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 <u>3 days</u> 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.
 - o 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 <u>after</u> 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

_	irst Middle Initial M.	Maiden Name
Address (Street Name and Number) 12 Main St.	Apt.#	Date of Birth (month/day/year) 5 / 15 / 1973
Anywhere, VA State	23456	Social Security # 123-45-6789
I am aware that federal law provides for imprisonment and/or fines for false statements use of false discuments in connection with the completion of this form.	or I attest, under penalty of perjury, that I am (c	States #) A 10/31/2007
Employee's Signature M Soe.		Date (manth/day/year) 9/6/2005
Preparer and/or Translator Certification. (To be penalty of perjury, that I have assisted in the completion of this	completed and signed if Section 1 is prepared by a pe form and that to the best of my knowledge the inform	erson other than the employee.) I attest, under nation is true and correct.
Preparer's/Translator's Signature FORM Doc	Joseph Do	e
Address (Street Name and Number, City, State, Zip C 16 Main St. Anywhere,	Code)	Date (month/day/year)

- 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.

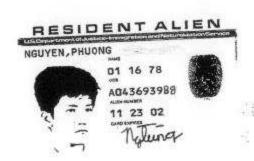
I-9 OF US CITIZEN

SAMPLE: TX	DRIVERS	SLICENSE	AND	SOCIAL SECURITY CARD
U.S. Department of Justice Immigration and Naturalization Service	TITEN		Emplo	yment Eligibility Verification
Please read instructions carefully before co of this form. ANTI-DISCRIMINATION NO Employers CANNOT specify which docum individual because of a future expiration d	FICE: It is illeq ent(s) they wi	gal to discriminate Il accept from an	against v employee	work eligible individuals. The refusal to hire an
Section 1. Employee Information and Veri	fication. To be	completed and signed	by employe	e at the time employment begins.
Print Name: Last SAMPLE FI	First EMALE	Middl R	e Initial	Maiden Name
Address (Street Name and Number) HOME ADDRESS		Apt.	•	3-5-75
City A Stat	TX	100.00	52	555-55-5555
I am aware that federal law provides for imprisonment and/or fines for false staten use of false documents in connection with completion of this form.	n the	A citizen or A Lawful P	national of termanent Re	Particular de la constantina della constantina d
Employee's Signature Fremale R. of	ample			Oo / oo / o 3
Preparer and/or Translator Certific other than the amployee, I attest, under pu- best of my knowledge the information is to Preparer's/Translator's Signature	enalty of perjury, t			n I is prepared by a person on of this form and that to t he
Address (Street Name and Number, City, S	tate, Zip Codel			Date (month/days/year)
Section 2. Employer Review and Verificati examine one document from List 8 and one from List 6 document(s) List A OF	2, as listed on the			e title, number and epiration date, if any, of the
Document title:	TEXAS DR	IVERS LICENS	€	SOCIAL SECURITY CARD
Issuing authority:	DEPARTME	NT OF PUBLIC SA	FETY	US GOVERMENT
Document #:	1111 1111		2/1	555-55-5555
Expiration Date (if any):////	3,5,0	6		
Expiration Date (if any)://				
CERTIFICATION - I attest, under penalty of per employee, that the above-listed document(s) a employee began employment on (month/day/y) is eligible to work in the United States. (State of employment.)	ppear to be gen	uine and to relate to $\mathcal Z$ and that to the b	the emplo est of my	oyee named, that the knowledge the employee
Signature of Employer or Authorized Representative	Print Name SUSAN	GINN		HR. SPECIALIST I
Business or Organization Name THE UNIVERSITY OF TEXAS AT AR	Street Name and A	lumber, City, State, Zij	Code)	Date (month/day/year)
1225 W. MITCHELL ST. BOX 19176	ARLINGTO	N, TX 76019	0176	00/00/03
Section 3. Updating and Reverification . To			-	
A. New Name (if applicable)			B. Date	of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization eligibility,	has expired, provide	de the information belo	w for the do	ocument that establishes current employment
Document Title:	Document #:	The second secon		y)://
I attest, under penalty of perjury, that to the best of or document(s), the document(s) I have examined appear	y knowledge, this to be genuine an	employee is eligible to d to relate to the indivi	work in the	United States, ad if the employee presented
Signature of Employer or Authorized Representative	30000			Date (month/day/year)

I-9 OF PERMANENT RESIDENT

SAMPLE: PERMANENT KESIDENT WITH KESIDENT ALIEN CAKU

U.S. Department of Justice Immigration and Naturalization Service				Emplo	yment El	OMB No. 1115-0 ligibility Verification
Please read instructions carefully before cor of this form. ANTI-DISCRIMINATION NOTI Employers CANNOT specify which docume individual because of a future expiration dat	CE: It is ille nt(s) they v	egal to vill acc	discriminat ept from an	e against i employee	work eligible. The refus	e individuals.
Section 1. Employee Information and Verific	cation. To b	e compl	eted and signer	d by employe	e at the time er	mployment begins.
Print Name: Last Fi	ONG			tle Initial	Maiden Name	CONTRACTOR OF THE PARTY OF THE
MY STREET ADDRESS	Ohro 6	3 70 10	Apt.	'	1-16-	(month/day/year) 78
ARLINGTON State		0 114	760	Code 13	Social Securi	33-3333
I am aware that federal law provides for imprisonment and/or fines for false stateme use of false documents in connection with completion of this form.	and the second second	1 atte:	A citizen o	e mational of t	he United State sident (Alien # vork_until	ck one of the following): ************************************
Employee's Signature Phuma Nauyer	~	والرحال			Date (month	
Preparer and/or Translator Certifica other than the employee. I attest, under pan- best of my knowledge the information is true	alty of perjury,		npleted and sig ave assisted in			
Preparer's/Translator's Signature		1 1	Print Name	1 10		MATERIAL PROPERTY.
Address (Street Name and Number, City, State	te, Zip Codel				Date Imonth	/day/yearl
List A Document title: RESIDENT ALIEN CARD Issuing authority:		List	United to	AND		List C
CERTIFICATION - I attest, under penalty of perjur employee, that the above-listed document(s) app employee began employment on [month/day/yes is eligible to work in the United States. (State em employment.)	ear to be gen	nuine a 23 and	nd to relate to d that to the	o the emplo best of my	yee named, knowledge ti	that the he employee
Signature of Employer or Authorized Representative	Print Name SUS	AN	GINN		Title HR.	SPECIALIST
	reat Name and		, City, State, Z.		Date Imonti	
1225 W. MITCHELL ST. BOX 19176,	ARLING70	ON, T	x 76019	-0176	00	0/00/03
Section 3. Updating and Reverification , To be	oe completed a	nd signe	ed by employer.			
A. New Name (if applicable)	2000			B. Date	of rehire (man	th/day/year) (if applicable)
C. If employee's previous grant of work authorization has eligibility.	s expired, prov	ide the i	information belo	ow for the do	cument that er	stablishes current employment
Document Title:	ocument #:_		Expiratio	on Date (if an	v)://_	
I attest, under penalty of perjury, that to the best of my document(s), the document(s) I have examined appear to					a service services	
Signature of Employer or Authorized Representative					Date (month	l/day/year)



ALJEM REGISTRATION RECEIPT CARD
MUSICA IDENTIFIES BY 1444 CARDS DRIVINGS TO SERVICE HAS ANALYZED THE U.S.

F25 L0S 921029 266 2315438063 A1USA043693988<01<9211<<<<<<< 7801169M0211233<<<<<D765ADB76 NGUYEN<<PHUONG<

I-9 OF INTERNATIONAL EMPLOYEE

SAMPLE: INTERNATIONAL STUDENTS WITH PASSPORT AND I-44

U.S. Department of Justice Immigration and Naturalization Service 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.

City AR LIW G 70 N State 7 G 1	Name Birth Imanth/day/year/ -9-77 -9-77 -77-77 (check one of the followin g): States lien # A. E1 / D / S. 1416 1508 appth/day/year/ form and that to t he nonth/day/year/ locument from List A OR
BALASUBRAMA VASA Address (Street Name and Number) MY STREET ADDRESS City AR LING TON 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. Employee's Signature Preparer and/or Translator Certification. (To be completed and signed if Section 1 is preported than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this best of my knowledge the information is true and correct. Preparer's/Translator's Signature Address (Street Name and Number, City, State, Zip Code) Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one decament from List B and one from List C, as listed on the reverse of this form, and record the title, nur	Birth (manth/day/year) -9-77 -9-77
City AR LIW 6 70 N 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 aftest, under penalty of perjury, that I am authorized to work until [Aken # or Admission #) 8.5 Employee's Signature Preparer and/or Translator Certification. Other than the employee, I attest, under penalty of perjury, that I have assisted in the completion of this best of my knowledge the information is true and correct. Preparer a/Translator's Signature Address (Street Name and Number, City, State, Zip Code) Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one decament from List B and one from List C, as listed on the reverse of this form, and record the title, nur	-9-77 control # 7-77-77 (check one of the followin gl: States lien # A. EL D S. 5 1416 150 8 repth/day/vear/ form and that to t he conth/day/year/ coursent from List A OR
State ARLING TON I am aware that federal law provides for imprisonment and/or fines for false statements or imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form. I aftest, under penalty of perjury, that I am authorized to work until [Alien # or Admission #) Preparer and/or Translator Certification. Other than the employee, I attest, under penalty of perjury, that I have assisted in the completion of this best of my knowledge the information is true and correct. Preparer a/Translator's Signature Address (Street Name and Number, City, State, Zip Code) Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one decament from List B and one from List C, as listed on the reverse of this form, and record the title, nur	7 - 77 - 77 7 (check one of the following): States lien # A. 5 1416 1508 regatively/year/ 06 / 03 area by a person form and that to t he renth/day/year/ locument from List A OR
imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form. Employee's Signature Employee's Signature Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prep other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this best of my knowledge the information is true and correct. Preparer's/Translator's Signature Address (Street Name and Number, City, State, Zip Code) Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one decoment from List B and one from List C, as listed on the reverse of this form, and record the title, nur	States lien # A. E1 / D. S. 1416 150 8 capth/day/year/ 28 / D. S. cared by a person- form and that to t he conth/day/year/ coursent from List A OR
Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prep other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this best of my knowledge the information is true and correct. Preparer a/Translator's Signature Address (Street Name and Number, City, State, Zip Code) Date Im Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one detaining one document from List B and one from List C, as listed on the reverse of this form, and record the title, numbers.	/ 06 / 0 3 nared by a person form and that to t he nonth/day/year) ocument from List A OR
other than the eniployee, I attest, under penalty of perjury, that I have assisted in the completion of this best of my knowledge the information is true and correct. Preparer's/Translator's Signature Address (Street Name and Number, City, State, Zip Code) Date Im Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, num	form and that to t he nonth/day/year/ ocument from List A OR
Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one de examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, nor	ocument from List A OR
Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one de examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, nor	
examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, nur	
AND STATE AND	List C
List A OR List B AND Document title: PASSPORT + I 9 4 Issauling authority: MALAYSIA Document #: 12345678	All Inches Paris
Expiration Date (if any): 6,24,03	
ERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented be imployee, that the above-listed document(s) appear to be genuine and to relate to the employee name imployee began employment on <pre>(month/day/year)</pre> (I) I D and that to the best of my knowled, seligible to work in the United States. (State employment agencies may omit the date the employee imployingent.)	ned, that the ige the employee
Signature of Employer or Authorized Representative Print Name SUSAN GINN Title	R. SPECIALIST #
THE UNIVERSITY OF TEXAS AT ARLINGTON	month/day/year)
1225 W. MITCHELL ST. BOX 19176, ARLINGTON, TX 76019-0176 01	700/00
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)
 If employee's previous grant of work authorization has expired, provide the information below for the document the eligibility. 	hat establishes current employment
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 St focument(s), the document(s) I have examined appear to be genuine and to relate to the individual.	tates, ad if the employee presented
Signature of Employer or Authorized Representative Date In	nonth/dey/year)



915552174 07 CHICAGO ALINOIS 713

I-94 Departure Record

P<MYSVASANTHI<AP<BALASUBRAMANIAM<<<<<<<<< MALAYSIA A 12345678 Tanto Tenut Sahabu / Date of Expay 22 JUN 2003

STATISTATES

A9072455<6MYS7706091F0306229770609145762<<44

List A

Documents that Establish Both Identity and Employment Eligibility

The following illustrations are in the I-9 Handbook for Employers and do not necessarily reflect the actual size of the documents.

U.S. Passport

Issued by the U.S. Department of State to U.S. citizens and nationals. There are several different versions that are currently valid that vary from the latest version shown here.





Permanent Resident Card (I-551)

The latest version of the Permanent Resident Card, Form I-551, began being issued in November 2004. The card shows the seal of the Department of Homeland Security and contains a detailed hologram on the front of the card. Each card is personalized with an etching showing the bearer's photo, name, and signature, date of birth, alien registration number, card expiration date, and card number.





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.





CONTACT US!

Office of Human Resources Employee Records Services Phone: 817-272-5554

Fax: 817-272-5798 hrrrecords@uta.edu

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verta@uta.edu

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