

Form I-9 Employment Eligibility Verification

SECTION 1

Important to read this section

OMB No. 1615-0047; Expires 06/30/08

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

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

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

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

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

| | | | |
|---|------------------------|-----------------------------|---|
| Print Name: Last Bear | First Smokey | Middle Initial T. | Maiden Name |
| Address (Street Name and Number) 118 W Smokey Bear Blvd | | Apt. # | Date of Birth (month/day/year) 08/09/1944 |
| City Capitan | State NM | Zip Code 88316 | Social Security # 000-00-0000 |

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 or national of the United States
- A lawful permanent resident (Alien #) A _____
- An alien authorized to work until _____
(Alien # or Admission #)

| | |
|---|--|
| Employee's Signature Smokey T. Bear | Date (month/day/year) 01/16/2008 |
|---|--|

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) | |

Make sure Employee's name is legible and matches what is on their supporting documents

Make sure SSN is legible and matches SSN card, if used for Documentation

Make sure one of the boxes for citizenship is marked.

Make sure the employee signs and dates this form (this is the date of signature and not a birth date).

Use this Section, when applicable

SECTION 2

Remember the Anti-discrimination Notice at the top of Section 1. Employees may provide original documents from the "List of Acceptable Documents" provided with this form.

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: US Passport | | Driver's License | | Social Security Card |
| Issuing authority: US Dept. of State | | State of New Mexico | | Social Security Admin. |
| Document #: 321586588 | | AB99988801 | | 000-00-0000 |
| Expiration Date (if any): 12/06/2010 | | 08/09/2010 | | N/A |
| 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) **01/17/2008, 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 Ray Bell | Print Name Ray Bell | Title Ranger |
| Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) USDA Forest Service, 1400 Independence SW, Washington, DC 2005 | | Date (month/day/year) 01/17/2008 |

Follow the instructions across the page for documents presented.

Very important—the certification date and the signature of employer date must be within 3 days of the employee's signature!

Section 3

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) |
|--|-----------------------|

Use Section 3, if applicable

NOTE: You may also fill out a new form in lieu of filling out this section.

Form I-9 (Rev. 06/05/07) N

Examples of Supporting Documents from "List of Accepted Documents"

List A



Tourist-Regular Passport Cover

Front

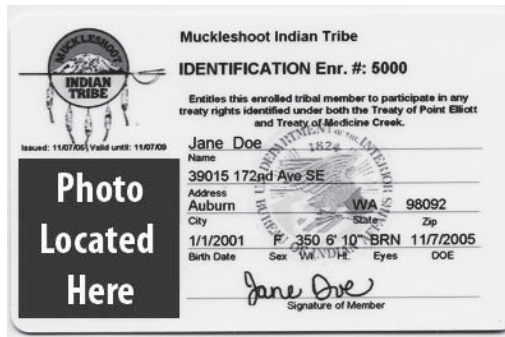


Signature Page

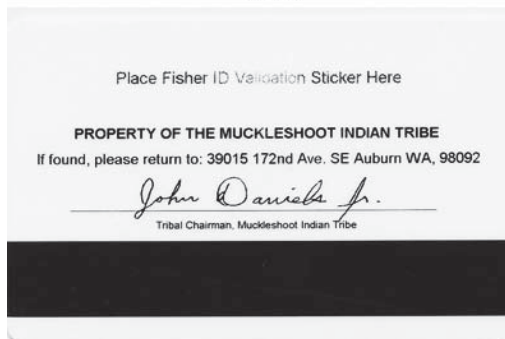
Data Page

Inside

List B



front



back

List C

