

# **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.

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Apt. Number    City or Town	ast Name (Family Name) First	Name (Given Name)	Middle Initial Or		
maware that federal law provides for Imprisonment and/or fines for false statements or use of false documents in smection with the completion of this form.  Ittest, under penalty of perjury, that I am (check one of the following):  A nancitizen national of the United States (See instructions)  A nancitizen national of the United States (See instructions)  A nalian authorized to work until (expiration date, if applicable, mmiddlyyyy)  An alian authorized to work until (expiration date, if applicable, mmiddlyyyy)  For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:  1. Alien Registration Numberr/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)  gnature of Employee:  Teparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the proployee.  Teparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the proployee.  Teparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the proployee.  The summary of perjury, that I have assisted in the completion of this form and that to the best of my knowledge to formation is true and correct.  Some allens may write "N/A"  Translator:  The summary of perjury (Given Name)  Date (mm/dd/yyyy):  4 // 3  The summary of the following:  Employer Completes Next Page  The Employer Completes Next Page	Address (Street Number and Name)		10 -1	State	
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# Information highlighted includes:

- ✓ Name is not completed per required format on form.
- ✓ **Apartment** is not required however, an "N/A" or line should be through the field.
- ✓ Zip Code and Date of Birth are required fields and need to be completed.
- ✓ On **attestation**, Employee indicated alien authorized to work but did not provide the registration numbers as are required.
- ✓ Date field is not completed per required format.

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Employee Last Name, First Name and Midd	lle Initial fron	n Section	1: Sar	che	2, Ma	wia	Gas	rcia
List A Identity and Employment Authorization	OR	List I Identi			AND	Em	List C	Authorization
Document Title: Employment Auth Do	Documen	nt Title:			Doc	cument Tit	e:	
Issuing Authority:	Issuing A	Authority:			Issu	uing Autho	rity:	
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WAC-12-901-13345  Expiration Date (if any)(mm/dd/yyyy):  11   01   2012	Expiratio	n Date (if a	ny)(mm/dd/yy	yy):	Exp	iration Dat	le (if any)(n	nm/dd/yyyy):
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# Information highlighted includes:

- ✓ Name field is not completed correctly, must have Last name, First name, middle initial
- ✓ **Date** field is not completed correctly, Section 1 has 11/13/2013 and Section 2 is indicating 11/01/2013. It is important to document the correct date or have the employee correct if an error is identified.
- ✓ **Signature** field is not signed properly.
- ✓ **Title** of Employer, the person's title is not indicated correctly.
- ✓ **Name** field where employer needs to print name (last name, first name)
- ✓ **Employer Business** field is not complete and is required.
- ✓ **Employer Business Address** field is not completed and is required.
- ✓ City field is abbreviated and spelled out.
- ✓ State and Zip Code are not completed and are required fields.



# **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

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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 Atte than the first day of employment, but not before acc	estation (Employees must complete	and sign Section 1 of Form I-9 no later
	(Glyen Name) Middle Initial	Other Names Used (if any)
Brown	Marie Reth	Mary both
	pt. Number City or Town	State Zip Code
Main Street 123	BL	12345
	E-mail Address	Telephone Number
1964 /7/8		N/A
I am aware that federal law provides for imprisonm connection with the completion of this form.	ent and/or fines for false statement	s or use of false documents in
I attest, under penalty of perjury, that I am (check of	one of the following):	
A citizen of the United States		
A noncitizen national of the United States (See ins	tructions)	
A lawful permanent resident (Alien Registration Nu	ımber/USCIS Number):	
<ul> <li>An alien authorized to work until (expiration date, if appli (See instructions)</li> </ul>	icable, mm/dd/yyyy)	. Some aliens may write "N/A" in this field.
For aliens authorized to work, provide your Alien R	Registration Number/USCIS Number O	R Form I-94 Admission Number:
1. Alien Registration Number/USCIS Number:		
OR		3-D Barcode
2. Form I-94 Admission Number:		Do Not Write in This Space
If you obtained your admission number from CB States, include the following:		
Foreign Passport Number:		
Country of Issuance:		
Some aliens may write "N/A" on the Foreign Pas	ssport Number and Country of Issuanc	e fields. (See instructions)
Signature of Employee;		Date (mm/dd/yyyy):
Preparer and/or Translator Certification (To be employee.)	completed and signed if Section 1 is p	prepared by a person other than the
I attest, under penalty of perjury, that I have assiste information is true and correct.	ed in the completion of this form and	that to the best of my knowledge the
Signature of Preparer or Translator:		Date (mm/dd/yyyy):
Last Name (Family Name)	First Name (Give	en Name)
Address (Street Number and Name)	City or Town	State Zip Code
SID Em	pployer Completes Next Page	•
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# Information highlighted includes:

- ✓ Apt field is not completed with information or an "N/A" or line through.
- ✓ City field is abbreviated and needs to be spelled out.
- ✓ State field is a required field and is not completed
- ✓ **Date of Birth** field is not completed with the proper date format (mm/dd/yyyy)
- ✓ Email address is an optional field however, needs and "N/A" or line through
- ✓ Signature of Employee and Date field are required and must be completed.

Section 2. Employer or Authorize	nd Renresen	tative Pevi	hae we	Varification		
(Employers or their authorized representative m must physically examine one document from Lis the "Lists of Acceptable Documents" on the next issuing authority, document number, and expirat	ust complete and : it A OR examine a t page of this form.	sign Section 2 w combination of	ithin 3 bus	iness days of the e	d ane documer	nt from List C as listed on
Employee Last Name, First Name and Middle	Initial from Secti	ion 1: Bro	ωn,	Mary	-	
List A C		ist B entity		AND	List	C Authorization
Document Title:	Document Title:	1. ,		Docume		
Issuing Authority:	Issuing Authorit	VI MI		Issuing /	Authority:	
Document Number:	Document Num	ber:		Docume	nt Number:	1.1709
Expiration Date (if any)(mm/dd/yyyy):	Expiration Date	(If any)(mm/dd/	yyyy):	Expiration	123-45 in Date (if any)(	mm/dd/yyyy):
Document Title:						
Issuing Authority:						
Document Number:						
Expiration Date (if any)(mm/dd/yyyy):						3-D Barcode
Document Title:					Do No	ot Write in This Space
Issuing Authority:						
Document Number:						
Expiration Date (if any)(mm/dd/yyyy):						
Certification						
I attest, under penalty of perjury, that (1) I above-listed document(s) appear to be ge employee is authorized to work in the Uni The employee's first day of employment	enuine and to re ited States.	d the docume elate to the er	nployee	sented by the a named, and (3) See instructions	to the best o	f my knowledge the
Signature of Employer or Authorized Representat	ive	Date (mm/dq/y	yyy)	Title of Employer		
Last Name (Family Name)		4/8/1	3		ment	Manager
	First Name (Give			yer's Business or FSU	Organization N	ame
Employer's Business or Organization Address (St	reet Number and i				State	Zip Code
420 Oak Street		Bi	Ra	pids	MI	49307
Section 3. Reverification and Reh	ires (To be con	npleted and si	gned by e	employer or auth	orized represe	entative.)
A. New Name (if applicable) Last Name (Family N	/a/ne) First Name	(Given Name)	Mi	ddle Initial B. Date	e of Rehire (if a	pplicable) (mm/dd/yyyy):
C. If employee's previous grant of employment authorisement at the presented that establishes current employment at the presented that establishes current employment.	norization has expir authorization in the	ed, provide the i space provided	nformation below.	for the document fr	om List A or Lis	t C the employee
Document Title: Marriage Cert		ment Number:	10.7	0	Expiration Da	ate (If any)(mm/dd/yyyy);
I attest, under penalty of perjury, that to the the employee presented document(s), the di	best of my know	wledge, this er	nployee i	s authorized to the genuine and	work in the U	nited States, and if
Signature of Employer or Authorized Representat	ive: Date	mm/dd/yyyy):	Print	Name of Employe	er or Authorized	
F		110100		Mm (	larke	
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# Information highlighted includes:

- ✓ Employee Name field is missing middle initial
- ✓ **List B** information is incomplete *document number and expiration date* are missing
- ✓ List C information is incomplete document title, document authority and expiration are missing
- ✓ **Date** field is not completed in proper format (mm/dd/yyyy)
- ✓ Last Name, First Name field is not completed
- ✓ **Employer's Business** is not spelled out, we cannot abbreviate.

## **Reverification Section:**

- ✓ Name field is not completed correctly
- ✓ Signature of Employer field is not completed correctly.