

# Employment Eligibility Verification

## -- I-9 Form Training

*Presented by the  
Human Resources Department  
Office of Institutional Compliance  
October 2008*

### Objective:

- Help you learn how to properly complete the I-9 form;
- Understand the workflow at UNT;
- Raise your comfort level and help ensure that employees are authorized to work and are compliant with I-9 regulations;
- Understand the responsibilities of the Hiring Dept (Employer) and Employee

### Who Needs to Complete an I-9?

- In 1986 the Immigration Reform and Control Act (IRCA) was passed by Congress and requirements were placed on U.S. employers to check the employment **eligibility** and **identity** of employees.
- **ALL** employees hired by U.S. employers after November 6, 1986 must complete an I-9 because the Federal Government **REQUIRES** it

### What Is Non-Compliance?

- Improperly completing the Form I-9.
- Improper retention of Form I-9 documentation.
- Failure to submit an accurately completed Form I-9 within the required period of time or upon request.

### What Are the Penalties for Non-Compliance?

- An employer can be fined between \$250 - \$11,000 per violation
- An employer can also be fined between \$110 - \$1,000 for each Form I-9 violation.
- Individuals who submit false or forged documents or knowingly and falsely complete the Form I-9 may be fined or imprisoned for up to 5 years.

### Completing the I-9

- Section 1: Employee Information and Verification –
  - This section must be completed *no later than the employee's first day of work*. The employee attests that he/she is eligible to work in the United States. The employer reviews Section 1 to ensure that the employee completes the form properly and in its entirety.

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

**Form I-9, Employment Eligibility Verification**

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 documents have a future expiration date may also constitute illegal discrimination.

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

Print Name: Last Smith	First Joe	Middle Initial	Maiden Name
Address (Street Name and Number) 1000 Main Street		Apt. #	Date of Birth (month/day/year) 04/01/1980
City Any City	State MD	Zip Code 20748	Social Security # 100-00-0000
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 of the United States <input type="checkbox"/> A noncitizen national of the United States (see instructions) <input type="checkbox"/> A lawful permanent resident (Alien #) _____ <input type="checkbox"/> An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year) _____	
Employee's Signature <i>Joe Smith</i>		Date (month/day/year) 04/03/2009	

**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
  - This section must be completed *within 3 business days of the date employment begins.*
  - The employee must present **original** document, no faxes or copies.
  - It is the employee's choice which documents he/she presents.

**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: _____		TX Drivers License		Social Security Card
Issuing authority: _____		TX Dept of Public Safety		Social Security Administration
Document #: _____		1234567890		100-00-0000
Expiration Date (if any): _____		01/01/2012		_____
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) 4/3/2009 and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <i>Jane Doe</i>	Print Name Jane Doe	Title Admin Asst I
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) UNT, 1155 Union Circle, Denton, TX 76203		Date (month/day/year) 04/03/2009

- On the back of the Form I-9 there is a list of acceptable documents. List A provides documents that establish both identity and eligibility. (Note: List A #5 must be accompanied by an I-20, 2019, I-797a etc depending on visa status)
- List B provides a list of documents that establish identity only.
- List C provides documents that establish work eligibility only.
- You must fill out either List A **OR** List B and List C.
- You cannot fill out all three columns, nor can you fill in List A and List B or List A and List C.
- The employer reviews the documents, completes Section 2 and signs and dates the Form I-9. This section can only be completed by a UNT or UNT System employee.
- (We strongly suggest that as the employer you complete the Business or Organization Name section of the Certification and make several copies for future use)

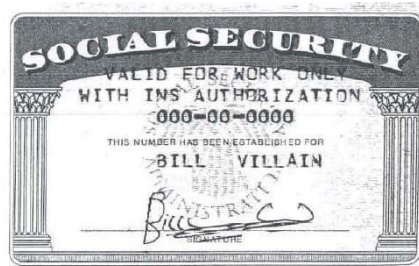
- If the employee cannot produce an original documents or an acceptable receipt for one of the listed documents, ***the individual must be terminated.***
- If a document receipt is produced for a replacement Social Security card, the employee must produce the original document within 90 days or be terminated.

### Unacceptable Documents Commonly Submitted

- VISAs



- Expired documents
- Social Security cards that are only authorized with other Department of Homeland Security (DHS) documentation



- Birth Certificates from a hospital or other non-government entity(must bear an official seal)

### Section 3 - Updating and Re-verification must be done when:

- You rehire an employee within 3 yrs of previous employment (note: excludes semester breaks)
- Work authorization status changes or expires
- The employee receives original document and you are changing the receipt status

### Retention

- The Form I-9 must be retained for 3 years after the date the employee begins working; or one year after the employment ends, whichever is later.
- Note: Human Resources is responsible for retaining the I-9 document after submittal

### Foreign Nationals (*sample documents attached*)

# For F-1 visa holders (students):

OMB No. 1615-0047; Expires 06/30/09

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

## Form I-9, Employment Eligibility Verification

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 documents have a future expiration date may also constitute illegal discrimination.

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

Print Name: Last Jones	First Mike	Middle Initial	Maiden Name
Address (Street Name and Number) 1000 Main Street		Apt. #	Date of Birth (month/day/year) 01/01/1980
City Any City	State MD	Zip Code 20748	Social Security # 100-00-0000

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 #)
- An alien authorized to work (Alien # or Admission #) 62663312312  
until (expiration date, if applicable - month/day/year) 04/01/2011

Employee's Signature Mike Jones Date (month/day/year) 04/03/2009

**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

### Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: <u>Foreign Passport</u>		_____	_____	_____
Issuing authority: <u>Republic of</u>		_____	_____	_____
Document #: <u>1234567890</u>		_____	_____	_____
Expiration Date (if any): <u>01/01/2012</u>		_____	_____	_____
Document #: <u>F-1/I-94 62663312312</u>		_____	_____	_____
Expiration Date (if any): <u>04/01/2011</u>		_____	_____	_____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <u>Jane Doe</u>	Print Name Jane Doe	Title Admin Asst I
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) UNT, 1155 Union Circle, Denton, TX 76203		Date (month/day/year) 04/03/09

### 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 authorization.

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

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 (month/day/year)
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# For H-1b visa holders (temporary specialty workers)

OMB No. 1615-0047; Expires 06/30/09

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

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**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 documents have a future expiration date may also constitute illegal discrimination.

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

Print Name: Last Kint	First Roger	Middle Initial	Maiden Name
Address (Street Name and Number) 1000 Main Street		Apt. #	Date of Birth (month/day/year) 01/01/1970
City Any City	State MD	Zip Code 20748	Social Security # 100-00-0000

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 #)  
 An alien authorized to work (Alien # or Admission #) 62663312312  
 until (expiration date, if applicable - month/day/year) 04/20/2006

Employee's Signature Roger Kint Date (month/day/year) 04/03/2005

### Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

### Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: <u>Foreign Passport</u>		_____	_____	_____
Issuing authority: <u>Republic of</u>		_____	_____	_____
Document #: <u>1234567890</u>		_____	_____	_____
Expiration Date (if any): <u>01/01/2012</u>		_____	_____	_____
Document #: <u>H-1b/I-94 62663312312</u>		_____	_____	_____
Expiration Date (if any): <u>04/20/2006</u>				

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <u>Jane Doe</u>	Print Name Jane Doe	Title Admin Asst I
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) UNT, 1155 Union Circle, Denton, TX 76203		Date (month/day/year) 04/03/2005

### 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 authorization.

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

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 (month/day/year)
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# J-1 Visa Holders (exchange visitor students and scholars)

OMB No. 1615-0047; Expires 06/30/09

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

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**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 documents have a future expiration date may also constitute illegal discrimination.

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

Print Name: Last Sevis	First Joe	Middle Initial	Maiden Name
Address (Street Name and Number) 1000 Main Street		Apt. #	Date of Birth (month/day/year) 04/01/1980
City Any City	State MD	Zip Code 20748	Social Security # 100-00-0000

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 #)  
 An alien authorized to work (Alien # or Admission #) 62663312312  
 until (expiration date, if applicable - month/day/year) 12/01/2008

Employee's Signature Joe Sevis Date (month/day/year) 04/01/2007

### Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

### Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: <u>Foreign Passport</u>		_____	_____	_____
Issuing authority: <u>Republic of</u>		_____	_____	_____
Document #: <u>1234567890</u>		_____	_____	_____
Expiration Date (if any): <u>01/01/2012</u>		_____	_____	_____
Document #: <u>J-1/I-94 62663312312</u>		_____	_____	_____
Expiration Date (if any): <u>12/01/2008</u>				

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <u>Jane Doe</u>	Print Name <u>Jane Doe</u>	Title <u>Admin Asst I</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>UNT, 1155 Union Circle, Denton, TX 76203</u>		Date (month/day/year) <u>04/01/2007</u>

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

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

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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 (month/day/year)





# Permanent Residents (Form I-551)

OMB No. 1615-0047; Expires 06/30/09

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

## Form I-9, Employment Eligibility Verification

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 documents have a future expiration date may also constitute illegal discrimination.

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

Print Name: Last <b>Liu</b>	First <b>Soo</b>	Middle Initial	Maiden Name
Address (Street Name and Number) <b>1000 Main Street</b>		Apt. #	Date of Birth (month/day/year) <b>02/07/1980</b>
City <b>Any City</b>	State <b>MD</b>	Zip Code <b>20748</b>	Social Security # <b>100-00-0000</b>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

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 #) **A# 000-111-444**
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

Employee's Signature *Jane Doe* Date (month/day/year) **04/03/2009**

**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: <b>I-551/Permanent Resident</b>				
Issuing authority: <b>Dept of Homeland Security</b>				
Document #: <b>A# 000-111-444</b>				
Expiration Date (if any): <b>05/08/2015</b>				
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) **4/3/2009** and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <i>Jane Doe</i>	Print Name <b>Jane Doe</b>	Title <b>Admin Asst I</b>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <b>UNT, 1155 Union Circle, Denton, TX 76203</b>		Date (month/day/year) <b>04/03/2009</b>

### 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 authorization.

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

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 (month/day/year)
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# Employment Authorization Cards (Form I-766)

OMB No. 1615-0047; Expires 06/30/09

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

## Form I-9, Employment Eligibility Verification

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 documents have a future expiration date may also constitute illegal discrimination.

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

Print Name: Last Fei	First Xiaotin	Middle Initial	Maiden Name
Address (Street Name and Number) 1000 Main Street		Apt. #	Date of Birth (month/day/year) 03/30/1970
City Any City	State MD	Zip Code 20748	Social Security # 100-00-0000

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 #)

An alien authorized to work (Alien # or Admission #) A# 111-111-111  
until (expiration date, if applicable - month/day/year) 11/07/2008

Employee's Signature Gae Smith Date (month/day/year) 04/03/2008

### Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

### Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: <u>I-766/Employment Authorization</u>				
Issuing authority: <u>Dept of Homeland Security</u>				
Document #: <u>A# 111-111-111</u>				
Expiration Date (if any): <u>11/07/2008</u>				
Document #:				
Expiration Date (if any):				

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 4/3/2008, and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <u>Jane Doe</u>	Print Name <u>Jane Doe</u>	Title <u>Admin Asst I</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>UNT, 1155 Union Circle, Denton, TX 76203</u>		Date (month/day/year) <u>04/03/2008</u>

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

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title:	Document #:	Expiration Date (if any):

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 (month/day/year)
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