## NAFSA 2013 Region XI Conference Stowe, VT - October 23, 2013

#### Form I-9: Responsibility, Compliance & Audits

Our panel will discuss how campuses differ on responsibility, staff training, and documentation, plus offer tips and "best practices" on filling out and correcting I-9s and how to avoid technical violations.

We encourage an open dialog with the audience on their practices.

Chair: Robin Vermette, Immigration Paralegal, Orr & Reno, P.A.

#### Presenters:

- Susan Ellison, Director, Office of Visa and Immigration Services, Dartmouth College
- Leila Paje-Manalo, Director, UNH Office of International Students and Scholars, University of New Hampshire
- Paula Violo, Immigration Paralegal, Orr & Reno, P.A.

#### **Discussion**

- Is your International office responsible for completing I-9s?
- Is it shared with other departments and/or HR?
- Electronic I-9s or paper?
- Automated I-94 glitches and problems for I-9 completion
- Documents photocopied or not?
- Where is the I-9 stored?

#### Discussion cont.

- **E-Verify** is the companion to the I -9 employment eligibility verification process— does your school use **E-Verify** for every new hire or only employees working pursuant to federal contracts?
- Who handles reverification?
- Does your office provide I-9 training on campus and/or serve as a resource for I-9 completion and documentation?
- Are training workshops mandatory?

#### **Review of Form I-9**

As of May 7, 2013, only the revised form may be used: Form I-9 03/08/13 N

- Section 1. Employee Information and Attestation
- Section 2. Employer or Authorized Representative Review and Verification
- Section 3. Reverification and Rehires

# Section 1. Employee Information and Attestation

- Instructions must be available during the completion of the I-9.
- Employee must read and complete Section 1 <u>no</u> later than the first day of employment but not before they have accepted the position.
- The employer is responsible for ensuring that each question in Section 1 is completed.

## Section 1. Employee Information and Attestation cont.

- Employee's name must be complete. If no other legal names they must write N/A.
- Address must be complete. No P.O. Boxes.
- <u>Date of Birth must be MM/DD/YYYY</u>.
- <u>SS Number</u> is only required if employer participates in E-Verify.
- E-mail address & telephone number are optional; may write N/A.

# Employees must attest to their citizenship or immigration status:

- <u>US citizen</u> or <u>noncitizen national of U.S.</u>
- A <u>lawful permanent resident</u>. The A # or USCIS # <u>must</u> be written on the line provided.
- An <u>alien authorized to work</u> must record date authorization expires. Employment authorization does not expire for refugees, asylees and certain others so would write N/A.
- Provide A-number <u>OR</u> I-94 number. (Do not need to provide both).
- If the employee was issued a new I-94 at a port of entry, the foreign passport number and the country of issuance needs to be written in the appropriate spaces.
- Employee must sign and date. The employer must review Section 1 if there is information missing, the <u>employee</u> must make the addition and/or corrections.

## Preparer and/or Translator Certification

Special needs employees

• You may assist in completion of Section 1 for people with special needs, but you will need to complete the Preparer and/or Translator Certification section.

# Section 2. Employer or Authorized Representative Review & Verification

- Employee's Last Name, First Name and Middle Initial must be placed at the top of Section 2 and in that order.
- Employer must examine evidence of identity and employment authorization within 3 business days of the employee's first day of employment.
- Employer may not specify what documents the employee presents. If the documents are not acceptable you may ask the employee to present an alternative document but again you may not specify which one.
- All documents must be original.
- All documents must be valid on the day presented.

#### **List A Documents**

- You may either accept a list A document <u>or</u> a document from B and one from C.
- List A documents establish both identity and employment authorization.
- Examples are: U.S. passport, Permanent Resident Cards, Employment Authorization Cards, Foreign passport with H-1B I-94.

#### **List B Documents**

- List B documents confirm Identity.
- Examples of List B documents included Valid Driver's License, Valid State Identification Card, School ID card with a photograph, Voter's Registration Card, U.S. military card or draft record.

#### **List C Documents**

- List C document confirm employment authorization.
- Examples of C documents include unrestricted Social Security Cards and U.S. Birth Certificates.
- A SS card that includes the following restrictive wording is not acceptable.
  - Not Valid for Employment
  - Valid for work only with INS Authorization
  - Valid for work only with DHS Authorization
- Births certificates may be issued by the state, county, or municipal authority, from an outlaying possession of the U.S. bearing an official seal, or the U.S. Department of State. You may not accept a birth certificate from Puerto Rico if issued prior to July 1, 2010.

## **Certification Portion of Section 2**

- Insert first day of employment. This date should coincide with payroll records.
- Signature of Employer or Authorized Rep. confirms you have examined the documents presented and they appear to relate to the employee and to the best of your knowledge the employee is authorized to work in the U.S.
- The person who examines the documents must be the same person who signs Section 2.
- Insert the date that you examined the documents and signed the I-9.
- Employer name must be written out. Do not use abbreviations.
- Complete address of location including state and zip.

#### Section 3. Reverification and Rehires

- You never have to reverify a list B Identity document.
- Employee must present list A or C documents.
- Must reverify employment authorization on or before the date of expiration.
- Do not reverify U.S. Citizens or Lawful Permanent Residents.
- If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version.
- H-1B extension when the approval hasn't arrived before reverification.

## I-9: How to Make Corrections

- Corrections in Section 1 must be made by the employee.
- Corrections in Section 2 should be made by the employer.
- Corrections in both Section 1 and Section 2 should be made by a line drawn through the error. The correct information should be added next to it and initialed and dated.
- NEVER use white out.

## I-9: How to Make Corrections

• Change of status

Name change

• Reverification

## Yikes, an I-9 Audit!

- Technical and substantive violations
- ICE issued 8,000 audit notices in the last 2 years
- Fines have increased significantly
- Responding to a Notice of Inspection (NOI) –
   HR & legal counsel

• Review of Sample I-9s – find the errors

#### **RESOURCES:**

- USCIS I-9 website: <u>www.uscis.gov/i-9</u>
- USCIS I-9 Central: <u>www.uscis.gov/I-9Central</u>
- Form I-9: www.uscis.gov/files/form/i-9.pdf
- M-274 Handbook for Employers: <u>www.uscis.gov/files/form/m-274.pdf</u>
- M-396 Guide to Selected U.S. Travel & Identity Documents:

www.justice.gov/crt/about/osc/pdf/publications/FormM\_396.pdf



#### **Employment Eligibility Verification**

#### **Department of Homeland Security**

U.S. Citizenship and Immigration Services

**USCIS** Form I-9

OMB No. 1615-0047 Expires 03/31/2016

▶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 the first day of employment, be			and sign Sectio	n 1 of Form I-9 no later			
Last Name (Family Name)	First Name (Given Name	,	Other Names Us	ed (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 provided connection with the completion of t		fines for false statements	or use of false	e documents in			
I attest, under penalty of perjury, th  A citizen of the United States	at I am (check one of the fo	ollowing):					
A noncitizen national of the United	d States (See instructions)						
A lawful permanent resident (Alie	n Registration Number/USCI	S Number):		_			
An alien authorized to work until (exp. (See instructions)	ration date, if applicable, mm/do	l/yyyy)	. Some aliens ma	y write "N/A" in this field.			
For aliens authorized to work, pro	vide your Alien Registration I	Number/USCIS Number <b>O</b> l	R Form I-94 Adı	mission Number:			
1. Alien Registration Number/USC	CIS Number:		Г				
OR			[	3-D Barcode Do Not Write in This Space			
2. Form I-94 Admission Number:  If you obtained your admission States, include the following:  Foreign Passport Number:  Country of Issuance:	number from CBP in connec	tion with your arrival in the					
Some aliens may write "N/A" or	n the Foreign Passport Numb	er and Country of Issuance	e fields. (See in	structions)			
Signature of Employee:			Date (mm/dd/y	уууу):			
Preparer and/or Translator Cert employee.)	ification (To be completed	and signed if Section 1 is p	prepared by a pe	erson other than the			
I attest, under penalty of perjury, th information is true and correct.	at I have assisted in the co	mpletion of this form and	I that to the be	st of my knowledge the			
Signature of Preparer or Translator:			D	ate (mm/dd/yyyy):			
Last Name (Family Name)		First Name (Give	en Name)				
Address (Street Number and Name)		City or Town	Sta	te Zip Code			
	STOP Employer Co.	mpletes Next Page	STOP				

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(Employers or their authorized representative m must physically examine one document from Lis the "Lists of Acceptable Documents" on the nex issuing authority, document number, and expira	ust complete st A OR exan t page of this	and signine a confirmation of the second signification of	gn Sect	ion 2 within 3 tion of one o	3 busir locum	ness days o	of the empl st B and or	ne document	from List C as listed on
Employee Last Name, First Name and Middle	Initial from	Section	n 1:						
List A (	OR		st B ntity			AND	Er	List C	Authorization
Document Title:	Documen		illity			D	ocument T	<u> </u>	Authorization
Issuing Authority:	Issuing A	uthority	:			<u>I</u> s	suing Auth	ority:	
Document Number:	Documen						ocument N		
	Documen	t Nullib	· · · · · · · · · · · · · · · · · · ·				ocument iv	umber.	
Expiration Date (if any)(mm/dd/yyyy):	Expiration	Date (	if any)(r	nm/dd/yyyy)	:	E	xpiration D	ate (if any)(n	nm/dd/yyyy):
Document Title:									
Issuing Authority:	-								
Document Number:	-								
Expiration Date (if any)(mm/dd/yyyy):	-								
	-								3-D Barcode
Document Title:								DO NO	t Write in This Space
Issuing Authority:									
Document Number:									
Expiration Date (if any)(mm/dd/yyyy):	1								
Certification attest, under penalty of perjury, that (1) above-listed document(s) appear to be g employee is authorized to work in the Ui The employee's first day of employment	enuine and nited States	d to re s.	late to	the emplo	yee r	named, ai	nd (3) to		my knowledge the
Signature of Employer or Authorized Representa	ative		Date (n	nm/dd/yyyy)		Title of En	nployer or a	Authorized R	epresentative
Last Name <i>(Family Name)</i>	First Name	Giver	Nama'		Emplo	war'e Rueir	ass or Ord	ganization Na	ama
Last Name (Family Name)	Thetranic	COVCI	rivarrio		шпрю	yer a buan	icas or Org	jainzation ive	arric)
Employer's Business or Organization Address (S	Street Numbe	er and N	lame)	City or Towr	1)			State	Zip Code
Section 3. Reverification and Rel A. New Name (if applicable) Last Name (Family	•		<u> </u>					•	entative.) oplicable) (mm/dd/yyyy):
A. New Name ( <i>ii applicable)</i> Last Name ( <i>Family</i>	Name) First	Name	(Giveii i	varrie)	IVIIC	uule IIIIIai	<b>D.</b> Date of	Reille (II a)	рріісавіе) (піпі/аа/уууу).
C. If employee's previous grant of employment au						for the doc	ument from	List A or List	C the employee
presented that establishes current employmen  Document Title:	t authorization	I	space p nent Nu		W.		lı	Expiration Da	ate (if any)(mm/dd/yyyy):
attest, under penalty of perjury, that to the employee presented document(s), the		-	-	•	-				
Signature of Employer or Authorized Represent	ative:	Date (	mm/dd/	уууу):	Print	t Name of I	Employer o	r Authorized	Representative:

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## 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	ND	LIST C Documents that Establish Employment Authorization
3.	U.S. Passport or U.S. Passport Card  Permanent Resident Card or Alien Registration Receipt Card (Form I-551)  Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa  Employment Authorization Document that contains a photograph (Form		<ol> <li>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</li> <li>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</li> </ol>		A Social Security Account Number card, unless the card includes one of the following restrictions:  (1) NOT VALID FOR EMPLOYMENT  (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION  (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION  Certification of Birth Abroad issued by the Department of State (Form
5.	I-766)  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		3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card		FS-545)  Certification of Report of Birth issued by the Department of State (Form DS-1350)  Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	(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.		8. Native American tribal document  9. Driver's license issued by a Canadian government authority  For persons under age 18 who are unable to present a document listed above:	6. 7.	Native American tribal document U.S. Citizen ID Card (Form I-197)  Identification Card for Use of Resident Citizen in the United States (Form I-179)
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	-	10. School record or report card  11. Clinic, doctor, or hospital record  12. Day-care or nursery school record	8.	Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

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#### **Employment Eligibility Verification**

USCIS

Form I-9 OMB No. 1615-0047 Expires 03/31/2016

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

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 than the first day of employment, but not before accepting and	: ((Employees) musicomplete: bb offer)	and sign Section	n of FormI-9 no later ***
Last Name (Family Name) First Name (Given Na		Other Names Use	d (if any)
Johnson Cam	Name?		
Address (Street Number and Name) Apt. Number		State	Zip Code
do Broadway: NA	Salem	, NH	<u> </u>
Date of Bitch (mm/dd/yyyy) U.S. Social Security Number E-mail Add	ichnsom@yal		GO ( 155)234
Ham aware that federal law provides for imprisonment and/o connection with the completion of this form.	r fines for false statements	or use of false	documents in
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/US	OIS Number):		. '
An alien authorized to work until (expiration date, if applicable, mm/	dd/ww/55/16/2014.	Some allens may	write "N/A" in this field.
For allens authorized to work, provide your Allen Registration	n Number/USCIS Number <b>O</b> F	R Form I-94 Admi	ssion Number:
1. Alien Registration Number/USCIS Number:	***************************************		3-D Barcode
OR INVESTIGATION	~ ·	Do	Not Write in This Space
2. Form 1-94 Admission Number: 1245679 8	<u> 96.                                      </u>		
If you obtained your admission number from CBP in connectates, include the following:	ction with your arrival in the I	Jnited	
Foreign Passport Number: 535698	•		
Country of Issuance:	· Carrier and any and a secretary and a secret		
Some aliens may write "N/A" on the Foreign Passport Nur	ber and Country of Issuance	fields. (See Instr	ructions)
Signature of Employee: Quu Johnson		Date (mm/dd/yyy	P: 5)/13/2013
Preparer and/or Translator Certification (To be completed employee)).	lland signed if Section it is p	epared by a pers	son ether than the
I attest, under penalty of perjury, that I have assisted in the c information is true and correct.	ompletion of this form and	that to the best	of my knowledge the
Signature of Preparer or Translator:		Date	e (mm/dd/yyyy):
Last Name (Family Name)	First Name (Give	n Namë)	
Address (Street Number and Name) ,	City or Town	State	Zip Code
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Section 2. Employer of Authorized Representative Review	rand Verification
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	1 Sanno
List A OR List B Identity and Employment Authorization Identity	AND List C Employment Authorization
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C=35698	vy): Expiration Date (if any) (mm/dd/yyyy):
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Document Title:	DO MOL AALVE III LIII2 SPACE
issuing Authority:	
Document Number:	
Evertail on Data /if any Marco feld hours !	
Expiration Date (if any)(mm/dd/yyyy):	
Certification	
I attest, under penalty of perjury, that (1) I have examined the docume	nt(s) presented by the above-named employee, (2) the
above-listed document(s) appear to be genuine and to relate to the en employee is authorized to work in the United States.	ployee named, and (3) to the best of thy knowledge the
The employee's first day of employment (mm/dd/yyyy): 5/13/	(See instructions for exemptions.)
Signature of Employer or Authorized Representative Date (mm/doly)	(7y) Title of Employer of Authorized Representative
Conol Righ	
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	own State Zip Code
Rich Reducto Be	elegter VT 06781
Section 3. Reverification and Rehires (To be completed and si	yravlovenolover of alliborzed 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 increase that establishes current employment authorization in the space provided	nformation for the document from List A or List C the employee below.
Document Title: Document Number:	2 352 789 Expiration Date (if airy) (mm/dd/yyyy):
Lattast under penalty of perfury, that to the best of my knowledge, this e	nployee is authorized to work in the United States, and if
the employee presented document(s), the document(s) I have examined	ippear 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:
(and Kick 10/11201	3 Rich Products

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#### **Employment Eligibility Verification**

USCIS

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

Form I-9 OMB No. 1615-0047 Expires 03/31/2016

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 (in the first day of employment but not before accepting a job		jnd sjejn Seelle	n (For Form) (Sinollater
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Sovery tatrick.			·
Address (Street Number and Name)  Apt. Number  N/A	1 7	State	11 156
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Date of Birth (Immedayyyy) to 3. Social Security Number E-mail Address	9	4	eleptione Number
I am aware that federal law provides for imprisonment and/or connection with the completion of this form.	fines for false statements	or use of fals	e documents in
Tattest, under penalty of perjury, that I am (check one of the fo	ollowing):	•	
A ditizen of the United States			•
Mnoncitizen national of the United States (See instructions)			
A lawful permanent resident (Allen Registration Number/USCI			
An alien authorized to work until (expiration date, if applicable, mm/do (See instructions)			•
For aliens authorized to work, provide your Alien Registration I	Number/USCIS Number <b>OR</b>	Form I-94 Adı	mission Number:
Alien Registration Number/USCIS Number:	ng ngangang ng ng mga ng m		3-D Barcode
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2. Form I-94 Admission Number:	and the second s	•	·
If you obtained your admission number from CBP in connect States, include the following:	ion with your arrival in the U	Inited	
Foreign Passport Number:			
Country of Issuance:		erjejywa fingsi wanto	•
Some aliens may write "N/A" on the Foreign Passport Numb	er and Country of Issuance	fields. (See ins	structions)
Signature of Employee Tell Ch. Secret		Date (mm/dd/y	vw (6/6)/3.)
Preparer and/or Translator Certification (To be completed)	and signed lit Seoflon I is pr	apared by a po	erson other than the
I attest, under penalty of perjury, that I have assisted in the coinformation is true and correct.	mpletion of this form and t	that to the be	st of my knowledge the
Signature of Preparer or Translator:		D	ate (mm/dd/yyyy):
Last Name (Family Name)	First Name (Given	Name)	
Address (Street Number and Name)	City or Town	Stat	te Zip Code
	No. April 201		

Employee Last Name, First Name and	Middle Initial from Section		- Allendaria	miniormation cocumentil
ListA	OR List		AND	List C
Identity and Employment Authorizat	lon Ident Document Title:	îty	Empl Document Title	oyment Authorization
Document Title:		LICENSE.	13.44	<u>Certinicalte</u>
Issuing Authority:	Issuing Authority:	A··	Issuing Authorit	
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Document Number:				
Expiration Date (if any)(mm/dd/yyyy):		ı		
Certification				
Certification I attest, under penalty of perjury, the above-listed document(s) appear to employee is authorized to work in the employee's first day of	o be genuine and to rela the United States.	ite to the employee na	ented by the above amed, and (3) to the e instructions for e	e best of my knowled
l attest, under penalty of perjury, the above-listed document(s) appear to	o be genuine and to rela the United States. yment <i>(mm/dd/yyyy)</i> :	ite to the employee na	e <i>instructions for e</i>	e best of my knowled exemptions.)
I attest, under penalty of perjury, the above-listed document(s) appear to employee is authorized to work in The employee's first day of employer or Authorized Rep	o be genuine and to relate United States.  yment (mm/dd/yyyy):  resentative	te to the employee na (Se	e instructions for e Title of Employer or Au	e best of my knowled exemptions.) thorized Representative  Marken
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I attest, under penalty of perjury, the above-listed document(s) appear to employee is authorized to work in The employee's first day of employer or Authorized Rep	o be genuine and to relate the United States.  yment (mm/dd/yyyy):  resentative  First Name (Givent)	(Se to the employee na (Se lete (mm/dd/yys))	e instructions for einstructions for einstructio	e best of my knowled exemptions.) thorized Representative  Market nization Name  State   Zip Code
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#### **Employment Eligibility Verification**

USCIS Form I-9 OMB No. 1615-0047 Expires 03/31/2016

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

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 of their their school of employment but not before accepting a John	imployees:musicomplete.an offe(s)	id slein Section i o	(E <b>oim</b> ) E9 ino lation
Last Name (Family Name) First Name (Given Name	) Middle Initial O	ther Names Used (If	any)
Address (Street Number and Name) Apt. Number	City or Town	State	Zip Code
Date of Birth (mm/dd/yyy) D.S. Social Security Number E-mail Address 20-1/80 209-29-28-28	Lincoln		one Number
I am aware that federal law provides for imprisonment and/or t connection with the completion of this form.	ines for false statements o	r use of false doc	uments in
I attest, under penalty of perjury, that I am (check one of the four A citizen of the United States	llowing):		
A noncitizen national of the United States (See Instructions)		•	*
A lawful permanent resident (Allen Registration Number/USCIS	Number):	agricus a markholikulu — drasinok ningan mili unumnya mikuninga	
An alien authorized to work until (expiration date, if applicable, mm/dd (See instructions)	/yyyy)\$	ome aliens may write	"N/A" in this field.
For allens authorized to work, provide your Allen Registration N	lumber/USCIS Number <b>OR</b> I	Form I-94 Admissic	n Number:
1. Alien Registration Number/USCIS Number:	<del></del>		
OR		Do Not	3-D Barcode Write in This Space
2. Form I-94 Admission Number:	maile kan manakan ng dan Pangini pilai Pan Ang si munguru M		
If you obtained your admission number from CBP in connect States, include the following:	ion with your arrival in the Ur	nited	•
Foreign Passport Number:		<u> </u>	the bigging states of colors to print the bigging states are both sections and
Country of Issuance:			
Some aliens may write "N/A" on the Foreign Passport Number	er and Country of Issuance fi	elds. (See instructi	ons)
Signature of Employee:		Date (mm/dd/yyyy):	
Rreparer and/or Translator Certification (if o be completed a employee))	nd signed if Section July pre	paredibyra person.	other than the
l attest, under penalty of perjury, that I have assisted in the con information is true and correct.	npletion of this form and th	nat to the best of i	ny knowledge the
Signature of Preparer or Translator:	anggangahanang katasayan ama aking panamangiga ang panamankapa hilipijikum benas anataw k	Date (m.	m/dd/yyyy);
Last Name (Family Name)	First Name (Given i	Name)	
Address (Street Number and Name)	City or Town	State	Zip Code
		<u> </u>	

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Section 2. Employer or Authori (Employers online authorized representative must physically examine one countent from the transfer acceptable Poolinents on their Psyline Plinoity, document number, and exp	rmuskoomplete and sign Seellon 2 Witain. IUSEA OBECESTIIDE SEEDDINGION (KOR.)	anci Verlillegition spreness days of the employee's first day of employment. You coment from titls Brandone dostment/from but is a a listed of you rayley, record the following information, document title.
Employee Last Name, First Name and Midd	dle Initial from Section 1:	
List A Identity and Employment Authorization	OR List B Identity	AND List C Employment Authorization
Document Title; Issuing Authority:	Document Title:  Notice Shi cense  Issuing Authority:	Document Title: Social Security (Admin . Issuing Authority:
Document Number:	M 4	Document Number:
Expiration Date (if any)(mm/dd/yyyy):	5999 8800	
Document Title:		acasan no kao kiniki <del>na kao kiniku kao ana kao kinika ana kao kao kao kinika kao ana kinika kao kao kao kao kao kao kao kao kao k</del>
Issuing Authority:		
Document Number:  Expiration Date (if any)(mm/dd/yyyy):		
Document Title:		3-D Barcode Do Not Write in This Space
Issuing Authority:		
Document Number:		
Expiration Date (If any)(mm/dd/yyyy):		
above-listed document(s) appear to be employee is authorized to work in the l The employee's first day of employme	genuine and to relate to the emplo United States. Int ( <u>mm/dd/yyy</u> y)	s) presented by the above-named employee, (2) the byee named, and (3) to the best of my knowledge the (See instructions for exemptions.)
Signature of Employer or Authorized Represer  Kerrir Mane	age Wall 3	Title of Employer or Authorized Representative  Differential Manager
Last Name (Family Name)	First Name (Given Name)	Employer's Business-or Organization Name
Employer's Business or Organization Address	r(Street Number and Name) City or Town	
Section 3. Reverification and R A. New Name (If applicable) Last Name (Famil		diby employer or authorized representative.)  Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyy)
C. If employee's previous grant of employment presented that establishes current employment	authorization has expired, provide the informent authorization in the space provided belo	mation for the document from List A or List C the employee
Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyy)
I attest, under penalty of perjury, that to the employee presented document(s), the	the best of my knowledge, this employe document(s) I have examined appe	oyee is authorized to work in the United States, and if ear to be genuine and to relate to the individual.
Signature of Employer or Authorized Represe	entative: Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
<u> </u>	and the second s	

#### Old Version



OMB No. 1615-0047; Expires 08/31/12 Form I-9, Employment Eligibility Verification

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

Read instructions carefully before compl	_			
ANTI-DISCRIMINATION NOTICE specify which document(s) they will a future expiration date may also const	nccept from an employ- titute illegal discrimina	ninate against work ee. The refusal to h ition.	ire an indiv	vidual because the documents have
Section 1. Employee Information and	l Verification (To be co	mpleted and signed l	by employee	at the time employment begins.)
Print Name: Last	Pirst Brendo		Middle Initial	
Address (Street Name and Number)	<u> </u>	Apt.	#	Date of Birth (month/day/year)
d Carol	HUE.			8/03/1989
South Hern	State	Zip (	Code	Social Security#
		I attest, under penalty	of perjury, the	at I am (check one of the following):
am aware that federal law provides		A citizen of the	United States	•
mprisonment and/or fines for false s		Linia .		nited States (see instructions)
use of false documents in connection	with the	A lawful perman		· ·
completion of this form.				hatch to the state of the state
		l limited		lien # or Admission #) able - month/day/year)
Employee's Signature Reard	, Sevis	Date (month/day/yea		12/1/12:
Preparer and/or Translator Certifica penalty of perjury, that I have assisted in the com	tion (To be completed and s	igned if Section 1 is prepa the best of my knowledge	red by a perso e the informati	n other than the employee.) I attest, under on is true and correct.
Preparer's/Translator's Signature		Print Name		
Address (Street Name and Number, Cit	y, State, Zip Code)			Date (month/day/year)
examine one document from List B and expiration date, if any, of the document List A	(s).)°	List B	AND	
Document title:		al securil	<u> </u>	Binth Certific
ssuing authority:	103 -	30-XXXX	_0	136Stom MA
Document #:				
Expiration Date (if any):	A STATE OF THE PARTY OF THE PAR		<del></del>	
Document #:			Hann of	U.
terrors and the second		13301900	J(V () P ( )	011-13
Expiration Date (If any):	-dh	isoungai	<u>s na</u>	3 431 0
CERTIFICATION+I attest; under penalt he above-listed document(s) appear to be month/day(year)	genuine and to relate to	the employee named,	that the em	ployee began employment on
mployment agencies may omit the date t				•
ignature of Employer or Authorized Representat	ive Print Name	Bonn		Title Maneger.
Susiness of Organization Name and Address (Str.	eet Name and Number, City, S St. Bor My			Date (month/day/year)
ection 3. Updating and Reverification			).	and the second s
New Name (if applicable)	- 120 de completea ane	. S.g.ica of omprojes.		ehire (month/day/year) (if applicable)
C. If employee's previous grant of work authoriza	tion has expired, provide the	information below for the	document that	t establishes current employment authorization
Document Title:	Doc	ument #:		Expiration Date (if any):
attest, under penalty of perjury, that to the bo				nited States, and if the employee presented
ocument(s), the document(s) I have examined		relate to the individual.		Date (month/day/year)