

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 no 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.
- Date of Birth must be MM/DD/YYYY.
- SS Number 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:

- US citizen or noncitizen national of U.S.
- A lawful permanent resident. The A # or USCIS # must be written on the line provided.
- An alien authorized to work must record date authorization expires. Employment authorization does not expire for refugees, asylees and certain others so would write N/A.
- Provide A-number OR 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 employee 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 or 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 outlying 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: www.uscis.gov/i-9
- USCIS I-9 Central: www.uscis.gov/I-9Central
- Form I-9: www.uscis.gov/files/form/i-9.pdf
- M-274 Handbook for Employers:
www.uscis.gov/files/form/m-274.pdf
- 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 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

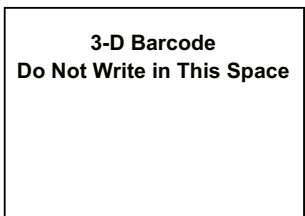
2. Form I-94 Admission Number: _____

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):
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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



Employer Completes Next Page



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; width: fit-content; margin: auto;"> <p style="text-align: center;">3-D Barcode Do Not Write in This Space</p> </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

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):
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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):
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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:
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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	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 		<ol style="list-style-type: none"> 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. 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. 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 8. Native American tribal document 9. Driver's license issued by a Canadian government authority 		<ol style="list-style-type: none"> 1. 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 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
<ol style="list-style-type: none"> 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (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. 		<p style="text-align: center;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 		
<ol style="list-style-type: none"> 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 				

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.

KEY

A1



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 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) <u>Johnson</u>		First Name (Given Name) <u>full</u> (Middle Initial) <u>name?</u> Other Names Used (if any)	
Address (Street Number and Name) <u>20 Broadway</u>		Apt. Number <u>N/A</u>	City or Town <u>Salem</u>
Date of Birth (mm/dd/yyyy) <u>3/10/90</u>		U.S. Social Security Number [] [] [] - [] [] []	E-mail Address <u>C.johnson@yahoo.com</u>
Telephone Number <u>603-555-1234</u>		State <u>NH</u>	
Zip Code <u>03079</u>			

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):

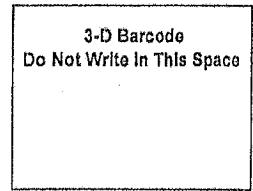
- A citizen of the United States
- A noncitizen national of the United States (See Instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) 5/16/2014. Some aliens may write "N/A" in this 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: 12456798 26



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

Foreign Passport Number: 635698

Country of Issuance: Canada

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

Signature of Employee: <u>Carm Johnson</u>	Date (mm/dd/yyyy): <u>3/13/2013</u>
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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	



KEY

A2

Section 2. Employer or Authorized Representative Review and Verification

(Employer 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: Carol Johnson Name order.

List A Identity and Employment Authorization	OR	List B Identify	AND	List C Employment Authorization
Document Title: <u>Passport</u>		Document Title:		Document Title:
Issuing Authority: <u>Canadian Government</u>		Issuing Authority:		Issuing Authority:
Document Number: <u>G35698</u>		Document Number:		Document Number:
Expiration Date (if any) (mm/dd/yyyy): <u>02/20/18</u>		Expiration Date (if any) (mm/dd/yyyy):		Expiration Date (if any) (mm/dd/yyyy):
Document Title: <u>I-94</u>				
Issuing Authority: <u>DHS</u>				
Document Number: <u>245679826</u>				
Expiration Date (if any) (mm/dd/yyyy): <u>6/16/14</u>				
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): 5/13/13 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Carol Rich</u>		Date (mm/dd/yyyy) <u>5/13/13</u>	Title of Employer or Authorized Representative	
Last Name (Family Name) <u>Rich</u>		First Name (Given Name) <u>Carol</u>	Employer's Business or Organization Name <u>Rich Products</u>	
Employer's Business or Organization Address (Street Number and Name) <u>Rich Products</u>			City or Town <u>Burlington</u>	State <u>VT</u>
			Zip Code <u>06781</u>	

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: <u>Permanent Resident Card</u>	Document Number: <u>USCIS # 082 352 789</u>	Expiration Date (if any) (mm/dd/yyyy): <u>10/1/2023</u>
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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: <u>Carol Rich</u>	Date (mm/dd/yyyy): <u>10/1/2013</u>	Print Name of Employer or Authorized Representative: <u>Rich Products</u>
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KEY

B1



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 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) <u>Swezey</u>		First Name (Given Name) <u>Patrick</u>		Middle Initial <u></u>	Other Names Used (if any) <u></u>	
Address (Street Number and Name) <u>26 Valley Rd.</u>			Apt. Number <u>N/A</u>	City or Town <u>Lawrence</u>		State <u>MA</u>
Date of Birth (mm/dd/yyyy) <u>9/9/92</u>		U.S. Social Security Number <u>072-24-XXXX</u>		E-mail Address <u></u>		Telephone Number <u></u>

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):

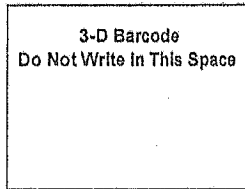
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____ . Some aliens may write "N/A" in this field. (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 <u>Patrick Swezey</u>	Date (mm/dd/yyyy) <u>09/13</u>
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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



KEY

B2

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: Patrick Saccy Name order

White out

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: <u>Passport</u>		Document Title: <u>Driver's License</u>		Document Title: <u>Birth Certificate</u>
Issuing Authority: <u>MA</u>		Issuing Authority: <u>MA</u>		Issuing Authority: <u>Lawrence MA</u>
Document Number: <u>14567</u>		Document Number: <u>023420402</u>		Document Number: <u>2938</u>
Expiration Date (if any) (mm/dd/yyyy): <u>10/15/16</u>		Expiration Date (if any) (mm/dd/yyyy): <u>6/2/15</u>		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):				
Document Title:				
Issuing Authority:				
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): 4/1/13 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Mark Richards</u>		Date (mm/dd/yyyy) <u>4/1/13</u>	Title of Employer or Authorized Representative <u>Assistant Manager</u>	
Last Name (Family Name) <u>Richards</u>		First Name (Given Name) <u>Mark</u>	Employer's Business or Organization Name <u>Staples</u>	
Employer's Business or Organization Address (Street Number and Name) <u>20 Fort Eddy Dr.</u>		City or Town <u>Concord</u>	State <u>NH</u>	Zip Code <u>03301</u>

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):
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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:
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KEY

C1



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 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) Smith		First Name (Given Name) Kara		Middle Initial	Other Names Used (If any)	
Address (Street Number and Name) 10 Washington St.		Apt. Number N/A	City or Town Lincoln		State MA	Zip Code 01424
Date of Birth (mm/dd/yyyy) 04/80	U.S. Social Security Number 204-24-XXXX		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: _____

3-D Barcode
Do Not Write in This Space

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): _____
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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

STOP *Employer Completes Next Page* **STOP**

KEY

C2

Section 2: Employer or Authorized Representative Review and Verification
 (Employer or other 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: Drivers License		Document Title: Social Security (Admin.)
Issuing Authority:		Issuing Authority: MA		Issuing Authority: SSA
Document Number:		Document Number: 5999 88902		Document Number: 226-24-XXXX
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): 12/4/2014		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): 4/2/13 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Kevin Manager</u>		Date (mm/dd/yyyy) <u>4/2/13</u>	Title of Employer or Authorized Representative <u>Operations Manager</u>	
Last Name (Family Name) <u>Manager</u>		First Name (Given Name) <u>Kevin</u>	Employer's Business or Organization Name <u>D.D.</u>	
Employer's Business or Organization Address (Street Number and Name) <u>17. Main St Lynn, MA</u>			City or Town <u>Lynn</u>	State <u>MA</u>
			Zip Code <u>23901</u>	

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):
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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):
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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:
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KEY

Old Version

D

OMB No. 1615-0047; Expires 08/31/12

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 <u>Davis</u>	First <u>Brenda</u>	Middle Initial <u>C</u>	Maiden Name <u>N/A</u>
Address (Street Name and Number) <u>2 Carol Ave.</u>		Apt. #	Date of Birth (month/day/year) <u>8/03/1989</u>
City <u>South Hero</u>	State <u>Vt</u>	Zip Code	Social Security # <u>?</u>

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 #) _____ until (expiration date, if applicable - month/day/year) _____

Employee's Signature <u>Brenda Davis</u>	Date (month/day/year) <u>12/1/12</u>
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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>Social Security</u>		<u>Birth Certificate</u>
Issuing authority: _____		<u>103-20-XXXX</u>		<u>Boston, MA</u>
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

No issuing authority
2 List C docs NO List B.

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <u>Jeff Bonn</u>	Print Name <u>Jeff Bonn</u>	Title <u>Manager</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>Shaw's 270 main st. Burlington Vt</u>		Date (month/day/year) <u>12/1/2012</u>

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____

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 (month/day/year)
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