

# Foreign National Employees

- ☞ Completing the I-9 Form for foreign nationals can be challenging. For example, often the identity or work eligibility documents must be presented in combination with other documents. To further complicate matters, the identity and work eligibility documents are often unfamiliar to most U.S. citizens. The initial challenge, however, quickly goes away once you know what to look for.



# Foreign National Employees



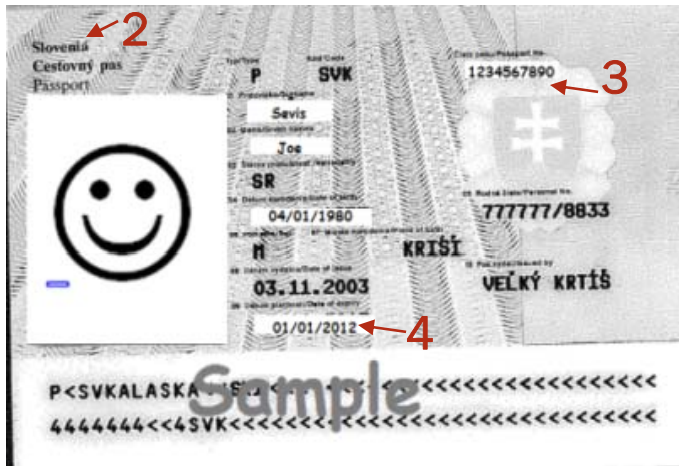
- ∞ Foreign National employees can present whichever documents they possess. However, as a practical matter, most will probably only be able to present List A documents, not a combination of List B and List C documents.
- ∞ Virtually all visa holders will have the following combination:
  - Passport
  - I-94 card
  - I-20/DS-2019/I-797 (this document will vary based on visa status)
- ∞ Some may also possess an unexpired Employment Authorization Document (EAD) card, which is also a valid List A document.

# F-1 Visa Holders

- ∞ F-1 Visa Holders are students who are permitted to enter the U.S. to pursue a course of study. After they complete the course of study, they are required to leave the U.S. unless they change their immigration status.
- ∞ In general, F-1 students who are in legal immigration status are eligible to work 20 hours per week during the Fall and Spring terms and 40 hours per week in the Summer terms at on-campus UNT employment sites only (unless enrolled in summer term).



# F-1 Visa Holders



Departure Number: 626633123 12  
 OMB No. 1651-0111

1-94  
 Departure Record

Sample

APR 23 2009

14. Family Name: SEVIS  
 15. First (Given) Name: JOE  
 16. Birth Date (Day/Mo/Yr): 04/01/1980  
 17. Country of Citizenship: NEW ZEALAND

See Other Side

CBP Form 1-94 (10-94)  
 STAPLE HERE

U.S. Department of Justice  
 Immigration and Naturalization Service

Certificate of Eligibility for Nonimmigrant (F-1) Student  
 Status - For Academic and Language Students (OMB NO. 1115-0051) Page 1

Please read Instructions on Page 2  
 This page must be completed and signed in the U.S. by a designated school official.

1. Family Name (surname): Jones  
 First (given) Name: Mike  
 Middle Name:  
 Country of birth: ALBANIA Date of birth (mo/day/year): 01/01/1980  
 Country of citizenship: ALBANIA Admission number:

2. School (School district) name: Test School Update 1.7.2005  
 Al Lewis  
 School Official to be notified of student's arrival in U.S. (Name and Title): AMY BULLOCK DDO  
 School address (include zip code): 8888 Any Street  
 Updated Address: Any City, MD 20748-1212  
 School code (including 3-digit suffix, if any) and approval date: WAS214P9999002 approved on 11/20/2002

3. This certificate is issued to the student named above for:  
 Continued attendance at this school.

4. Level of education the student is pursuing or to pursue: BACHELOR'S

5. The student named above has been accepted for a full course of study at this school, majoring in Mathematics, General.  
 The student is expected to report to the school no later than 04/01/2007 and complete studies not later than 04/01/2011. The normal length of study is 48 months.

6. English proficiency: This school requires English proficiency. The student has the required English proficiency.

7. This school estimates the student's average costs for an academic term of 12 (up to 12) months to be:  
 a. Tuition and fees \$ 1.00  
 b. Living expenses \$ 1.00  
 c. Expenses of dependents (if any) \$ 0.00  
 d. Other (specify): \$ 0.00  
 Total \$ 2.00

8. This school has information showing the following as the student's means of support, estimated for an academic term of 12 months (Use the same number of months given in item 7).  
 a. Student's personal funds \$ 10.00  
 b. Funds from this school \$ 0.00  
 Specify type:  
 c. Funds from another source \$ 0.00  
 Specify type:  
 d. On-campus employment \$ 0.00  
 Total \$ 10.00

9. Remarks:

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 school and am authorized to issue this form.  
 AMY BULLOCK DDO 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 \_\_\_\_\_

# F-1 Visa Holders

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) 04/08/2009

**Preparer 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: Foreign Passport

Issuing authority: Republic of

Document #: 1234567890

Expiration Date (if any): 01/01/2012

Document #: F-1/I-94 62663312312

Expiration Date (if any): 04/01/2011

**CERTIFICATION:** I attest, under penalty of perjury, that the above-listed document(s) appear to be genuine (month/day/year) \_\_\_\_\_ and that to the employment agencies may omit the date the employee was hired.

Signature of Employer or Authorized Representative Jane Doe

Business or Organization Name and Address (Street Name and Number) UNT, 1155 Union Circle

**Section 3. Updating and Reverification** (To be completed if applicable)

A. New Name (if applicable) \_\_\_\_\_

C. If employee's previous grant of work authorization has expired:

Document Title: \_\_\_\_\_

I attest, under penalty of perjury, that to the best of my knowledge the document(s) I have examined appear to be genuine.

Signature of Employer or Authorized Representative \_\_\_\_\_

- 1) Document title = Foreign Passport
- 2) Issuing Authority = name of the foreign government that issued the passport
- 3) Document # = document number listed in the passport
- 4) Expiration Date = the expiration date listed in the passport (usually on the page with the photo)
- 5) Document # = Departure number listed on the I-94 card
- 6) Expiration Date = the date or notation listed on the I-94 card
- 7) Expiration Date = the expiration date on the I-20

**7 1-20 exp 4/1/2011**

**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 \_\_\_\_\_

1 Document title: Foreign Passport

2 Issuing authority: Republic of

3 Document #: 1234567890

4 Expiration Date (if any): 01/01/2012

5 Document #: F-1/I-94 62663312312

6 Expiration Date (if any): 04/01/2011

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that