

# 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.



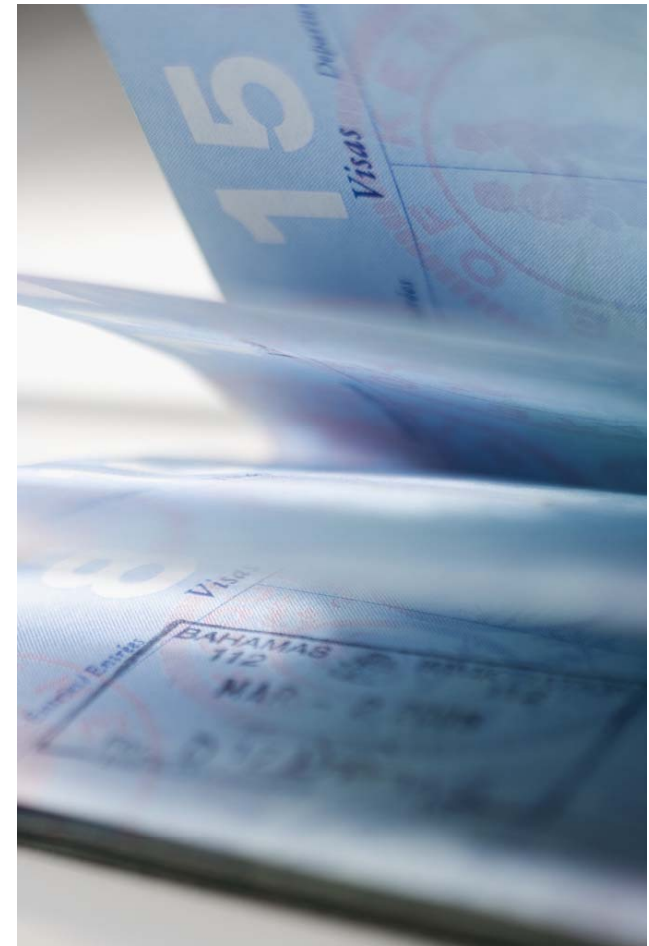
# Foreign National Employees



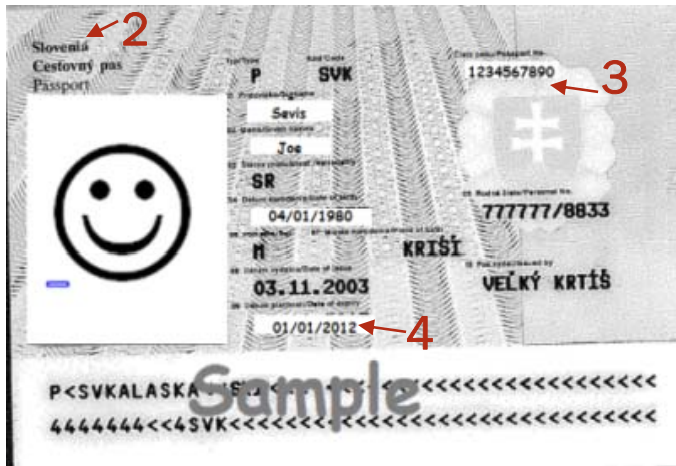
- ✎ Foreign National employees can present whichever documents they possess. However, as a practical matter, most will probably only be able to present List A documents, not a combination of List B and List C documents.
- ✎ Virtually all visa holders will have the following combination:
  - Passport
  - 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.

# J-1 Visa Holders

- ☞ J-1 Visa holders are exchange visitors who are permitted to enter the U.S. to participate in an approved exchange visitor program.
- ☞ Exchange visitors at the University of North Texas can be students, professors, research scholars or short-term scholars.



# J-1 Visa Holders



Departure Number OMB No. 1651-0111

626633123 12

1-94  
Departure Record

Sample

APR 23 2009  
L-1

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

OMB APPROVAL NO.14  
 EXPIRES: 04-30-2008  
 ESTIMATED BURDEN: 1  
 \*See Page 2

1. Family Name: Sevis	First Name: Joe	Middle Name:	Gender: MALE	NO#00110'
Date of Birth (mm-dd-yyyy): 04-01-1980	City of Birth: City	Country of Birth: UGANDA	Citizenship Country Code: UG	Citizenship Country: UGANDA
Legal Permanent Residence Country Code: UG		Legal Permanent Residence Country: UGANDA	Position Code: 117	Position: JUDGES IN CENTRAL GOVERNMENT
U.S. Address: 1 Site, HI 01010				
1. Program Sponsor: Research Scholar/Professor Testing Program			Exchange Visitor Program Number: P-1-12732	
Participating Program Official Description: PROFESSOR; RESEARCH SCHOLAR; SHORT-TERM SCHOLAR				
Purpose of this form: Amend a previous form; Update Biographical Data				
3. Form Cover Period: From (mm-dd-yyyy): 12-01-2006 To (mm-dd-yyyy): 12-01-2008		4. Exchange Visitor Category: PROFESSOR Subject Field Code: 12.0507 Subject Field Code Remark: Test		
5. During the period covered by this form, the total estimated financial support in U.S. \$ to be provided to the exchange visitor by: Current Program Sponsor funds: \$1,000.00 Total: \$1,500.00				
6. U.S. DEPARTMENT OF STATE RESPONSIBLE OFFICER THAT NOTIFIED YOU OF THIS STATUS AND PROVIDED TO THE APPLICANT THE NECESSARY DOCUMENTS			Responsible Official: Len Caretti 800 K St NW Washington, DC 20001 202-414-8500 86-19-2007	
7. U.S. DEPARTMENT OF STATE RESPONSIBLE OFFICER THAT NOTIFIED YOU OF THIS STATUS AND PROVIDED TO THE APPLICANT THE NECESSARY DOCUMENTS			Responsible Official: Title: 202-414-8500 86-19-2007	

# J-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 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 the above-listed document(s) appear to be genuine (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the information is true and correct. I understand that 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, City, State, Zip Code)  
UNT, 1155 Union Circle

**Section 3. Updating and Reverification** (To be completed by employer if the employee is currently employed by the employer.)

C. If employee's previous grant of work authorization has expired, the employer must complete this section.

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

I attest, under penalty of perjury, that to the best of my knowledge the information is true and correct. 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 DS-2019

7 DS-2019 exp 12/1/08

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5 Document #: <u>J-1/I-94 62663312312</u>				
6 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