



Form I-9

Employment Eligibility Verification





Agenda

Background

Form I-9 Revisions and Updates

Completing Form I-9

Storage and Retention

Form I-9 and E-Verify

Resources

Background

In 1986, in an effort to control illegal immigration, Congress passed the **Immigration Reform and Control Act (IRCA)**.

IRCA forbids employers from knowingly hiring individuals who do not have work authorization in the United States.

The employment eligibility verification provisions, and sanctions, of **IRCA** are found in Section 274A of the Immigration and Nationality Act (INA).





Background

Individuals who may legally work in the United States are:

- Citizens of the United States
- Noncitizen nationals of the United States
- Lawful Permanent Residents
- Aliens authorized to work



Background

To comply with the employment eligibility verification provisions of the INA an employer must:

- Verify the identity and employment authorization documents of employees hired after November 6, 1986
- Complete and retain a **Form I-9** for each employee hired after November 6, 1986
- Refrain from discriminating against individuals on the basis of actual or perceived national origin, citizenship or immigration status



Background

The anti-discrimination provisions of the INA prohibit four types of unlawful conduct:

- Citizenship or immigration status discrimination*
- National origin discrimination*
- Document abuse during Form I-9 process
- Retaliation

* Actual or perceived



Background

The anti-discrimination provisions of the INA are enforced by the:

Department of Justice

Civil Rights Division

Office of Special Counsel for

Immigration Related Unfair Employment Practices

- Employees may contact the Office of Special Counsel (OSC) to obtain additional information regarding discrimination and employee rights and responsibilities.

1-800-255-7688 (TDD: 1-800-616-5525)

- Employers may also contact OSC and remain anonymous.

1-800-255-8155 (TDD: 1-800-362-2735)



Background

Form I-9 is an employment verification tool brought about by **IRCA**.

Form I-9 helps verify whether individuals are authorized to work in the United States.

Employers who knowingly violate or circumvent the Form I-9 process, or anti-discrimination requirements of the INA may be subject to civil and/or criminal penalties.



***PLEASE RESPOND TO THE POLL QUESTION
THAT WILL POP UP ON YOUR SCREEN.***

**Please Note:*

*Web Application participants are not able to receive or
respond to the poll.*



Revisions and Updates

- The new Form I-9 can be downloaded at www.uscis.gov or www.uscis.gov/I-9Central.
- Employers should begin using the new Form I-9 (Rev. 03/08/13) immediately for all new hires. Effective (05/07/13) all prior versions of Form I-9 can no longer be used by the public.
- Effective 05/07/13 employers who fail to use Form I-9 (Rev 03/08/13) may be subject to penalties enforced by ICE.



Revisions and Updates

- Employers do not need to complete a new Form I-9 for current employees who have properly completed the Form I-9 and have it on file.
- Employers must use the new Form I-9 for rehires or reverification of employment authorization beginning 03/08/13.

M-274 will now be titled “Handbook for Employers, Guidance for Completing Form I-9 (Employment Eligibility Verification Form)”

Form I-9



U.S. Citizenship and Immigration Services

Completing Form I-9

▶ START HERE. 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 documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number		E-mail Address		Telephone Number

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 Registration Number/USCIS Number): _____

An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See Instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See Instructions)

Signature of Employee: _____ Date (mm/dd/yyyy): _____

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.

Signature of Preparer or Translator: _____ Date (mm/dd/yyyy): _____

Last Name (Family Name)		First Name (Given Name)		Address (Street Number and Name)		City or Town	State	Zip Code
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STEP Employer Completes Next Page **STEP**

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Identify and Employment Authorization	OR	List B Identify	AND	List C Employment Authorization
Document Title: _____		Document Title: _____		Document Title: _____
Issuing Authority: _____		Issuing Authority: _____		Issuing Authority: _____
Document Number: _____		Document Number: _____		Document Number: _____
Expiration Date (if any)(mm/dd/yyyy): _____		Expiration Date (if any)(mm/dd/yyyy): _____		Expiration Date (if any)(mm/dd/yyyy): _____
Document Title: _____				
Issuing Authority: _____				
Document Number: _____				
Expiration Date (if any)(mm/dd/yyyy): _____				
Document Title: _____				
Issuing Authority: _____				
Document Number: _____				
Expiration Date (if any)(mm/dd/yyyy): _____				

3-D Barcode
Do Not Write in This Space

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative: _____ Date (mm/dd/yyyy): _____ Title of Employer or Authorized Representative: _____

Last Name (Family Name)		First Name (Given Name)		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town	State	Zip Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy)

Document Title: _____	Document Number: _____	Expiration Date (if any)(mm/dd/yyyy): _____
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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 (mm/dd/yyyy): _____ Print Name of Employer or Authorized Representative: _____



Completing Form I-9

All U.S. employers must have a **Form I-9** on file for all current employees.

Exception: Employers are not required to have Forms I-9 for employees hired on or before November 6, 1986.

You may delegate the authority to complete **Form I-9** to a responsible agent, however, you will retain liability for any errors.



Completing Form I-9

You are **not required** to complete **Form I-9** for:

- Domestic service employees working in a private household when work is sporadic, irregular or intermittent.
- Independent contractors for whom you do not set work hours, or provide tools to do the job.
- Employees working outside the United States.*

** 50 States, District of Columbia, Guam, Puerto Rico, U.S. Virgin Islands, and the Commonwealth of the Northern Mariana Islands*



Completing Form I-9

Mergers and Acquisitions

Employers who acquire employees from a previous employer through a merger or acquisition can either:

- 1) Treat acquired workers as newly hired employees and complete new Forms I-9 for all of their employees.
- 2) Consider them as continuing in employment and retain the previous Forms I-9 and retain Form I-9 liability for any previous mistakes.

Under one or two, all acquired employees should be treated the same to avoid discrimination concerns.

Form I-9



U.S. Citizenship and Immigration Services

Completing Form I-9 Lists of Acceptable Documents

- You must make the Lists of Acceptable Documents available to your **EMPLOYEE** when he or she is completing the Form I-9.
- Use **MOST CURRENT VERSION (Rev. 03/08/13)** – expiration date of 03/31/2016.
- Updates: List A #5 & C #1

LISTS OF ACCEPTABLE DOCUMENTS All documents must be UNEXPIRED		
Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.		
LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity AND LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card	OR	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		6. Military dependent's ID card
		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
		5. Native American tribal document
		6. U.S. Citizen ID Card (Form I-197)
		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority
		For persons under age 18 who are unable to present a document listed above:
		10. School record or report card
		11. Clinic, doctor, or hospital record
		12. Day-care or nursery school record



Completing Form I-9: Section 1 Updates

- An E-mail address and phone number has been added as an optional field. The employee may write “N/A” if they choose not to provide this information.
- Passport and country of issuance fields were added.
 - Only those who choose I-94 number should complete the new passport and country of issuance field if they obtained their Form I-94 when traveling to the United States.
 - If the Form I-94 admission number was obtained from USCIS within the United States or if one entered the country without a passport, these employees must write “N/A” in that field.



Completing Form I-9

Section 1: Employee Information and Verification

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□□□		E-mail Address			Telephone Number	

- To be completed by **EMPLOYEE**.
- Employer **MUST** verify Section 1 is **COMPLETE**.



Completing Form I-9

Section 1: Important Area – Employee Attestation

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 Registration Number/USCIS Number): _____

An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

3-D Barcode
Do Not Write in This Space

Signature of Employee: _____	Date (mm/dd/yyyy): _____
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- The EMPLOYEE **MUST** select one of the four categories and sign and date Section 1 of Form I-9.
- All employees must complete Section 1 no later than the **first business day** of employment for pay.



Completing Form I-9

Section 1: Preparer/Translator Certification

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.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)	City or Town	State	Zip Code

- This certification is required when Section 1 is prepared by someone other than the employee.
- By signing, the preparer is attesting that Section 1 is true and correct to the best of his or her knowledge.
- Note that only the EMPLOYEE can sign the Section 1 Employee Signature Block.

Form I-9



U.S. Citizenship and Immigration Services

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; text-align: center;"> 3-D Barcode Do Not Write in This Space </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy) (See instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town	State Zip Code

Completing Form I-9

Section 2: Employer Certification of Document Review



Completing Form I-9

Section 2: Employer Certification of Document Review

- Completed by EMPLOYER.
- MUST be completed no later than **3 business days** after the employee begins work for pay.
- EMPLOYER MUST examine **original documents**.
- Documents MUST be **UNEXPIRED**.

Form I-9



U.S. Citizenship and Immigration Services

Completing Form I-9

Section 2: Reviewing Acceptable Documents

List A

Establishes Identity and Employment Authorization

List B

Establishes Identity

List C

Establishes Employment Authorization



List A

Identity and Employment Authorization

OR

List B

Identity

AND

List C

Employment Authorization

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):

The EMPLOYEE MUST provide either:

- One document from **List A** OR
- One document from **List B** AND one document from **List C**

Form I-9



Completing Form I-9

Section 2: List A

Two additional lines have been added under List A entitled "document number" and expiration date".

These additional spaces are for the employer to record the SEVIS number and program end date for students/employment authorization expiration date for exchange visitors.

Attachment A Page 1

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)

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

<p>1. Family Name (surname):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">First (given) Name:</td> <td style="width: 50%;">Middle Name:</td> </tr> <tr> <td>Country of birth:</td> <td>Date of birth (mo/day/year):</td> </tr> <tr> <td>Country of citizenship:</td> <td>Admission number:</td> </tr> </table> <p>2. School (school district) name:</p> <p>School Official to be notified of student's arrival in U.S. (Name and Title):</p> <p>School address (include zip code):</p> <p>School code (including 3-digit suffix, if any) and approval date: _____ approved on _____</p>	First (given) Name:	Middle Name:	Country of birth:	Date of birth (mo/day/year):	Country of citizenship:	Admission number:	<p style="text-align: center;">SEVIS</p> <p style="text-align: center;">Student's Copy</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">For Immigration Official Use</td> <td style="width: 50%;"></td> </tr> <tr> <td>Visa issuing post</td> <td>Date Visa Issued</td> </tr> <tr> <td colspan="2">Reinstated, extension granted to:</td> </tr> </table>	For Immigration Official Use		Visa issuing post	Date Visa Issued	Reinstated, extension granted to:	
First (given) Name:	Middle Name:												
Country of birth:	Date of birth (mo/day/year):												
Country of citizenship:	Admission number:												
For Immigration Official Use													
Visa issuing post	Date Visa Issued												
Reinstated, extension granted to:													

3. This certificate is issued to the student named above for:

4. Level of education the student is pursuing or will pursue in the United States:

5. The student named above has been accepted for a full course of study at this school, majoring in _____. The student is expected to report to the school no later than _____ and complete studies no later than _____. The normal length of study is _____ months.

6. English proficiency:

7. This school estimates the student's average costs for an academic term of _____ (up to 12) months to be:

a. Tuition and fees	\$ _____
b. Living expenses	\$ _____
c. Expenses of dependents	\$ _____
d. Other (specify):	\$ _____
Total	\$ _____

8. This school has information showing the following as the student's means of support, estimated for an academic term of _____ months (Use the same number of months given in item 7).

a. Student's personal funds	\$ _____
b. Funds from this school	\$ _____
Specify type:	
c. Funds from another source	\$ _____
Specify type:	
d. On-campus employment	\$ _____
Total	\$ _____

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.

Name of School Official	Signature of Designated School Official	Title	Date Issued	Place Issued (city and state)
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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
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Name of parent or guardian If student under 18	Signature of parent or guardian	Address (city)	(State or Province) (Country)	(Date)
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Form I-20 A-B (Rev. 04-27-88)N

For Official Use Only

Microfilm Index Number



Completing Form I-9

Section 2: Documents – Genuineness and Photocopies

- You are not required to be a document expert.
- You **MUST** accept a document presented by an employee if it reasonably appears to be:
 - Genuine AND
 - Relates to the individual presenting it
- The document **MUST** be original* – photocopies are **NOT** acceptable.

**The only exception is a certified copy of a birth certificate.*



Completing Form I-9

Section 2: Receipt Rule

- Receipts may be used as temporary proof of employment eligibility when a List A, B or C document has been **lost, stolen or damaged**.
- The receipt must be issued by the originating agency.
- The employee must present a replacement document within 90 days of the hire date. **EXCEPTIONS:**
 - The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual.
 - The departure portion of the Form I-94/I-94A with a refugee admission stamp



Completing Form I-9

Section 2: Receipt Rule

- A receipt indicating that an individual has applied for an *initial* employment authorization document (Form I-766) or for a *renewal* of an expiring employment authorization document (Form I-766) is **NOT** acceptable for Form I-9.
- Receipts are never acceptable if employment will last less than 3 business days.



Completing Form I-9

Section 2: Copying Section 2 Documents

- You may choose to make copies of employee documentation presented to you for Section 2.
 - If you choose to photocopy documents, you must do so for **ALL** employees, regardless of actual or perceived national origin, immigration or citizenship status, or you may be in violation of anti-discrimination laws.



Completing Form I-9

Section 3: Reverification

Section 3. Reverification and Rehires <i>(To be completed and signed by employer or authorized representative.)</i>		
A. New Name <i>(if applicable)</i> Last Name <i>(Family Name)</i> First Name <i>(Given Name)</i> Middle Initial		B. Date of Rehire <i>(if applicable)</i> <i>(mm/dd/yyyy)</i> :
C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.		
Document Title:	Document Number:	Expiration Date <i>(if any)</i> <i>(mm/dd/yyyy)</i> :
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 <i>(mm/dd/yyyy)</i> :	Print Name of Employer or Authorized Representative:

You **MUST** reverify an employee on Section 3 on a new Form I-9 if his or her temporary employment authorization has expired.

You **MAY** also complete Section 3 if you:

- Rehire the **EMPLOYEE** within 3 years of the date of initial execution of the Form I-9*
- Update the biographic information of an employee

** USCIS recommends completing a new Form I-9 for rehires*



Completing Form I-9

Section 3: Reverification

Do Not Reverify

- U.S. Passport or Passport Card
- Permanent Resident Card (Form I-551)
- List B documents

Permanent Resident Reverification Exceptions

- Reverify only if employee presents a Form I-94 with a temporary I-551 stamp, or
- A foreign passport with a temporary I-551 stamp (on a machine readable immigrant visa (MRIV))

Usually Reverify

- When employment authorization document (List A or C) has an expiration date



Completing Form I-9

Correcting Mistakes

- If you discover a mistake on Form I-9:
 - Correct the existing form OR prepare a new Form I-9.
 - If you choose to correct the existing Form I-9, line out the incorrect portions, enter the correct information, and initial and date the correction.
 - If you do a new Form I-9, retain the old form. You should also attach a short memo to both the new and old Forms I-9 stating the reason for your action.

Missing Forms

If you discover you are missing the Form I-9 for an employee:

- Immediately provide the employee with a Form I-9.
- Allow employee 3 business days to provide acceptable documents.
- DO NOT backdate the Form I-9.



Storage and Retention





Storage

- **Form I-9 MUST be on file for all current employees.**
- Store Forms I-9 securely in a way that meets your business needs – on site, off-site, storage facility or electronically.
- Store Forms I-9 and document copies together.
- Ensure that only authorized personnel have access to stored Forms I-9.
- Make Forms I-9 available within 3 days of an official request for inspection.

Form I-9



U.S. Citizenship
and Immigration
Services

Retention

Forms I-9 must be stored for:

3 years after the date you **hire** an employee

or

1 year after the date employment **terminates**,

whichever is later.

Example:

John Smith was hired on November 1, 1993, and on July 5, 1994, employment was terminated.

November 1, 1993 + 3 years = November 1, 1996

July 5, 1994 + 1 year = July 5, 1995

The retention date is November 1, 1996

Form I-9



U.S. Citizenship
and Immigration
Services



Form I-9 and E-Verify

Form I-9 must be completed before a case can be created in E-Verify.

Form I-9



U.S. Citizenship
and Immigration
Services

What is E-Verify?

No-cost Internet based system

Fast and easy to use

Electronically verifies the employment eligibility of:

- Newly hired employees
- Existing employees assigned to work on a qualifying federal contract

Helps maintain a legal workforce

Protects jobs for authorized workers

Partnership between the **U.S. Department of Homeland Security** and the **Social Security Administration**





What is E-Verify?

E-Verify Goals

- **Reduce** unauthorized employment
- **Minimize** verification-related discrimination
- Be **quick and non-burdensome** to employers
- **Protect** civil liberties and employee privacy

Form I-9



U.S. Citizenship and Immigration Services

How does E-Verify work?

START HERE. 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 documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) First Name (Given Name) Middle Initial Other Names Used (if any)

Address (Street Number and Name) Apt. Number City or Town State Zip Code

Date of Birth (mm/dd/yyyy) U.S. Social Security Number E-mail Address Telephone Number

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 Registration Number/USCIS Number)
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy). Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number _____

OR

2. Form I-94 Admission Number _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: _____ Date (mm/dd/yyyy): _____

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.

Signature of Preparer or Translator: _____ Date (mm/dd/yyyy): _____

Last Name (Family Name) First Name (Given Name)

Address (Street Number and Name) City or Town State Zip Code

Signature of Employer or Authorized Representative Date (mm/dd/yyyy) Title of Employer or Authorized Representative

Last Name (Family Name) First Name (Given Name) Employer's Business or Organization Name

Employer's Business or Organization Address (Street Number and Name) City or Town State Zip Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy)

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title: _____ Document Number: _____ Expiration Date (if any) (mm/dd/yyyy): _____

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 (mm/dd/yyyy): _____ Print Name of Employer or Authorized Representative: _____



Employment Authorized

SSA TNC

DHS Verification in Process



E-Verify Case Resolution

You should check E-Verify periodically for one of the following responses:

Employment Authorized

Review and Update Employee Data

Case in Continuance

DHS Verification in Process

DHS No Show

Final Nonconfirmation

Form I-9



U.S. Citizenship
and Immigration
Services

Resources:

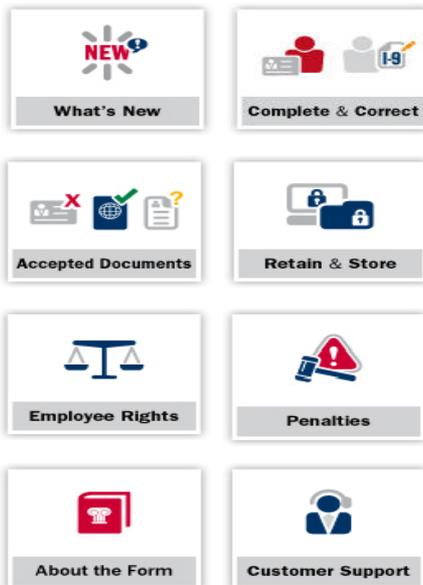
I-9 Central: www.uscis.gov/I-9Central

I-9 Central Spanish: www.uscis.gov/i-9Central/Espanol

I-9 Central Home

Federal law requires every employer and agricultural recruiter/referrer-for-a-fee hiring an individual for employment in the United States to verify his or her identity and employment authorization through completion of Form I-9, Employment Eligibility Verification.

These USCIS Web pages on Form I-9 will help you learn more about:



This page can be found at: <http://www.uscis.gov/I-9Central>

Bienvenido a la Central I-9

La ley federal exige a cada empleador, reclutador o agente que refiere trabajadores agrícolas por honorarios, verificar la identidad y la elegibilidad de autorización de empleo de la persona a la que contrata, completando el Formulario I-9, Verificación de Autorización de Empleo.

Estas páginas Web del Servicio de Ciudadanía e Inmigración de EE. UU. (USCIS, por sus siglas en inglés) en relación al Formulario I-9 lo ayudarán a obtener más información acerca de lo siguiente:



This page can be found at: <http://www.uscis.gov/I-9Central/Espanol>



Form I-9 Resources

- Form I-9, Employment Eligibility Verification
<http://www.uscis.gov/files/form/i-9.pdf>
- Form M-274, Handbook for Employers, Guidance for Completing Form I-9 (Employment Eligibility Verification Form)
<http://www.uscis.gov/files/form/m-274.pdf>
- Form M-274, Handbook for Employers, Guidance for Completing Form I-9 (Employment Eligibility Verification Form)– SPANISH version
http://www.uscis.gov/USCIS-ES/files/forms/m-274_spanish.pdf



Resources:

Employee Hotline – 1-888-897-7781

(available in English and Spanish)

Created to respond to employee inquiries, issues and complaints. The hotline is available from 8am-5pm. Employees choose from five (5) options:

1. Your employer gave you a Tentative Nonconfirmation (TNC) letter and you wish to contest it, or you feel you have received an FNC in error
2. General Information regarding: E-Verify, TNC Process, or Federal Contractor Rule
3. Information regarding completion of the Form I-9 or acceptable documents to use for employment verification
4. If you think your employer has misused the E-Verify System
5. If you believe you have been discriminated against or your employer took action that they should not have



Form I-9 & E-Verify Outreach

- Speakers for your events
- Panel participants
- Exhibits
- [Free Webinars](#)
- Content for your newsletters
- Authorization to use the E-Verify® Logo and Name and I E-Verify Seal

E-Verify E-Mail: E-Verify@dhs.gov

Form I-9 E-Mail: I-9Central@dhs.gov

Form I-9



U.S. Citizenship
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Customer Service

*E-Verify received the highest rating for customer service of all federal agencies.
(2012 American Customer Satisfaction Survey)*

Employer Hotline: (888) 464-4218

Employee Hotline: (888) 897-7781

Form I-9 E-Mail: I-9Central@dhs.gov

E-Verify E-Mail: E-Verify@dhs.gov

Form I-9 Website: www.uscis.gov/I-9Central

E-Verify Website: www.dhs.gov/E-Verify

Follow us on twitter: <http://twitter.com/uscis>

A close-up photograph of a customer satisfaction survey form. The form has a red header with the text "CUSTOMER SATISFACTION" in white. Below the header, there are four rows, each with a rating and a checkbox. The ratings are "Excellent", "Good", "Average", and "Poor". The "Excellent" checkbox is checked with a green checkmark. The other checkboxes are empty.

CUSTOMER SATISFACTION	
Excellent	<input checked="" type="checkbox"/>
Good	<input type="checkbox"/>
Average	<input type="checkbox"/>
Poor	<input type="checkbox"/>



Disclaimer

Immigration law can be complex and it is not possible to describe every aspect of the process.

This presentation provides basic information to help you become generally familiar with rules and procedures.

For more information on the law and regulations please see our website:
www.dhs.gov/E-Verify



Comments on Our Webinar?

Send to:

Francine.L.Hill@uscis.dhs.gov

*Include date, time and topic of the Webinar

Thank You!