

**VERIFICATION
DIVISION**



**U.S. Citizenship
and Immigration
Services**

Form I-9 Employment Eligibility Verification

www.uscis.gov/I-9Central

April 2014

Ascentis®

Solutions (th)at Work

RCH Credits

- **To earn RCH, you must**
- **Stay on the webinar for the full 60 minutes**
- **Be watching the webinar using your unique URL**
- **Certificates delivered electronically, to email address with which you registered, no later than July 2nd**

About our speaker

Cornelius Wyatt, Jr. is a management and program analyst within the Public Relations and Education Section, Outreach Branch with U.S. Citizenship and Immigration Services (USCIS) Verification Division in Washington, DC.

Mr. Wyatt has worked in Washington, DC as an information management specialist resolving immigration related cases on behalf of the White House.

Currently within the Verification Division in Washington DC, Mr. Wyatt continues to educate the public as he promotes various programs on behalf of the Department of Homeland Security.

Background

In 1986, in an effort to control illegal immigration, Congress passed the **Immigration Reform and Control Act (IRCA)**.

IRCA forbids employers from knowingly hiring individuals who do not have work authorization in the United States.

The employment eligibility verification provisions, and sanctions, of **IRCA** are found in **Section 274A of the Immigration and Nationality Act (INA)**.



Working in the U.S.

Individuals who may legally work in the United States are:

- Citizens of the United States
- Noncitizen nationals of the United States
- Lawful Permanent Residents
- Aliens authorized to work

Employment Verification

To comply with the employment eligibility verification provisions of the INA an employer must:

- Verify the **identity** and **employment authorization** documents of employees hired after November 6, 1986
- **Complete** and **retain** a **Form I-9** for each employee hired after November 6, 1986
- **Refrain from discriminating against** individuals on the basis of actual or perceived national origin, citizenship or immigration status

Preventing Discrimination

The anti-discrimination provisions of the INA prohibit four types of unlawful conduct:

- Citizenship or immigration status discrimination*
- National origin discrimination*
- Document abuse during Form I-9 process
- Retaliation

* *Actual or perceived*

Office of Special Counsel (OSC)

The anti-discrimination provisions of the INA are enforced by:

**Department of Justice
Civil Rights Division
Office of Special Counsel for
Immigration Related Unfair Employment Practices**



- Employees may contact the [Office of Special Counsel \(OSC\)](#) to obtain additional information regarding employment discrimination and employee rights and responsibilities*

1-800-255-7688 (TDD: 1-800-616-5525)

- Employers may also contact OSC*

1-800-255-8155 (TDD: 1-800-362-2735)

*callers may remain anonymous

See [OSC's "Employer Dos and Don'ts."](#)

Completing Form I-9

▶ START HERE. 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-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)	First Name (Given Name)	Middle Initial	Other Names Used (if any)
Address (Street Number and Name)		Apt. Number	City or Town
State		Zip Code	
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Email Address	Telephone Number

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 of the United States

☐ A noncitizen national of the United States (See instructions)

☐ A lawful permanent resident (Alien Registration Number/USCIS Number: _____)

☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number _____

OR

2. Form I-94 Admission Number _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: _____ Date (mm/dd/yyyy): _____

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.

Signature of Preparer or Translator: _____ Date (mm/dd/yyyy): _____

Last Name (Family Name)	First Name (Given Name)
Address (Street Number and Name)	
City or Town	State
Zip Code	

Form I-9 03/08/13 N **Employer Completes Next Page** **STOP**

Page 7 of 9

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:	List A Identify and Employment Authorization	OR List B Identify	AND List C Employment Authorization
Document Title:	Document Title:	Document Title:	Document Title:
Issuing Authority:	Issuing Authority:	Issuing Authority:	Issuing Authority:
Document Number:	Document Number:	Document Number:	Document Number:
Expiration Date (if any)(mm/dd/yyyy):	Expiration Date (if any)(mm/dd/yyyy):	Expiration Date (if any)(mm/dd/yyyy):	Expiration Date (if any)(mm/dd/yyyy):
Document Title:			
Issuing Authority:			
Document Number:			
Expiration Date (if any)(mm/dd/yyyy):			
Document Title:			
Issuing Authority:			
Document Number:			
Expiration Date (if any)(mm/dd/yyyy):			

3-D Barcode
Do Not Write in This Space

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____. (See instructions for exemptions.)

Signature of Employer or Authorized Representative: _____ Date (mm/dd/yyyy): _____ Title of Employer or Authorized Representative: _____

Last Name (Family Name)	First Name (Given Name)	Employer's Business or Organization Name
Employer's Business or Organization Address (Street Number and Name)		City or Town
State		Zip Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Hire (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy)

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
-----------------	------------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized 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 (mm/dd/yyyy): _____ Print Name of Employer or Authorized Representative: _____

Form I-9 03/08/13 N

Page 8 of 9

Form I-9 Requirements

All U.S. employers must have a **Form I-9** on file for all current employees.

Exception: Employers are not required to have Forms I-9 for employees hired on or before November 6, 1986.

You may delegate the authority to complete Form I-9 to a responsible agent, however, you will retain liability for any errors.

Form I-9 Exceptions

You are **NOT** required to complete **Form I-9** for:

- Casual domestic service employees working in a private household when work is sporadic, irregular or intermittent.
- Independent contractors for whom you do not set work hours, or provide tools to do the job.
- Employees working outside the United States.*

** 50 States, District of Columbia, Guam, Puerto Rico, U.S. Virgin Islands, and the Commonwealth of the Northern Mariana Islands*

List of Acceptable Documents

- Use MOST CURRENT [Form I-9](#) VERSION, 03/08/13
- You must make the Lists of Acceptable Documents available to your EMPLOYEE when he or she is completing the Form I-9

The EMPLOYEE MUST provide:

- One document from **List A**
- OR
- One document from **List B** AND one document from **List C**

LISTS OF ACCEPTABLE DOCUMENTS All documents must be UNEXPIRED		
Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.		
LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity AND LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		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
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
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		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
		11. Clinic, doctor, or hospital record
		12. Day-care or nursery school record
		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
		5. Native American tribal document
		6. U.S. Citizen ID Card (Form I-197)
		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Employment authorization document issued by the Department of Homeland Security
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		

Section 1: Employee Information

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name)		Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>		E-mail Address			Telephone Number

- To be completed by **EMPLOYEE**.
- Employer **MUST** verify Section 1 is **COMPLETE**.

It's time for our first poll.

Examples of I-94 Documents after CBP I-94 Automation Initiative

- Use hand-written number
- Printout from www.cbp.gov/I94 website

Form I-94: Issued by CBP after Automation at Air and Sea Ports of Entry

DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection

Departure Record

Admission Number
611019938-10
62471830392

15 Entry Date
JUL 16 2012
H1B
AUG. 4, 2013

Family Name
SMITH

First (Given) Name
RICHARD

Country of Origin
ITALY

13 Birth Date (DDMMYY)
120377

Class of Admission
H1B

This version of the I-94 will be issued by CBP in limited circumstances to special classes of aliens after Form I-94 is automated. The electronic admission number will be handwritten on the form.

CBP I-94 Website Printout

U.S. Customs and Border Protection
Securing America's Borders

Get I-94 Number: I-94 FAQ

Admission (I-94) Number Retrieval

Admission (I-94) Record Number: 6900888062

Admit Until Date (MM/DD/YYYY): 10/10/2012

Details provided on Admission(I-94) form:

Family Name: LI

First (Given) Name: LYDIA

Birth Date (MM/DD/YYYY): 01/01/1990

Passport Number: P123123213

Passport Country of Issuance: Mexico

Date of Entry (MM/DD/YYYY): 04/11/2012

Class of Admission: B1

Once Form I-94 is automated, travelers will have access to their electronic I-94 via www.cbp.gov/I94. The website printout serves the same purpose as any other I-94 version.

Section 1: Employee Attestation

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

☐ A citizen of the United States

☐ A noncitizen national of the United States *(See instructions)*

☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____

☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

*For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:*

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

*Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. **(See instructions)***

3-D Barcode
Do Not Write in This Space

Signature of Employee: _____ Date (mm/dd/yyyy): _____

- The EMPLOYEE **MUST** select one of the four categories and sign and date Section 1 of Form I-9.
- All employees must complete [Section 1](#) no later than the first business day of employment for pay.

Section 1: Preparer/Translator Certification

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.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)	City or Town	State	Zip Code

- This certification is required when Section 1 is prepared by someone other than the employee.
- By signing, the preparer is attesting that [Section 1](#) is **true and correct** to the best of his or her knowledge.
- Note that only the EMPLOYEE can sign the Section 1 Employee Signature Block.

Section 2: Employer Certification of Document Review

Completing Section 2

- Completed by EMPLOYER.
- MUST be completed no later than **3 business days** after the employee begins work for pay.
- EMPLOYER MUST examine **original documents**.
- Documents MUST be **UNEXPIRED**.

Section 2. Employer or Authorized Representative Review and Verification			
<small>(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)</small>			
Employee Last Name, First Name and Middle Initial from Section 1:			
LIST A Identity and Employment Authorization	OR	LIST B Identity	AND
LIST C Employment Authorization			
Document Title:		Document Title:	Document Title:
Issuing Authority:		Issuing Authority:	Issuing Authority:
Document Number:		Document Number:	Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):	Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; text-align: center;"> 3-D Barcode Do Not Write in This Space </div>	
Issuing Authority:			
Document Number:			
Expiration Date (if any)(mm/dd/yyyy):			
Document Title:			
Issuing Authority:			
Document Number:			
Expiration Date (if any)(mm/dd/yyyy):			

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): Use instructions for exemptions.

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

Section 2: Examining Documents Genuineness and Photocopies

- You are not required to be a document expert
- You **MUST** accept a document presented by an employee if it reasonably appears to be:
 - Genuine; AND,
 - Relates to the individual presenting it
- The document **MUST** be original* – photocopies are **NOT** acceptable

**Exception: Certified copy of a birth certificate*

Section 2: Receipt Rule

- Receipts may be used as temporary proof of employment eligibility when a List A, B or C document has been **lost, stolen or damaged**.
- The receipt must be issued by the originating agency.
- The employee must present a replacement document within 90 days of the hire date. EXCEPTIONS:
 - The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual.
 - The departure portion of the Form I-94/I-94A with a refugee admission stamp
- A receipt indicating that an individual has applied for an **initial** employment authorization document (Form I-766) or for a **renewal** of an expiring employment authorization document (Form I-766) is **NOT** acceptable for Form I-9.
- Receipts are never acceptable if employment will last less than 3 business days.

Section 2: Copying Documents

You may choose to make copies of employee documentation presented to you for Section 2.

- If you choose to photocopy documents, you must do so for **ALL** employees, regardless of actual or perceived national origin, immigration or citizenship status, or you may be in violation of anti-discrimination laws.

Section 3: Reverification

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name <i>(if applicable)</i> Last Name <i>(Family Name)</i> First Name <i>(Given Name)</i> Middle Initial	B. Date of Rehire <i>(if applicable)</i> (mm/dd/yyyy):
--	---

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date <i>(if any)</i> (mm/dd/yyyy):
-----------------	------------------	---

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized 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 (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--

- You **MUST** reverify an employee using **Section 3** if his or her temporary employment authorization has expired.
- You **MAY** also complete Section 3 if you:
 - **Rehire** the EMPLOYEE within 3 years of the date of initial execution of the Form I-9*
 - Update the **biographic information** of an employee

** USCIS recommends completing a new Form I-9 for rehires*

Section 3: When to Reverify

Do Not Reverify

- U.S. Passport or Passport Card
- Permanent Resident Card (Form I-551)
- List B documents

Permanent Resident Reverification Exceptions

- Reverify only if employee presents a Form I-94 with a temporary I-551 stamp, or
- A foreign passport with a temporary I-551 stamp (on a machine readable immigrant visa (MRIV))

Usually Reverify

- When employment authorization document (List A or C) has an expiration date

It's time for our second poll.

Correcting Form I-9

Correcting Mistakes

If you discover a mistake on Form I-9, correct the existing form

OR

prepare a new Form I-9:

- If you choose to correct the existing Form I-9, line out the incorrect portions, enter the correct information, and initial and date the correction.
- If you do a new Form I-9, retain the old form. You should also attach a short memo to both the new and old Forms I-9 stating the reason for your action.

Missing Forms

If you discover you are missing the Form I-9 for an employee:

- Immediately provide the employee with a Form I-9.
- Allow employee 3 business days to provide acceptable documents.
- DO NOT backdate the Form I-9.

STORAGE AND RETENTION



Storage

- **Form I-9 MUST be on file for all current employees.**
- Store Forms I-9 securely in a way that meets your business needs – on site, off-site, storage facility or electronically.
- Store Forms I-9 and document copies together.
- Ensure that only authorized personnel have access to stored Forms I-9.
- Make Forms I-9 available within 3 days of an official request for inspection.

Retention

Forms I-9 must be retained for:

3 years after the date you **hire** an employee

or

1 year after the date employment **terminates**, whichever is later.

Example:

John Smith was hired on November 1, 1993, and on July 5, 1994, employment was terminated.

November 1, 1993 + 3 years = November 1, 1996

July 5, 1994 + 1 year = July 5, 1995

The retention date is November 1, 1996



FORM I-9 AND E-VERIFY

FORM I-9 MUST BE COMPLETED BEFORE A CASE
CAN BE CREATED IN E-VERIFY.

**FORM I-9 MUST BE COMPLETED BEFORE A CASE
CAN BE CREATED IN E-VERIFY.**

What is E-Verify?

- Free web-based service
- Fast and easy to use
- Electronically verifies the employment eligibility of
 - Newly hired employees
 - Existing employees assigned to work on a qualifying federal contract
- Helps maintain a legal workforce
- Protects jobs for authorized workers
- Partnership between the U.S. Department of Homeland Security (DHS) and the Social Security Administration (SSA)



E-Verify Goals

- **Reduce** unauthorized employment
- **Minimize** verification-related discrimination
- Be **quick and non-burdensome** to employers
- **Protect** civil liberties and employee privacy

How does E-Verify work?

START HERE. 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 authorized individuals. Employers CANNOT specify which documents they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employers must complete and sign Section 1 of Form I-9 no later than the first day of employment. Do not submit until you have completed this section.)

Last Name (Family Name) First Name (Given Name) Middle Initial (Last Name (Last of First))

Address (Street Number and Name) Apt. Number City or Town State Zip Code

Date of Birth (mm/dd/yyyy) U.S. Social Security Number (See instructions) Telephone Number

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 of the United States

☐ A noncitizen national of the United States (See instructions)

☐ A lawful permanent resident (Alien Registration Number/USCIS Number):

☐ An alien authorized to work until expiration date: If applicable, mm/dd/yyyy. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number: OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: OR Form I-94 Admission Number: Do Not Write in This Space

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: Country of Issuance: Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: Date (mm/dd/yyyy)

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.

Signature of Preparer or Translator: Date (mm/dd/yyyy)

Last Name (Family Name) First Name (Given Name) Middle Initial (Last Name (Last of First))

Address (Street Number and Name) City or Town State Zip Code

Signature of Employer or Authorized Representative: Date (mm/dd/yyyy) Title of Employer or Authorized Representative

Last Name (Family Name) First Name (Given Name) Employee's Business or Organization Name

Employer's Business or Organization Address (Street Number and Name) City or Town State Zip Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. Name (Last Name (Family Name) First Name (Given Name) Middle Initial (Last Name (Last of First)) State of Birth (mm/dd/yyyy)

B. If employee's previous grant of employment authorization has expired, provide the information for this document from USC A or USC C. The employee presented that establishes current employment authorization in the space provided below:

Document Title: Document Number: Expiration Date (if any) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized 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 (mm/dd/yyyy) First Name of Employer or Authorized Representative:



Employment Authorized

SSA TNC

DHS Verification in Process

E-Verify Case Resolution

You should check E-Verify periodically for one of the following responses:

Employment Authorized

Review and Update Employee Data

Case in Continuance

DHS Verification in Process

DHS No Show

Final Nonconfirmation

RESOURCES



I-9 Central

I-9 Central: www.uscis.gov/I-9Central

I-9 Central Spanish: www.uscis.gov/i-9Central/Espanol

I-9 Central

Federal law requires that every employer* and agricultural recruiter/referrer-for-a-fee hiring, or recruiting/referring for a fee, an individual for employment in the United States complete a Form I-9, Employment Eligibility Verification. Form I-9 will help you verify your employee's identity and employment authorization. You may click on the links to the left or on one of the icons below to find out more information about Form I-9.

**[NOTE: We will refer to both employers and agricultural recruiters and referrers for a fee collectively as "employers" for ease of reference throughout the I-9 Central.]*

On March 8, 2013, a new version of the Form I-9 was released. Beginning May 7, 2013, employers must only use the new Form I-9.



This page can be found at: <http://www.uscis.gov/I-9Central>

Bienvenido a la Central I-9

Alerta: E-Verify está disponible. Para más información, haga clic [aquí](#).

La ley federal exige que cada empleador* ,reclutador o agente que refiere trabajadores agrícolas a cambio de honorarios y que contrate a un individuo para trabajar en los Estados Unidos, complete un Formulario "I-9, Verificación de Elegibilidad de Empleo". El Formulario I-9 le ayudará a verificar la identidad de su empleado y su autorización de empleo. Para obtener más información sobre el Formulario I-9, haga clic en los iconos que se encuentran a continuación.

**[NOTA: Para facilitar la referencia, en el Central I-9 nos referiremos de manera colectiva tanto a los empleadores como a los reclutadores y agentes que refieren trabajadores agrícolas a cambio de honorarios como "empleadores".]*

El 8 de marzo de 2013 se publicó una nueva versión del Formulario "I-9, Verificación de Elegibilidad de Empleo". Comenzando el 7 de mayo de 2013, los empleadores deberán utilizar sólo este nuevo Formulario I-9.



This page can be found at: <http://www.uscis.gov/I-9Central/Espanol>

Form I-9 Resources

Form I-9, Employment Eligibility Verification

- www.uscis.gov or www.uscis.gov/I-9Central

[M-274, Handbook for Employers, Guidance for Completing Form I-9](#)

(Employment Eligibility Verification Form)

- [M-274 in Spanish](#)

Mergers & Acquisitions

Examples of documents:

- [Acceptable Documents](#)
- [Additional Documentation Requirements](#)
- [Guide to Selected US Travel & Identity Documents](#)



Form I-9 Vignettes

- Section 1 Vignette



- Section 2 Vignette



- Section 3 Vignette



E-Verify Outreach

- [Free Webinars](#)
- [Content for your newsletters](#)
- [Authorization to use the E-Verify® Logo and Name and I E-Verify Seal](#)
- Add E-Verify to your job announcements
 - Example: “Our company uses E-Verify to confirm the employment eligibility of all newly hired employees. To learn more about E-Verify, including your rights and responsibilities, please visit www.dhs.gov/E-Verify.”



Customer Service

E-Verify received the highest rating for customer service of all federal agencies.
(2013 American Customer Satisfaction Survey)

- **Employer Hotline: (888) 464-4218**
- **Employee Hotline: (888) 897-7781**
- **Form I-9 E-Mail: I-9Central@dhs.gov**
- **E-Verify E-Mail: E-Verify@dhs.gov**
- **Form I-9 Website: www.uscis.gov/I-9Central**
- **E-Verify Website: www.dhs.gov/E-Verify**

It's time for our last poll.

Disclaimer

Immigration law can be complex and it is not possible to describe every aspect of the process.

This presentation provides basic information to help you become generally familiar with rules and procedures.

For more information on the law and regulations please see our Web site: www.dhs.gov/E-Verify.

Questions?



How Can Ascentis Help Me?

Ascentis delivers on-demand (SaaS) human capital management solutions that reduce costs while increasing productivity. Your HR and payroll team becomes more efficient, accurate and accelerated.

RCH Credits

- **To earn RCH, you must**
- **Stay on the webinar for the full 60 minutes**
- **Be watching the webinar using your unique URL**
- **Certificates delivered electronically, to email address with which you registered, no later than May 15th**

Download Slides? Watch again?

Ascentis.
Solutions (th)at Work

1.800.229.2713 | Partner Log-in ➔

SOLUTIONS

PROFESSIONAL SERVICES

PARTNERS

SUPPORT

RESOURCES

ABOUT US

BROKERS

Calculate Your Savings \$

health care reform is here:
are you ready?

join the free
**Ascentis Master Class Series
on Health Care Reform**
submitted to HRCI and APA for credit

[learn more](#)

health care reform

hear / say

solutions

cost savings

2014 LIVE WEBINARS DIRECTORY
ON-DEMAND WEBINARS DIRECTORY
CASE STUDIES | VIDEO INTERVIEWS
WHITE PAPERS
ASCENTIS BLOG
HR, BENEFITS & PAYROLL NEWS
JOIN US ON FACEBOOK
FOLLOW US ON TWITTER

RECRUITING, HRIS, PAYROLL, SELF-SERVICE & TIMEKEEPING made easy.

Ascentis delivers on-demand (SaaS) human capital management solutions that reduce costs while increasing productivity. Your HR and payroll team becomes more efficient, accurate and accelerated.

WHY BUY ASCENTIS?

Who uses ASCENTIS?

Ascentis solutions are used by more than 1,500 clients in various industries. Our ease of use and excellent customer service have led to a high client retention rate. [Read our success stories.](#)



On-Demand Webinars?

**The ABC's of Payroll Frequencies
Form 941: All You Need to Know
Going Paperless in Payroll
Handling Unclaimed Wages
Travel Pay
Fringe Benefits
Third Party Sick Pay
And many more**



**Watch from anywhere, at anytime,
at no cost to you!**

Ascentis®

Solutions (th)at Work

info@ascentis.com

www.ascentis.com

800.229.2713