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 <u>eligibility</u> and <u>identity</u> of employees.
- <u>ALL</u> employees hired by U.S. employers after November 6, 1986 must complete an I-9 because the Federal Government <u>REQUIRES</u> 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?

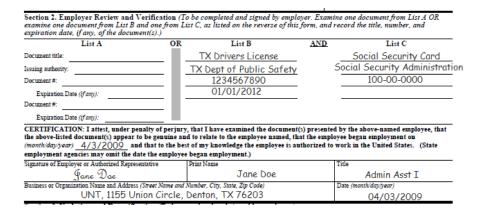
- An employer can be fined between \$250 \$11,000 per violation
- An employer can also be fined between \$110 \$1,000 for each Form I-9 violation.
- Individuals who submit false or forged documents or knowingly and falsely complete the Form I-9 may be fined or imprisoned for up to 5 years.

Completing the I-9

- Section 1: Employee Information and Verification
 - o This section must be completed <u>no later than the employee's first day of work</u>. 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 Securi U.S. Citizenship and Immigration 9	*		OMB No. 1615-0047; Expires 06/30/09 Form I-9, Employment Eligibility Verification
ANTI-DISCRIMINATION N	OTICE: It is illegal to discr ey will accept from an emplo	yee. The refusal to hire an indi-	completion of this form. d individuals. Employers CANNOT ridual because the documents have a
		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	State	Zip Code	Social Security #
Any City	MD	20748	100-00-0000
I am aware that federal law p imprisonment and/or fines fo use of false documents in con- completion of this form.	r false statements or	I attest, under penalty of perjury, thi A citizen of the United States A noncitizen national of the UI A lawful permanent resident (An alien authorized to work (until (expiration date, if applic	nited States (see instructions) Alien #) Llien # or Admission #)
Employee's Signature	mith		4/03/2009
Preparer and/or Translator C penalty of perjury, that I have assisted a	in the completion of this form and tha	d signed if Section 1 is prepared by a perso tt to the best of my knowledge the informati	n other than the employee.) I attest, under
11 space 3 11 minutes 3 significant		2 2 2 2 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2	
Address (Street Name and N	umber, 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.
 - o The employee must present <u>original</u> document, no faxes or copies.
 - It is the employee's choice which documents he/she presents.



- 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.
- o 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)

- o If the employee cannot produce an original documents or an acceptable receipt for one of the listed documents, *the individual must be terminated*.
- o 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):

Department of Homeland Security U.S. Citizenship and Immigration Services OMB No. 1615-0047; Expires 06/30/09 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 data may also constitute illegal discrimination.

future expiration date may also constitu	ite illegal discrimina	tion.			
Section 1. Employee Information and V					
Print Name: Last First		Middle Initial	Maiden Name		
Jones	Mike				
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)		
1000 Main Street			01/01/1980		
City	State	Zip Code	Social Security #		
Any City	WD	20748	100-00-0000		
		I attest, under penalty of perjury, tha	t I am (check one of the following):		
I am aware that federal law provides fo		A citizen of the United States			
imprisonment and/or fines for false stat use of false documents in connection wi		A noncitizen national of the United States (see instructions)			
completion of this form.	in the	A lawful permanent resident (Alien #)			
completion of this form.			lien # or Admission #) 62663312312		
		until (expiration date, if applica	,		
Employee's Signature Mike Janes			4/03/2009		
Preparer and/or Translator Certificatio penalty of perjury, that I have assisted in the complet					
Preparer's/Translator's Signature		Print Name			
Address (Street Name and Number, City, S	State, Zip Code)	1:	Date (month/day/year)		
	• •				
List A	OR	List B AND	List C		
Expiration Date (if any): 04/01/2011 CERTIFICATION: I attest, under penalty of the above-listed document(s) appear to be go (month/day/year) and that employment agencies may omit the date the	enuine and to relate to to the best of my know	the employee named, that the emp rledge the employee is authorized			
Signature of Employer or Authorized Representative		•	Title		
Gane Dae		Jane Doe	Admin Asst I		
Business or Organization Name and Address (Street	Name and Number, City, S	State, Zip Code)	Date (month/day/year)		
UNT, 1155 Union (Circle, Denton, T	X 76203	04/03/09		
Section 3. Updating and Reverification	(To be completed and	l signed by employer.)	'		
A. New Name (if applicable)	•		ehire (month/day/year) (if applicable)		
C. If employee's previous grant of work authorization	n has expired, provide the i	information below for the document that	establishes current employment authorization.		
Document Title:	Doct	ument #:	Expiration Date (if any):		
l attest, under penalty of perjury, that to the best document(s), the document(s) I have examined ap	of my knowledge, this em	ployee is authorized to work in the U			
Signature of Employer or Authorized Representative		relate to the individual.	Date (month (downwar)		
Signature of Employer of Authorized Representative	·		Date (month/day/year)		

J-1 Visa: unexpired foreign passport, I-94, and I-20 form

reporture Number	OMB No. 1651-0111			
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94 Heparture Record Samp			oz de anadouen names Mike OS States metalshoost Nethodalily SR Na Datum caredigna (San Alarmy	OS Rodná čislo/Personal No.
a. Family Name	April 23, 2009		01/01/1980 os yon abel ber 07- Micelo naro denia/Plat	777777/8833 (RIŠI
SEVIS	16 Birth Date (Day/Mo/Yr) 04/01/1980		08 Dahum sydema/Date of 19808 03.11.2003 09: Dahum platfnost//Date of expury	VEĽKÝ KRTÍŠ
Country of Citizenship			01/01/2012	
	CBP Form I-94 (10/94)	P <svkalask< th=""><th></th><th></th></svkalask<>		
See Other Side	STAPLE HERE	444444	SVK<<<<<<<	<<<<<<<<
		1 8		
U.S. Departmen	nt of Justice		Eligibility for Nonimmigrant (F-1) S	
Immigration and N	Vaturalization Service	Status - For A	Academic and Language Students (O	MB NO. 1115-0051)

ease read Instructions on Page 2 his page must be completed and signed in the	U.S. by a designated school official.				SEVIS
Family Name (surname): Jones		For Immigration Official User			Student's Copy N0004095710
First (given) Name: Hike	Middle Name:	1			
Country of birth: ALBANIA	Date of birth(mo/day/year): 01/01/1980	1			e Projets
Country of citizenship: ALBANIA	Admission number:				
School (School district) name: Test School Update 1.7.2005 Al Lewis	•				
School Official to be notified of student's arriva	I in U.S.(Name and Title):	<u> </u>			
DSO School address (include zip code): 8888 Any Street		Visa issuing post	Date Visa Issue	ed.	
Updated Address Any City, MD 20748-1212					20150
School code (including 3-digit suffix, if any) an WAS214P99999002	d approval date: approved on _11/20/2002	Reinstated, extensio		_	20 may 1
This certificate is issued to the student n		Reinstated, extension	on granted to:		200
Level of education the student is pursuit		10			
BACHELOR'S The student named above has been acce					
school, majoring in Mathematics, Ge	neral		information showing et, estimated for an		
The student is expected to report to the s and complete studies not later than 04/9	chool no later than 04/01/2007 The normal length of		e same number of m personal funds		
study is months.		 b. Funds from 	n this school	\$	10.00
English proficiency: This school requires English p The student has the required E	roficiency.	 Funds from 	pe: n another source pe:		0.00
This school estimates the student's aver-		d. On-campu	s employment Total	s	0.00
a. Tuition and fees	\$	9. Remarks:			
b. Living expenses c. Expenses of dependents (a)	\$				
d. Other (specify):	\$ 0.00 \$ 2.00	=			

10. School Certification: I certify under penalty of perjury that all information provided above in items 1 through 9 was completed before I signed this form and is true and correct, I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form; the school has determined that the above named student's qualifications meet all standards for admission to the school; the student will be required to pursue a full course of study as defined by 8 CFR 214.2(f)(6); I am a designated official of the above named solon) and am authorized to issue this form.

AMY BULLOCK		DSO	06/19/2007	Any City, MD
Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)

11. Student Certification: I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay as specified on page 2. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full course of study at the school named on page 1 of this form. I also authorize the named school to release any information from my records which is needed by the INS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status.

Name of Student Signature of Student Date

For H-1b visa holders (temporary specialty workers)

Department of Homeland SecurityU.S. Citizenship and Immigration Services

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

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.

iuture expiration date may also c	onotivate megar ancerm	illinition.				
Section 1. Employee Information	and Verification (To be					
Print Name: Last	First	Middle Init	ial Maiden Name			
Kint	Roger					
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)			
1000 Main Street			01/01/1970			
City	State	Zip Code	Social Security #			
Any City	MD	20748	100-00-0000			
I am aware that federal law provides for		I attest, under penalty of perjury,	that I am (check one of the following):			
imprisonment and/or fines for fal		A citizen of the United State	A citizen of the United States			
use of false documents in connect		A noncitizen national of the	A noncitizen national of the United States (see instructions)			
completion of this form.		A lawful permanent resident	(Alien #)			
•		An alien authorized to work	(Alien # or Admission #) 62663312312			
		until (expiration date, if appl				
Employee's Signature Rager K	int	Date (month/day/year)	04/03/2005			
Preparer and/or Translator Certs penalty of perjury, that I have assisted in the	fication (To be completed a completion of this form and t	nd signed if Section 1 is prepared by a per hat to the best of my knowledge the inform	son other than the employee.) I attest, under ation is true and correct.			
Preparer's/Translator's Signature		Print Name				
Address (Street Name and Numbe	r, City, State, Zip Code)		Date (month/day/year)			
examine one document from List B expiration date, if any, of the docum List A	and one from List C, as	listed on the reverse of this form, of this B				
		List D	<u> List</u> C			
	<u> </u>					
Issuing authority: Republic of _						
Document#: 1234567890)					
Expiration Date (if any): 01/01/	/2012					
Document#: H-1b/I-94 626633	312312					
Expiration Date (if any): 04/20/	2006					
the above-listed document(s) appear (month/day/year) ar employment agencies may omit the d	to be genuine and to relat ad that to the best of my k ate the employee began e	e to the employee named, that the e nowledge the employee is authorize	ented by the above-named employee, that mployee began employment on d to work in the United States. (State			
Signature of Employer or Authorized Repre	sentative Print Nan		Title			
Gane Dae		Jane Doe	Admin Asst I			
Business or Organization Name and Address			Date (month/day/year)			
	nion Circle, Dentor	•	04/03/2005			
Section 3. Updating and Reverific	cation (To be completed					
A. New Name (if applicable)		B. Date of	Rehire (month/day/year) (if applicable)			
C. If employee's previous grant of work auti	orization has expired, provide	the information below for the document t	hat establishes current employment authorization.			
Document Title:		Document #:	Expiration Date (if any):			
l attest, under penalty of perjury, that to t document(s), the document(s) l have exam			United States, and if the employee presented			
Signature of Employer or Authorized Repre	sentative		Date (month/day/year)			

H-1b Visa: unexpired foreign passport, I-94, and I-797 form



U.S. Department of Justice Immigration and Naturalization Service

Notice of Action



J-1 Visa Holders (exchange visitor students and scholars)

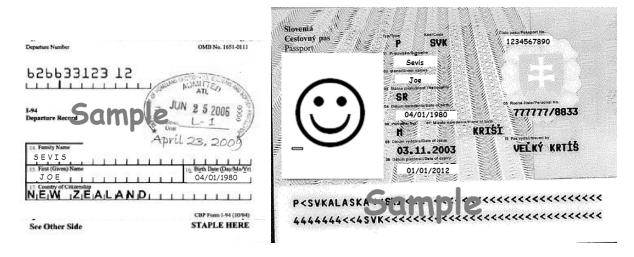
Department of Homeland Security U.S. Citizenship and Immigration Services OMB No. 1615-0047; Expires 06/30/09 Form I-9, Employment Eligibility Verification

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inture expiration date may also constitute	_				
Section 1. Employee Information and Ver		mpleted and signed b			ment begins.)
Print Name: Last Sevis	First Joe		Middle Initial	Maiden Name	
Address (Street Name and Number) 1000 Main Street		Apt.	#	Date of Birth (month) 04/01	
City	State	Zip (Code	Social Security #	
Any City	MD		20748	100-00	0-0000
	I attest, under penalty of perjury, that I am (check one of the following):				
I am aware that federal law provides for imprisonment and/or fines for false statements or		A citizen of the	United States		
use of false documents in connection with		A noncitizen nat	ional of the Uni	ited States (see instructi	ons)
completion of this form.		A lawful permanent resident (Alien #)			
•				lien # or Admission #) ble - month/day/year)	62663312312 12/01/2008
Employee's Signature Jac Seria		Date (month/day/yea	rr) 0.4	1/01/2007	
Preparer and/or Translator Certification penalty of perjury, that I have assisted in the completion					e.) I attest, under
Preparer's/Translator's Signature		Print Name			
Address (Street Name and Number, City, Sta	ite, Zip Code)		1,	Date (month/day/year)	
Section 2. Employer Review and Verifica examine one document from List B and one expiration date, if any, of the document(s).)	tion (To be complet from List C, as liste	ed and signed by em d on the reverse of ti	ployer. Exan his form, and	nine one document drecord the title, n	from List A OR umber, and
List A	OR	List B	AND	I	List C
Document title: Foreign Passport			_		
Issuing authority: Republic of					
Document #: 1234567890			_		
Expiration Date (if any): 01/01/2012			_		
Document#: J-1/I-94 62663312312					
Expiration Date (if any): 12/01/2008					
CERTIFICATION: I attest, under penalty of the above-listed document(s) appear to be gen (month/day/year) and that to employment agencies may omit the date the en	uine and to relate to the best of my know mployee began emplo	the employee named, ledge the employee is	that the emp	oloyee began employ to work in the United	ment on
Signature of Employer or Authorized Representative	Print Name	Jane Doe		Title Admin	Asst I
Business or Organization Name and Address (Street N	ame and Number City S			Date (month/day/yea	
UNT, 1155 Union Ci				. ,,	1/2007
Section 3. Updating and Reverification (.)	04/0	1/2007
A. New Name (if applicable)	•			ehire (month/day/year) (îf applicable)
C. If employee's previous grant of work authorization	has expired, provide the i	information below for the	document that	establishes current emp	loyment authorization.
Document Title:		iment #:		Expiration Date (if any)	
l attest, under penalty of perjury, that to the best of document(s), the document(s) I have examined appe				ited States, and if the o	mployee presented
Signature of Employer or Authorized Representative				Date (month/day/year)

J-1 Visa: unexpired foreign passport, I-94, and DS-2019 form



U.S. Department of State

CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR (J-1) STATUS

OMB APPROVAL NO.14 EXPIRES: 04-30-2008 ESTIMATED BURDEN 7

First Name Joe Middle Name: Gender: MALE N0000110 Country of Birth: UGANDA City of Birth: City J-] Legal Permanent Residence Country Code: Legal Permanent Residence Country: UGANDA JUDGES IN CENTRAL GOVERNMENT U.S. Address: 1 Site, HI 01010 Exchange Visitor Program Number: P-1-12732 2. Fregram Spensor: Research Scholar/Professor Testing Program Participating Program Official Description PROFESSOR; RESEARCH SCHOLAR; SHORT-TERM SCHOLAR Purpose of this form: Amend a previous form: Update Biographical Data 5. Form Covers Period: 4. Exchange Visitor Category: PROPESSOR From (mm-46-yyyy): 12-01-2006 Subject/Field Code: Subject/Field Code Remarks: To (mm-dd-yyyy): 12-01-2008 12.0507 Test 5. During the period covered by this form, the total estimated financial support(in U.S. 5) is to be provided to the exchange visitor by: Current Progrem Oponeor funds : \$1,000.00 Total : \$1,000.00 DEPARTME. DESTATE STIFE Len Caretti Responsible Offic ROVIDED TO THE TAR AS TATE Preparing Form 800 K St NW Washington, DC 20001 202-414-850 a elephone Number 06-19-2007 onaible Officer or Alternate Responsible Officer Date (mm-dd-yyyy

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

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Section 1. Employee Information	_		d hy employee	at the time employment hegins			
Print Name: Last	First	го сотрыны апа этупес		Maiden Name			
Liu	500		Paronic annua	Transaction and the second			
Address (Street Name and Number) 1000 Main Street		A	pt. #	Date of Birth (month/day/year) 02/07/1980			
City	State	Zi	ip Code	Social Security #			
Any City	MD		20748	100-00-0000			
<i>'</i>		I attest, under pena	lty of perjury, that	I am (check one of the following):			
I am aware that federal law provides for		A citizen of th	A citizen of the United States				
imprisonment and/or fines for false statements or use of false documents in connection with the		A noncitizen i	national of the Un	ited States (see instructions)			
completion of this form.	on with the	A lawful peru	anent resident (A	lien#) A# 000-111-444			
completion of this form.				lien # or Admission #)			
				ble - month/day/year)			
Employee's Signature Goe Smil	ĥ	Date (month/day/)		4/03/2009			
Preparer and/or Translator Certif				,,,			
penalty of perjury, that I have assisted in the							
Preparer's/Translator's Signature		Print Name					
Address (Street Name and Number	City, State, Zip Code)		- 11	Date (month/day/year)			
Section 2. Employer Review and V examine one document from List B of expiration date, if any, of the docum	ınd one from List C, as	mpleted and signed by e s listed on the reverse of	mployer. Exan f this form, and	nine one document from List A OR d record the title, number, and			
List A	OR	List B	AND	List C			
Document title: I-551/Permanent (Resident €						
Issuing authority: Dept of Homeland	Security						
Document #: A# 000-111-4	44		_				
Expiration Date (if any): 05/08/	2015						
Document #:							
Expiration Date (if any):	_						
the above-listed document(s) appear t				ed by the above-named employee, tha slovee began employment on			
(month/day/year) 4/3/2009 an							
employment agencies may omit the da		employment.)					
Signature of Employer or Authorized Repres	entative Print Na	me		Title			
Jane Dae		Jane Doe		Admin Asst I			
Business or Organization Name and Address				Date (month/day/year)			
UNT, 1155 Ur	iion Circle, Dento	n, TX 76203		04/03/2009			
Section 3. Updating and Reverific	ation (To be completed	d and signed by employ	er.)				
A. New Name (if applicable)			B. Date of Re	chire (month/day/year) (if applicable)			
C. If employee's previous grant of work auth	orization has expired, provid	de the information below for t	he document that	establishes current employment authorization			
Document Title:		Document #:		Expiration Date (if any):			
I attest, under penalty of perjury, that to t							
document(s), the document(s) I have exam		and to relate to the individu	aL				
Signature of Employer or Authorized Repres	entative			Date (month/day/year)			
				Form I 0 (Pers 02/02/00) M Dags			

Form I-9 (Rev. 02/02/09) N Page 4



Employment Authorization Cards (Form I-766)

Department of Homeland Security U.S. Citizenship and Immigration Services OMB No. 1615-0047; Expires 06/30/09 Form I-9, Employment Eligibility Verification

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future expiration date	e may also constitute illeg	gal discriminat	tion.			
	Information and Verifica					ment begins.)
Print Name: Last Fei	Xiao	First Otin		Middle Initial	Maiden Name	
Address (Street Name and N 1000 Main S			Apt.	#	Date of Birth (month) 03/30	
City	State		Zip (Code	Social Security #	
Any City	1	MD		20748	100-00	0-0000
I	-11		I attest, under penalty of perjury, that I am (check one of the following):			
I am aware that federal law provides for imprisonment and/or fines for false statements or			A citizen of the United States			
use of false documents in connection with the		A noncitizen nati	ional of the Uni	ited States (see instructi	ions)	
completion of this for			A lawful perman	ent resident (A	lien #)	
-			An alien authoriz	zed to work (Al	lien # or Admission #)	A# 111-111-111
					ble - month/day/year)	11/07/2008
Employee's Signature	Jae Smith		Date (month/day/yea	7) 04	4/03/2008	
Preparer and/or Tran penalty of perjury, that I have	uslator Certification (To be we assisted in the completion of th	e completed and signs is form and that to	gned if Section 1 is prepa the best of my knowledge	red by a person the informatio	n other than the employe on is true and correct.	e.) I attest, under
Preparer's/Transla	tor's Signature		Print Name			
Address (Street N	ame and Number, City, State, Zip	Code)	•	I	Date (month/day/year)	
	Review and Verification (t from List B and one from of the document(s).)					
List	A OR	l.	List B	AND	I	List C
Document title: I-766/E	mployment Authorization	n		_		
Issuing authority: Dept o	f Homeland Security					
Document #:	A# 111-111-111					
Expiration Date (if any)	: 11/07/2008			_		
Document #:				_		
Expiration Date (if any)):					
the above-listed docume (month/day/year) 4/3 employment agencies m	ttest, under penalty of perju- ent(s) appear to be genuine a 1/2008 and that to the b ay omit the date the employ	and to relate to est of my know ee began emplo	the employee named, ledge the employee is	that the emp	oloyee began employ to work in the Unite	ment on
Signature of Employer or A		Print Name	T N		Title	
Gane		1	Jane Doe			Asst I
•	nne and Address (Street Name an T, 1155 Union Circle				Date (month/day/yea	
	and Reverification (To be			,	04/0	3/2008
A. New Name (if applicable		сотрівіва апа	signed by employer.		hire (month/day/year) ((if annlicable)
(0 22	,					0 122
C. If employee's previous gr	ant of work authorization has exp	pired, provide the i	nformation below for the	document that	establishes current emp	loyment authorization.
Document Title:			ment #:		Expiration Date (if any	
	erjury, that to the best of my kn t(s) I have examined appear to b				ited States, and if the	employee presented
Signature of Employer or A	athorized Representative				Date (month/day/year	9
					T 10.0	02/02/02/ d

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