/00/03
Address (Street Name and Number, City, State, Zip Code) 1225 W. MITCHELL ST. Box 19176, ARLINGTON, TX 76019-0176		

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

A. New Name (if applicable) _____ B. Date of retire (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): _____

Resident Alien Card (I-551)

These cards are no longer issued, but are valid indefinitely, or until their expiration date. Recipients of this card are lawful permanent residents. This card is commonly referred to as a “green card” and is the replacement for the Form I-151.



Unexpired Foreign Passport with I-551 Stamp



Employment Authorization Card I-766

Issued by USCIS to aliens granted temporary employment authorization in the United States. The expiration date is noted on the face of the card



Temporary Resident Card I-688

Issued by USCIS to aliens granted temporary resident status under the Legalization or Special Agricultural Worker program. It is valid until the expiration date stated on the face of the card or on the sticker(s) placed on the back of the card.



Employment Authorization Card I-688A

Issued by USCIS to applicants for temporary resident status after their interview for Legalization or Special Agricultural Worker status. It is valid until the expiration date stated on the face of the card or on the sticker(s) placed on the back of the card.



Employment Authorization Card I-688B

Issued by USCIS to aliens granted temporary employment authorization in the United States. The card has gold, interlocking lines across the front. The expiration date is noted on the face of the card.



I-94/I-94A Arrival/Departure Record

Arrival-departure record issued by DHS to nonimmigrant aliens and other alien categories. This document indicates the bearer's immigration status, the date that the status was granted, and when the status expires.

Departure Number: 813106636 11

Department of Homeland Security
CBP I-94 A (11/04)
Departure Record

ADMITTED
USA
FEB 05 2005
L-1
CA606
09/17/2007

Family Name: SAMPLE

First (Given) Name: AHMET Birth Date (Day/Mo/Yr): 22, 12, 50

Country of Citizenship: PAKISTAN

20041122 US-VISIT 20041122 MULTIPLE

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Departure Number: 626633123 12

OMB No. 1651-0111

ADMITTED
ATL
JUN 25 2006
L-1
April 23, 2009

I-94
Departure Record

Family Name: SAMPLE

First (Given) Name: JANE Birth Date (Day/Mo/Yr): 23, 03, 68

Country of Citizenship: NEW ZEALAND

CBP Form I-94 (10/04)
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CONTACT US!

**Office of Human Resources
Employee Records Services**

Phone: 817-272-5554

Fax: 817-272-5798

hrrrecords@uta.edu

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rdjames@uta.edu