





New Form I-9 and Best Practices

Kim Clarke kaclarke@varnumlaw.com 616-336-6441 04/10/2013





Employer Work Authorization Obligation

- Not knowingly hire
- Not knowingly continue to employ
- Form I-9 is requirement and defense



Pre-hire – May not ask

- Citizenship/nationality
- Immigration status
- Type of work authorization
- Whether have green card



I-9 Process

- Verification of identity
- Verification of work authorization
- Verification obligation only requires reasonable inquiry; i.e. "You are not ICE"



- Must use 5/7/2013
- Two page
- Additional optional information
- Attempts to clarify form



| ILS C | | Homeland Security | | | OMB No. 1615-004 | | |
|---|---|---|---|---|---|--|--|
| U.S. Citizenship and Immigration Services | | | | | Expires 03/31/2016 | | |
| DTICE: It is illegal to discri t from an employee. The r institute illegal discrimination | iminate agains efusal to hire a on. | it work-authorized individual an individual because the do | is. Employers of ocumentation p | CANNO | OT specify which Id has a future | | |
| oyment, but not before a | ccepting a job | offer.) | | | | | |
| | | | | | | | |
| Name) | Apt. Number | City or Town | Sta | te • | Zip Code | | |
| J.S. Social Security Number | E-mail Addres | \$5 | | Teleph | one Number | | |
| rk until (expiration date, if ap o work, provide your Alien umber/USCIS Number: DR Number: admission number from C blowing: | plicable, mm/de | diyyyy) | R Form I-94 A | dmissi | | | |
| Number: | | | - | | | | |
| te "N/A" on the Foreign P | assport Numb | ber and Country of Issuanc | e fields. (See | instruct | tions) | | |
| | | | Date (mm/dd | imm): | | | |
| ator Certification (To | be completed | and signed if Section 1 is (| prepared by a | person | other than the | | |
| perjury, that I have assist prrect. | sted in the co | empletion of this form and | d that to the b | est of | my knowledge the | | |
| slator: | | | | Date (n | nm/dd/yyyy): | | |
| | | First Name (Giv | en Name) | | | | |
| Vame) | | City or Town | s | itate • | Zip Code | | |
| | TICE: It is lifegal to disco from an employee. The r institute illegal discrimination institute illegal discrimination institute illegal discrimination institute illegal discrimination is the second second second is the second | TICE: It is illegal to discriminate again from an employee. The refuxal to hire a institute illegal discrimination. Information and Attestation (pyment, but not before accepting a job First Name (Given Name J.S. Social Security Number J.S. Social Security Number E-mail Addre J.S. Social Security Number E-mail Addre approvides for imprisonment and/or Netion of this form. Period this form. States the United States (See instructions) ident (Allen Registration Number/USCI k until (expiration date, if applicable, mm/d ov wrk, provide your Allen Registration mmber/USCIS Number: DR Number: admission number from CBP in connect illowing: Number: ator Certification (To be completed berjury, that I have assisted in the co prect. | TTCE: It is linegal to discriminate against work-authorized individual from an employee. The refusal to hire an individual because the do isstute illegal discrimination. Information and Attestation (Employeee must complete oyment, but not before accepting a job offer.) First Name (Given Name) Apt. Number City or Town J.S. Social Security Number E-mail Address Location Apt. Number City or Town J.S. Social Security Number E-mail Address Location Apt. Number City or Town J.S. Social Security Number E-mail Address Location Apt. Number City or Town J.S. Social Security Number E-mail Address Location Apt. Number City or Town J.S. Social Security Number E-mail Address Location Apt. Number City or Town J.S. Social Security Number E-mail Address Location Apt. Number City or Town J.S. Social Security Number E-mail Address Location Apt. Number City or Town J.S. Social Security Number E-mail Address Location Apt. Number City or Town Apt. Number City or Town Apt. Number City or Town Apt. Number Dor Number: Dor Number: Dor Number: Dor Apt. Number: Apt. Number: | TTCE: It is linejat to discriminate against work-authorized individuals. Employers it individuals the automation provide individuals individuals because the documentation prostitute illegal discrimination. Information and Attestation (Employees must complete and aign Sectoryment, but not before accepting a job offer.) First Name (Given Name) Apt, Number City or Town J.S. Social Security Number Email Address J.S. Social Security Number Employable, middly Myy) States States States States Social Security S | Information and Attestation (Employees must complete and sign Section 1 or syment, but not before accepting a job offer.) First Name (Given Name) Middle Initial Other Names Used (if the Names Used (if the Names) Name) Apt. Number City or Town State J.S. Social Security Number E-mail Address Teleph w provides for imprisonment and/or fines for false statements or use of false doc states (See instructions) Teleph with United States (See instructions) State State ident (Alien Registration Number/USCIS Number): . Some aliens may wrb work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admictation . Some aliens may wrb work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admictation . Some aliens may wrb work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admictation . Some aliens may wrb work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admictation . Some aliens may wrb work, or the Foreign Passport Number and Country of Issuance fields. (See instruction instruction) . Do No istate | | |



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 "List 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 Tide: | Document Tide: | 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: | | 3-D Barcode Do Not 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 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 exemption | ons.) |
|---|---|-------------------------------------|-------|------------------------|-----------------|-------------------------|
| Signature of Employer or Authorized Representa | tive | Date (mm/dd/yy | 100 | Title of Employer | or Authorized P | Representative |
| Last Name (Family Name) | First Name (Giver | n Name) | Emp | loyer's Business or (| Organization N | ame |
| Employer's Business or Organization Address (S | treet Number and I | Name) City or T | own | | State | Zip Code |
| Section 3. Reverification and Reh A. New Name (if applicable) Last Name (Family I C. If employee's previous grant of employment aut | Name) First Name thorization has expire | (Given Name) red, provide the in | M | liddle Initial B. Date | of Rehire (if a | pplicable) (mm/dd/yyyy |
| presented that establishes current employment Document Title: | | space provided t ment Number: | HIOW. | | Expiration D | ate (if any)(mm/dd/yyyy |
| I attest, under penalty of perjury, that to the the employee presented document(s), the c | | | | | | |
| Signature of Employer or Authorized Representa | ative: Date (| (mm/dd/yyyy): | Pri | nt Name of Employe | r or Authorized | d Representative: |



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 | DR | LIST B Documents that Establish Identity | D | LIST C Documents that Establish Employment Authorization |
|----|---|----|---|----|--|
| 2. | U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a | 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 | 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 |
| | temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa | 2. | ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or | | INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION |
| 4. | Employment Authorization Document that contains a photograph (Form I-766) | | information such as name, date of birth, gender, height, eye color, and address | 2. | Certification of Birth Abroad issued by the Department of State (Form FS-545) |
| 5 | For a nonimmigrant alien authorized | 3. | School ID card with a photograph | 3. | Certification of Report of Birth |
| | to work for a specific employer | 4. | Voter's registration card | | issued by the Department of State (Form DS-1350) |
| | because of his or her status: a. Foreign passport; and | 5. | U.S. Military card or draft record | | Original or certified copy of birth |
| | b. Form I-94 or Form I-94A that has | 6. | Military dependent's ID card | • | certificate issued by a State. |
| | the following: (1) The same name as the passport: | 7. | U.S. Coast Guard Merchant Mariner Card | | county, municipal authority, or territory of the United States bearing an official seal |
| | and (2) An endorsement of the alien's | 8. | Native American tribal document | 5. | Native American tribal document |
| | (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has | 9. | Driver's license issued by a Canadian government authority | 6. | U.S. Citizen ID Card (Form I-197) |
| | not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. | 1 | For persons under age 18 who are unable to present a document listed above: | 7. | Identification Card for Use of Resident Citizen in the United States (Form I-179) |
| 6. | Passport from the Federated States of | | | 8. | Employment authorization |
| | Micronesia (FSM) or the Republic of | | School record or report card | | document issued by the Department of Homeland Security |
| | the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating | 11 | . Clinic, doctor, or hospital record | | |
| | nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI | 13 | Day-care or nursery school record | | |

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.



Old Form I-9

| | OMB No. 1615-0047; Expires 08/31/12 |
|---|-------------------------------------|
| Department of Homeland Security | Form I-9, Employment |
| U.S. Citizenship and Immigration Services | 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 b | be completed and sign | ed by employee | at the time employment begins.) |
|--|---|--|--|--|
| Print Name: Last | First | | Middle Initial | |
| Address (Street Name and Number) | | | Apt. # | Date of Birth (month/day/year) |
| City | State | | Zip Code | Social Security # |
| I am aware that federal law provi imprisonment and/or fines for fals use of false documents in connecti completion of this form. | se statements or | A citizen of A noncitizer A lawful per An alten aut | the United States a national of the Uni manent resident (Al horized to work (Al | I am (check one of the following): hed States (see instructions) lism # / |
| Employee's Signature | | Date (month/day | | |
| Preparer and/or Translator Certil penalty of perjusy, that I have assisted in the Preparer's/Translator's Signature | ication (To be completed completion of shis form and | and signed if Section 1 is p that to the best of my knowl Print Name | repared by a person ledge the informatio | other than the employee.) I attest, under n is true and correct. |
| Address (Street Name and Number, | City, State. Zip Code) | | 1 | Date (month/dayiyear) |
| Section 2. Employer Review and V examine one document from List B a expiration date, if any, of the document List A | and one from List C. as | npleted and signed by listed on the reverse of List B | employer. Exan of this form, and <u>AND</u> | nine one document from List A OR trecord the title, number, and List C |
| Document title: | = = | | _ | |
| Document #: Expiration Date (f arg): Document #: | | | _ | |
| Expiration Date ()(any): | | | | |
| CERTIFICATION: 1 attest, under per the above-listed document(s) appear to (month/day/year)and employment agencies may omit the da | be genuine and to related to the second s | te to the employee nam knowledge the employe | ed, that the emp | ed by the above-named employee, that loyce began employment on o work in the United States. (State |
| Signature of Employer or Authorized Represe | entative Print Nar | me | | Title |
| Business or Organization Name and Address | Street Name and Number, C | City, State, Zip Code) | | Date (month/day/year) |
| Section 3. Updating and Reverifica A. New Name (If applicable) | tion (To be completed | and signed by emplo | | hire (monthiday/year) (if applicable) |
| C. If employer's previous grant of work author | rization has expired, provid | e 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 th document(s), the document(s) I have exami- | | | | ted States, and if the employce presented |
| Signature of Employer or Authorized Represe | | | 1999 - 1990- 1990- | Date (monthiday/year) |
| | | | | Form 1-9 (Rev. 08/07/09) Y Page |



Section 1 – 1st Day of Employment

- Offer and Acceptance
- Every element of Section 1 must be completed by employee
- Section 1 must be signed and dated by employee
- Verify that Section 1 is complete: employer is liable for failure of employee to complete only not accuracy



| | Department of I | gibility Verificatio Homeland Security d Immigration Services | n | USCIS Form I-9 OMB No. 1615-0047 Expires 03/31/2016 |
|--|--|---|---|--|
| START HERE. Read instructions carel ANTI-DISCRIMINATION NOTICE: It is ill document(s) they will accept from an emplexipation date may also constitute illegal Section 1. Employee Information than the first day of employment, but not all the first day of employment. | egal to discriminate agains loyee. The refusal to hire a discrimination. | t work-authorized individual an individual because the do Employees must complete | s. Employers CANN cumentation presen | OT specify which ted has a future |
| Last Name (Family Name) | First Name (Given Name | | 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 Sec | urity Number E-mail Addres | 55 | | hone Number |



| am aware that federal law provides for imprisonment and/or fines for connection with the completion of this form. | false statements or use of false documents in |
|--|---|
| 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 Numbe | er): |
| An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) (See instructions) | . Some aliens may write "N/A" in this field. |
| 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 | 3-D Barcode Do Not Write in This Space |
| 2. Form I-94 Admission Number: | |
| If you obtained your admission number from CBP in connection with States, include the following: | your arrival in the United |
| | |
| Foreign Passport Number: | |
| Foreign Passport Number: | |
| | <u> </u> |



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.

| First Name (Given N | Name) | |
|---------------------|-------|----------|
| City or Town | State | Zip Code |
| Completes Next Page |) | |
| | | |



Section 2 – By 3rd of Employment

- Ask employee to present acceptable documentation from List A, or Lists B and C (list attached), to verify statement of employment authorization in Section 1
- Expired documents are no longer acceptable forms of identification
- Remember that choice of documents is employee's
- Do not request more or different documentation
- Review documents: Do they appear genuine and to relate to presenter?
- Simply attaching copies of documents is not sufficient



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 Tide: | Document Tide: | 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 Tide: | | |
| Issuing Authority: | | |
| Document Number: | - | |
| Expiration Date (if any)(mm/dd/yyyy): | | |
| Document Tide: | | 3-D Barcode Do Not 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 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 (Give | I Name) | Empl | loyer's Business or Organization Name | | |
| | | | | | | |

| imployer's Business or Organization Address (Street Number and Name) | City or Town | State | Zip Code |
|--|---------------|-------|----------|
| | Sector of the | | |



I-9 Required Timeline

- Section 1 = By first day of employment
- Section 2 = By third day of employment



Reverification

- Section 1 employment authorization expiration
- Section 2 employment authorization document only
- Reverify before expiration
- Do not reverify permanent residence card



| Section 3. Reverification and Rehires | (To be completed and sign | ed by employer | or authorized representative.) | |
|--|--|--|--|--|
| A. New Name (if applicable) Last Name (Family Name) | the state of the | | B. Date of Rehire (if applicable) (mm/dd/yyyy) | |
| C. If employee's previous grant of employment authorizat presented that establishes current employment author | | | ument from List A or List C the employee | |
| Document Title: | Document Number: | | Expiration Date (if any)(mm/dd/yyyy) | |
| I attest, under penalty of perjury, that to the best the employee presented document(s), the docum | | | | |
| Signature of Employer or Authorized Representative: Date (mm/dd/yyyy): | | Print Name of Employer or Authorized Representative: | | |
| | | | | |



Record Keeping

- Keep separate from other personnel records
- Retain I-9 for all current employees
- For terminated employees, retain for the later of three years from date of hire, or one year after employment is terminated,
- Not recommended to keep copies of documents presented unless required by E-Verify



Form I-9 - Enforcement Actions

- USICE/HSI is enforcing agency but other agencies may refer for investigation
- I-9/Work Authorization Violations Penalties
 - Actual knowledge of unauthorized employee
 - Constructive knowledge of unauthorized worker
 - Civil fines for paperwork violations
 - Civil fines for knowing employment (actual or constructive) of unauthorized employee
 - Criminal penalties



Form I-9 – Enforcement Actions

Response to ICE Audit

- Attorney
- 3-day response time may often be extended
- Self-audit
- Make corrections
- Memo summarizing self-audit with I-9s



Form I-9 – Enforcement Actions

Response to ICE Raid

- Attorney
- Examine search warrant
- Cooperation
- Gather information from supervising agent/U.S.
 Attorney ask questions
- Assign company representatives to each agent
- Communication



Form I-9 - Enforcement Results

- Corrections notice
- Must terminate notice
- Notice of suspect documents
- Civil/Criminal penalties
- ICE/HSI repeats audit until clean payroll or employer enrolls in E-Verify



E-Verify

- Electronically compares Form I-9 information to DHS and social security databases.
- Non-federal contractors may only use for new employees
- State law requirements not Michigan



E-Verify – Federal Contractors

- Required if contract includes E-Verify clause
- Clause requires E-Verify for all new employees and current employees who will work on the contract
- May elect to verify all employees



E-Verify – Employer Requirements

- May not use to pre-screen employees
- May not take action against employee while employee resolves case within time allotted
- Must notify DHS if decide not to terminate employee who receives final nonconfirmation



Questions?





| 0 | Employment Eligibility Verification | USCIS Form I-9 |
|---|--|---|
| X | Department of Homeland Security U.S. Citizenship and Immigration Services | 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. ANT-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) BOD bres | First Name (Given Name |) Middle Ini | tial Other Name | s Used (if a | a <i>ny</i>) |
|-------------------------------------|-------------------------------|-------------------------|-----------------|--------------|---------------|
| Address (Street Number and Name) | Apt. Number | City or Town Big Ray | sids | itate MI | Zip Code |
| | Security Number E-mail Addres | es @ ferris | s.edu | Telepho | one 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):

X 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

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: ____

2. Form I-94 Admission Number: ____

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

| Signature of Employee: 506 Ones Date (mm/dd/yyy): 04/03/20 | Signature of Employee: Kob Ones |
|--|---------------------------------|
|--|---------------------------------|

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 | n) | |
| Address (Street Number and Name) | City or Town | State | Zip Code |
| STOP | Employer Completes Next Page | | |

| Section 2. Employe | r or Authorized R | epresentative Review | v 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.)

| List A Identity and Employment Authorization | OR List B Identity | AND List C Employment Authorization |
|---|--|--|
| Document Title: | Document Title: | Document Title: accurace Social Security (a |
| Issuing Authority: | Issuing Authority: Michica | Issuing Authority: |
| Document Number: | Document Number: 1234567 | 89 Document Number: 123-45 -6789 |
| Expiration Date (if any)(mm/dd/yyyy): | Expiration Date (if any)(mm/dd/yyy 03/29/2013 | |
| Document Title: | | |
| 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: | | |

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): 04/03/2013 (See instructions for exemptions.)

| Signature of Employer or Authorized Repre | sentative | Date (mm/dd/yyyy) |) | Title of Employer or | Authorized | Representative |
|---|--|--|------------------|--|----------------------------|---|
| Kuberty Clarky | | 4/3/201 | 3 | Represe | state | Ve |
| Last Name (Family Name) | First Name (Give | in Name) | Emplo | oyer's Business or Or | ganization M | Vame |
| Clarke | Kimber | ly | | Ferris | | |
| Employer's Business or Organization Addr | ess (Street Number and | Name) City or Tow | m - | | State | Zip Code |
| Canons | | Big | K | apids | | 49307 |
| Section 3. Reverification and | Rehires (To be con | mpleted and signe | d by e | amployer or authori | zed repres | centative.) |
| A. New Name (if applicable) Last Name (F | amily Name) First Name | e (Given Name) | Mi | ddle Initial B. Date o | f Rehire (if a | applicable) (mm/dd/yyyy): |
| C. If employee's previous grant of employme presented that establishes current employees | ant authorization has expl yment authorization in the | red, provide the infor space provided bek | mation w. | for the document from | List A or Lis | st C the employee |
| Document Title: | Docu | ment Number: | | | Expiration D | late (# any)(mm/dd/yyyy); |
| I attest, under penalty of perjury, that the employee presented document(s), | to the best of my know the document(s) I ha | wledge, this empl ve examined app | oyee i ear to | is authorized to wo be genuine and to | rk in the U relate to t | Inited States, and if he individual. |
| Signature of Employer or Authorized Repre | asentative: Date | (mm/dd/yyyy): | Print | t Name of Employer of | r Authorize | d Representative: |





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.

| Bob bres | First Name (Given Nam | e) Middle | e Initial | Other Nar | nes Used (if | any) |
|----------------------------------|-----------------------|------------------------|-----------|-----------|--------------|-------------|
| Address (Street Number and Name) | Apt. Number | City or Town Big Ra | epic | es | State M(| Zip Code |
| | s-6789 bim | es @ ferr | rís. | edu | | ione 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):

- X 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

| | | 3-D B | arc | ode | |
|----|-----|-------|-----|------|------|
| Do | Not | Write | in | This | Spac |
| | | | | | |

3

Page 7 of 9

USCIS

Form I-9

OMB No. 1615-0047

Expires 03/31/2016

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

Foreign Passport Number:

2. Form I-94 Admission 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: | 406 | ones | Date (mm/dd/yyyy): 04 /03 /201 |
|------------------------|-----|------|--------------------------------|
| | | 6 | |

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 (i | mm/dd/yyyy): |
|--------------------------------------|------------------------------|---------|--------------|
| Last Name (Family Name) | First Name (Given N | lame) | |
| Address (Street Number and Name) | City or Town | State | Zip Code |
| | Employer Completes Next Page | > | |
| Form I-9 03/08/13 N | | | Page 7 of |



| Employee Last Name, First Name and Mide | dle Initial from Section 1: B | b Jones | |
|---|--|----------------|---|
| List A Identity and Employment Authorization | OR List B | AND | List C Employment Authorization |
| Document Title: | Document Title: | T.c. Docu | ment Title: Lecruit |
| Issuing Authority: | Issuing Authority: Michie | - Issui | ng Authority: Social Security A |
| Document Number: | Document Number: J 1234 50 | 0 Doci | 123-45-6789 |
| Expiration Date (if any)(mm/dd/yyyy): | Expiration Date (If any)(mm/d 03/29/201 | d/yyyy): Expir | ration Date (if any)(mm/dd/yyyy): |
| Document Title: | 03/01/001 | 2 | |
| Issuing Authority: | - | | |
| Document Number: | | | |
| Expiration Date (if any)(mm/dd/yyyy): | - | | |
| Document Title: | | | 3-D Barcode Do Not Write in This Space |
| ssuing Authority: | - | | |
| Document Number: | - | | |
| | - | | |

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): 04/03/2013 (See instructions for exemptions.)

| Signature of Employer or Authorized Representative | Date (mm/dd/yy) | y) | Title of Employer o | r Authorized | Representative |
|--|--|-------------------|---|-------------------------------|---|
| Kuberty Clarky | 4/3/20 | 13 | Represe | entats | Ve |
| Last Name (Family Mame) First N | lame (Given Name) | Emp | ployer's Business or O | | |
| Clarke Kir | wherly | | Ferris | | |
| Employer's Business or Organization Address (Street N | umber and Name) City or To | wn - | 2 | State | Zip Code |
| Canpus | Big | 1 | Rapids | _ | 49307 |
| Section 3. Reverification and Rehires | To be completed and sign | ed by | employer or author | nized repres | sentative.) |
| A. New Name (if applicable) Last Name (Family Name) | First Name (Given Name) | | | | applicable) (mm/dd/yyyy): |
| C. If employee's previous grant of employment authorizatil presented that establishes current employment authoriz | on has expired, provide the inf cation in the space provided be | ormatio alow. | n for the document from | m List A or Li | st C the employee |
| Document Title: | Document Number: | | | Expiration (| Date (if any)(mm/dd/yyyy): |
| I attest, under penalty of perjury, that to the best of the employee presented document(s), the document | of my knowledge, this em ent(s) I have examined ap | ployee pear to | is authorized to w o be genuine and to | ork in the L o relate to t | Inited States, and if he individual. |
| Signature of Employer or Authorized Representative: | Date (mm/dd/yyyy): | Pri | int Name of Employer | or Authorize | d Representative: |



| | Employment Eligibility Verification | USCIS |
|---|--|---|
| S | 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.

| ast Name (Family Name) | First Name (Given Nen | na) Middle Initial | Other Names | lead of a | (hul) |
|--|--|--|--|-----------------------------------|--|
| Smith | -anes | ne) Middle Initian | Other Names | osed (// a | ny) |
| Address (Street Number and Name) | Apt. Number | City or Town | Sta | te | Zip Code |
| 415 Main Stre | + #2 | Pro Denie | 0.0 | | 443 |
| 1.2 1 00-1 00 10 | Security Number E-mail Addr | Dig rapid | S P | Telepho | ne Number |
| 3/7/62 | -1241 | | | reaction | ne Humber |
| am aware that federal law provide onnection with the completion of | | r fines for false statements | or use of fal | lse docu | iments in |
| attest, under penalty of perjury, ti | hat I am (check one of the | following): | | | |
| A citizen of the United States | | | | | |
| A noncitizen national of the Unite | d States (See instructions) | | | | |
| A lawful permanent resident (Alie | n Registration Number/USC | CIS Number): | ×., | | |
| An alien authorized to work until (exp (See instructions) | viration date, if applicable, mm/ | dd/yyyy) | Some aliens n | nay write | "N/A" in this field. |
| For aliens authorized to work, pro | wide your Alien Registration | Number/USCIS Number OF | Form I-94 A | dmission | n Number: |
| 1. Alien Registration Number/US | CIS Number: | | | | |
| OR | | | | | 3-D Barcode Write in This Sp |
| 2. Form I-94 Admission Number: | | | | DO NOL | write in this op |
| If you obtained your admission States, include the following: | number from CBP in conne | ction with your arrival in the | United | | |
| Foreign Passport Number: | | | | | |
| | | | | | |
| Country of Issuance: | | | | | |
| Country of Issuance: Some aliens may write "N/A" o | | ber and Country of Issuance | fields. (See . | instructio | ons) |
| | | nber and Country of Issuance | fields. (See) Date (mm/do | | |
| Some aliens may write "N/A" o | n the Foreign Passport Nurr | mith | Date (mm/do | <i>V</i> yyyy): | 04/01/1 |
| Some aliens may write "N/A" o Signature of Employee: Jan Preparer and/or Translator Cer imployee.) attest, under penalty of perjury, th | n the Foreign Passport Nurr es T. Si tification (To be completed | hilk d and signed if Section 1 is p | Date (mm/dd | ¢yyyy): person c | 04 /01/1 other than the |
| Some aliens may write "N/A" o signature of Employee: Jan Preparer and/or Translator Cer | n the Foreign Passport Nurr es T. Si tification (To be completed | hilk d and signed if Section 1 is p | Date (mm/dd | (/yyyy): person c pest of n | 04 /01/1 other than the |
| Some aliens may write "N/A" o signature of Employee: Preparer and/or Translator Cer mployee.) attest, under penalty of perjury, th formation is true and correct. | n the Foreign Passport Nurr es T. Si tification (To be completed | hilk d and signed if Section 1 is p | Date (mm/dd repared by a that to the b | (/yyyy): person c pest of n | OY /01/1 other than the ny knowledge t |



Section 2. Employer or Authorized Representative Review and Verification

Providence in the second second

(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.)

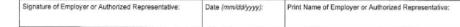
| List A Identity and Employment Authorization | OR | List B Identity | AND | List C Employment Authorization |
|--|---------|---------------------------------|--------|---|
| Document Title: Passport Issuing Authority: USA | Docum | nent Title: | Docu | ment Title: |
| Issuing Authority: USA | Issuing | g Authority: | Issuir | ng Authority: |
| Document Number: 12345678 | Docun | nent Number: | Docu | ment Number: |
| Expiration Date (if any)(mm/dd/yyyy): | Expira | tion Date (if any)(mm/dd/yyyy): | Expir | ation Date (if any)(mm/dd/yyyy): |
| Document Title: | | | | |
| Issuing Authority: | | | | |
| Document Number: | | | | |
| Expiration Date (# 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): | - | | | L |

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): | 03 | lls | 12013 | See instructions for exe | mptions.) |
|--|----|-----|-------|--------------------------|-----------|
| | | | | | |

| Signature of Employer or Authorized Representative | Date (mm/dd/yyyy) | Title of Employer or | Authorized R | tepresentative |
|--|------------------------|--------------------------|------------------|---|
| Kuberh a. Call | 03/20/201 | 3 Dept 1 | Mgr. | |
| Last Name (Family Name) First Name (| Given Name) Em | ployer's Business or Or | ganization Na | ame |
| Kimberly A. Clarke | 4 | erris Sta | ste U | niversity |
| Employer's Business or Organization Address (Street Number | and Name) City or Town | | State | Zip Code |
| 420 Oak Street | BigR | agids | MI | 49307 |
| Section 3. Reverification and Rehires (To be | J · | 1 | and manage | antati un 1 |
| | | | | and the second se |
| A. New Name (if applicable) Last Name (Family Name) First N | lame (Given Name) | Middle Initial B. Date o | f Rehire (if ap | opiicable) (mm/dd/yyyy): |
| C. If employee's previous grant of employment authorization has presented that establishes current employment authorization i | | on for the document from | 1 List A or List | C the employee |
| Document Title: | Document Number: | | Expiration Da | ite (if any)(mm/dd/yyyy): |
| I attest, under penalty of perjury, that to the best of my the employee presented document(s), the document(s) | | | | |







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 than the first day of employment, but a | on and Attestation (Employed not before accepting a job offer.) | es must complete and | sign Section 1 of Form I-9 no later |
|---|--|----------------------|-------------------------------------|
| Last Name (Family Name) | First Name (Given Name) | Middle Initial Othe | ar Names Used (if any) |
| Address (Street Number and Name) 415 Main Street | ∠ #3 Apt. Number City or 1 Big | Rapids | State Zip Code MI 49307 |
| Date of Birth (mm/dd/yyyy) U.S. Social Sec 3/7/62 | -1241 | | 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

| 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: _

2. Form I-94 Admission 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): 04/01/13

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 (Give | en Name) | |
| Address (Street Number and Name) | City or Town | State | Zip Code |
| STOP | 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.)

| List A Identity and Employment Authorization | OR | List B Identity | AND | List C Employment Authorization |
|--|--------|----------------------------------|-------|---|
| Document Title: Passport | Docur | ment Title: | Doci | ument Title: |
| Document Title: Passport Issuing Authority: USA | Issuin | g Authority: | Issui | ing Authority: |
| Document Number: | Docur | ment Number: | Doce | ument Number: |
| Expiration Date (if any)(mm/dd/yyyy): | Expira | ation Date (if any)(mm/dd/yyyy): | Expi | ration Date (if any)(mm/dd/yyyy): |
| Document Title: | | | | |
| 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): | _ | | | |

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): | 03 | 15 | 12013 | (See instructions for exemptions.) |
|--|----|----|-------|------------------------------------|
|--|----|----|-------|------------------------------------|

| Signature of Employer or Authorized Representative | Date (mm/dd/yyyy) | | r Authorized P | Representative | | |
|--|--------------------------|--------------------------|-----------------|---------------------------|--|--|
| Unterly a lake | 03/20/2 | 013 Dept | Mar. | | | |
| Last Name (Family Name) First Nam | ie (Given Name) | Employer's Business or C | Organization N | ame | | |
| Kimberly A. Clarke | | Ferris St | ate U | niversity | | |
| Employer's Business or Organization Address (Street Numb | er and Name) City or Tow | л | State | Zip Code | | |
| 420 Oak Street | Big | Rapids | MI | 49307 | | |
| 0 | J | | | | | |
| Section 3. Reverification and Rehires (To | be completed and signe | d by employer or autho | rized represe | entative.) | | |
| 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 h presented that establishes current employment authorization | | | m List A or Lis | t C the employee | | |
| Document Title: | Document Number: | | Expiration Da | ate (if any)(mm/dd/yyyy): | | |
| 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: | | |





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.

| -2 |
|------|
| ode |
| |
| mber |
| |

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) 11/13/2013. (See instructions) | Some aliens r | nay write "N/A" in this field. |
| For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR | Form I-94 A | dmission Number: |
| 1. Alien Registration Number/USCIS Number: | | A D Barrada |
| OR | | 3-D Barcode Do Not Write in This Space |
| 2. Form I-94 Admission Number: | | |
| If you obtained your admission number from CBP in connection with your arrival in the U States, include the following: | Inited | |
| 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/do | (/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: | Farcia ? | Analise | Date (m | m/dd/yyyy): | |
|--------------------------------------|------------------|--------------------|------------|-------------|---|
| Last Name (Family Name) | and h | First Name (Gi | iven Name) | //3 | _ |
| Address (Street Number and Name) | | City or Town | State | Zip Code | |
| | STOP Employer Co | ompletes Next Page | STOP | | |



USCIS Form I-9

OMB No. 1615-0047

Expires 03/31/2016

| Section 2. Employer or Authorized (Employers or their authorized representative mum must physically examine one document from List the "Lists of Acceptable Documents" on the next (issuing authority, document number, and expiration | st complete and sign Section 2 A OR examine a combination page of this form. For each doo | within 3 business days of the of one document from List B a | employee's first day of employment. You nd one document from List C as listed on |
|---|---|--|---|
| Employee Last Name, First Name and Middle I | initial from Section 1: 5 | anchez, Mar | ia Garcia |
| List A O Identity and Employment Authorization | Identity | AND | List C Employment Authorization |
| Document Title: Engloyment Auth Dac Issuing Authority: DHS | Document Title: Issuing Authority: | | ent Title: Authority: |
| Document Number: WAC-12-901-13345 | Document Number: | Docume | ent Number: |
| Expiration Date (if any)(mm/dd/yyyy): 11 / 01 / 2013 | Expiration Date (if any)(mm/o | d/yyyy): Expirati | on 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 Not 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 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): 04 12 2013 See instructions for exemptions.)

| Signature of Employer or Authorized Representative | | mm/dd/yyyy) 1/03/201 | 3 | | | er or Authorized Representative | | |
|--|------------|-------------------------|------|--------------|------------|---------------------------------|---------------------------|--|
| Last Name (Family Name) First Name (Clarke | Given Name | 9) E | mpk | yer's Busin | iess or O | ganization I | Name | |
| Employer's Business or Organization Address (Street Number a | and Name) | City or Town | 12 | | | State | Zip Code | |
| Section 3. Reverification and Rehires (To be | completer | d and signed | by e | mployer | or author | ized repres | sentative.) | |
| A. New Name (if applicable) Last Name (Family Name) First Na | ame (Given | Name) | Mi | ddle Initial | B. Date o | f Rehire (# | applicable) (mm/dd/yyyy) | |
| C. If employee's previous grant of employment authorization has e presented that establishes current employment authorization in | | | | for the doc | ument from | n List A or Li | st C the employee | |
| Document Title: D | ocument N | umber: | | | | Expiration (| Date (if any)(mm/dd/yyyy) | |
| attest, under penalty of perjury, that to the best of my b | | | | | | | | |





| 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.

| than the first day of employment, but not before accepting a job offer.) | | ing orgin or | ection 1 o | |
|--|---------------|---------------------------------------|----------------------------------|--------------------------------------|
| Last Name (Family Name) First Name (Given Name) Mid María García Sanchez | iddle Inițial | | | eny) dez |
| Address (Street Number and Name) Apt. Number City or Town 124 First St. Big Re | apid | | State MI | Zip Code |
| Date of Birth (mm/dd/yyyy) U.S. Social Security Number E-mail Address | 1 | | | one Number |
| connection with the completion of this form. lattest, under penalty of perjury, that I am (check one of the following): A citizen of the United States A concitizen 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) ////3/ (See instructions) For aliens authorized to work, provide your Alien Registration Number/USCIS Nu | | | | |
| Alien Registration Number/USCIS Number: OR Form I-94 Admission Number: If you obtained your admission number from CBP in connection with your arriv States, include the following: | val in the L | Inited | Do No | 3-D Barcode t Write in This Space |
| Foreign Passport Number: | | | e instruct | inne) |
| Country of Issuance: | f Issuance | fields. (Se | e monuce | ions) |
| | f Issuance | fields. (Se Date (mm/ | | ions) |
| Some allens may write "N/A" on the Foreign Passport Number and Country of Signature of Employee: Preparer and/or Translator Certification (To be completed and signed if Sectu employee.) | tion 1 is pri | Date (mm) epared by | a person | other than the |
| Some aliens may write "N/A" on the Foreign Passport Number and Country of Signature of Employee: Preparer and/or Translator Certification (To be completed and signed if Secture employee.) attest, under penalty of perjury, that I have assisted in the completion of this f nformation is true and correct. | tion 1 is pri | Date (mmv epared by that to the | a person | other than the |
| Some aliens may write "N/A" on the Foreign Passport Number and Country of Signature of Employee: Preparer and/or Translator Certification (To be completed and signed if Section employee.) lattest, under penalty of perjury, that I have assisted in the completion of this finformation is true and correct. | tion 1 is pri | Date (mmv epared by that to the | dd/yyyy): a person best of | other than the |
| Some allens may write "N/A" on the Foreign Passport Number and Country of Signature of Employee: Preparer and/or Translator Certification (To be completed and signed if Section employee.) attest, under penalty of perjury, that I have assisted in the completion of this f information is true and correct. | tion 1 is pri | Date (mmv epared by that to the | dd/yyyy): a person best of | other than the my knowledge the |

Employer Completes Next Page

STOP



STOP

0

| must physically examine one document from List | st complete and sign Section 2 with A OR examine a combination of on page of this form. For each docume | r and Verification in 3 business days of the employee's first day of employment. You a document from List B and one document from List C as listed of it you review, record the following information: document title, |
|---|---|---|
| Employee Last Name, First Name and Middle | Initial from Section 1: Sam | chez, Maria Garcia |
| List A O Identity and Employment Authorization | | AND List C Employment Authorization |
| Document Title: Engloyment Auth Dac Issuing Authority: DHS | Document Title: Issuing Authority: | Document Title: Issuing Authority: |
| Document Number: WAC-12-901-12345 | Document Number: | Document Number: |
| Expiration Date (if any)(mm/dd/yyyy): | Expiration Date (If any)(mm/dd/yy) | y): Expiration Date (if any)(mm/dd/yyyy): |
| Document Title: 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 (// 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): 04 12 3013 See instructions for exemptions.)

| Signature of Employer or Authorized Representative | Date (mm | 13/2013 | Title of Er | nployer or A | uthorized | Representative |
|---|------------------|----------------|-------------|--------------|-------------|---|
| Last Name (Family Name) First Nar Clayke | me (Given Name) | Emple | oyer's Busi | ness or Orga | anization | Name |
| Employer's Business or Organization Address (Street Num | ber and Name) Ci | ty or Town | <u>,</u> | | State | Zip Code |
| Section 3. Reverification and Rehires (To A. New Name (if applicable) Last Name (Family Name) Fil | | | | | | sentative.) applicable) (mm/dd/yyyy, |
| If employee's previous grant of employment authorization presented that establishes current employment authorizat | | | for the doc | ument from L | ist A or L | ist C the employee |
| Document Title: | Document Numb | ber: | | E | xpiration (| Date (if any)(mm/dd/yyyy) |
| attest, under penalty of perjury, that to the best of | my knowledge, th | nis employee i | is authoria | zed to work | in the l | 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: | Data (mm/dd/yyyy): | Print Name of Employer or Authorized Representative: |
|---|--------------------|--|
| | | |





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 than the first day of employment, b | | | and sign Se | ction 1 c | of Form I-9 no later |
|---|-----------------------------------|-------------------------------|----------------|------------|---------------------------------------|
| Last Name (Family Name) | First Name (Given Nam | , | | s Used (if | any) L |
| Address (Street Number and Name) | Apt. Number | City or Town | | tate | Zip Code |
| Main Street 12 | 3 | BR | | | 12345 |
| Date of Birth (mm/dd/yyyy) U.S. Social | Security Number E-mail Addre | 88 | | Teleph | |
| I am aware that federal law provide connection with the completion of | | fines for false statement | s or use of f | alse doo | cuments in |
| attest, under penalty of perjury, th | nat I am (check one of the f | ollowing): | | | |
| A citizen of the United States | | | | | |
| A noncitizen national of the Unite | d States (See instructions) | | | | |
| A lawful permanent resident (Alie | n Registration Number/USCI | S Number): | | | |
| An alien authorized to work until (exp (See instructions) | iration date, if applicable, mm/d | d/yyyy) | . Some aliens | s may writ | e "N/A" in this field. |
| For aliens authorized to work, pro | ovide your Alien Registration | Number/USCIS Number O | R Form 1-94 | Admissi | on Number: |
| 1. Alien Registration Number/US | CIS Number: | | | | |
| OR | | | | Do No | 3-D Barcode of Write in This Space |
| 2. Form I-94 Admission Number: | | | | | |
| If you obtained your admission States, include the following: | number from CBP in connect | tion with your arrival in the | United | | |
| Foreign Passport Number: | | | | L | |
| Country of Issuance: | | | | | |
| Some aliens may write "N/A" of | n the Foreign Passport Numb | per and Country of Issuanc | e fields. (See | e instruc | tions) |
| Signature of Employee: Date (mm/o | | | dd/yyyyy): | | |
| Preparer and/or Translator Cert employee.) | tification (To be completed | and signed if Section 1 is p | prepared by | a person | 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 | best of | my knowledge the |
| Signature of Preparer or Translator: | | | | Date (n | nm/dd/yyyy): |
| Last Name (Family Name) | | First Name (Giv | en Namej | | |
| Address (Street Number and Name) | | City or Town | | State | Zip Code |
| | | | | | |

Employer Completes Next Page

STOP

STOP



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 fisted 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.)

| | liddle Initial from Section 1: Brow | |
|---------------------------------------|-------------------------------------|---|
| List A | OR List B | AND List C |
| Identity and Employment Authorizatio | | Employment Authorization |
| Document Title: | Document Title: 1D Card | Document Title: |
| Issuing Authority: | Issuing Authority: MI | Issuing Authority: |
| Document Number: | Document Number: | Document Number: 123-45 - 6789 |
| Expiration Date (if any)(mm/dd/yyyy): | Expiration Date (if any)(mm/dd/) | |
| Document Title: | | |
| 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): | | L |

Certification

Form I-9 03/08/13 N

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/yy | yy): 4/9/1 | (See instruc | tions for exempti | ions.) |
|--|--|--|--|---|
| Signature of Employer or Authorized Representative | Date (mm/dd/) | | art ment | |
| Last Name (Family Name) First Name | (Given Name) | | ss or Organization M SU | lame |
| Employer's Business or Organization Address (Street Number | and Name) City or | Town | State | Zip Code |
| 420 Oak Street | Bi | a <i>Bapids</i> | MI | 49307 |
| Section 3. Reverification and Rehires (To b | e completed and si | gned by employer or | authorized repres | entative.) |
| A. New Name (if applicable) Last Name (Family Name) First Clance | Name (Given Name) | Middle Initial B | . Date of Rehire (if a | pplicable) (mm/dd/yyyy) |
| C. If employee's previous grant of employment authorization has presented that establishes current employment authorization | | | nent from List A or Lis | at C the employee |
| Document Title: Marriage Cert | Document Number: | 15678 | Expiration D | ate (if any)(mm/dd/yyyy) |
| l attest, under penalty of perjury, that to the best of my the employee presented document(s), the document(s) | knowledge, this e I have examined a | mployee is authorize appear to be genuine | d to work in the U and to relate to the | inited States, and if he individual. |
| Signature of Employer or Authorized Representative: | Date (mm/dd/yyyy): | - / | ployer or Authorized | d Representative: |



| Ø |
|---|
| Y |

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 Informa | tion and Attestation (8 | Employees must complete a | and sign Se | ction 1 o | f Form I-9 no later |
|--|--|--------------------------------|--------------|------------|------------------------------------|
| than the first day of employment, bu Last Name (Family Name) | First Name (Given Name Mari | | Other Name: | s Used (IV | |
| Address (Street Number and Name) Main Street 123 | Apt. Number | City or Town | | tate | Zip Code 12345 |
| Date of Birth (mm/td/yyyy) U.S. Social S | ecurity Number E-mail Addres | 5 | | Teleph | |
| I am aware that federal law provides connection with the completion of the completi | for imprisonment and/or f his form. | ines for false statements | or use of f | alse doc | uments in |
| I attest, under penalty of perjury, tha A citizen of the United States | | llowing): | | | |
| A noncitizen national of the United | States (See instructions) | | | | |
| A lawful permanent resident (Alien | Registration Number/USCIS | Number): | | | |
| An alien authorized to work until (expir (See instructions) | ation date, if applicable, mm/dd | /уууу) | Some aliens | may write | • "N/A" in this field. |
| For aliens authorized to work, prov | ide your Alien Registration N | lumber/USCIS Number OR | Form I-94 | Admissio | n Number: |
| 1. Alien Registration Number/USC | S Number: | | | | |
| OR | | | | Do Not | 3-D Barcode Write in This Space |
| 2. Form I-94 Admission Number | | | | | , |
| If you obtained your admission n States, include the following: | umber from CBP in connect | ion with your arrival in the l | Jnited | | |
| Foreign Passport Number: | | | | | |
| Country of Issuance: | | | | | |
| Some aliens may write "N/A" on | | | | instructi | ions) |
| Signature of Employee; | | | Date (mm/c | id/yyyyy): | a second second |
| Preparer and/or Translator Certin employee.) | fication (To be completed a | and signed if Section 1 is pr | repared by a | person | other than the |
| l attest, under penalty of perjury, tha information is true and correct. | t I have assisted in the cor | npletion of this form and | that to the | best of r | my knowledge the |
| Signature of Preparer or Translator: | | | | Date (m | m/dd/yyyy): |
| Last Name (Family Name) | | First Name (Give | n Name) | | |
| Address (Street Number and Name) | | City or Town | | State | Zip Code |
| | | | | | |



STOP

STOP

| Section 2. Employer or Auth (Employers or their authorized represent must physically examine one document in the "Lists of Acceptable Documents" on in issuing authority, document number, and | ative must complete and sign Section 2 rom List A OR examine a combination (he next page of this form. For each doo | within 3 business days of the of one document from List B a | employee's first day of employment. You and one document from List C as listed on |
|--|--|--|--|
| Employee Last Name, First Name and | Middle Initial from Section 1: Bro | wn, Mary | |
| List A Identity and Employment Authorizati | OR List B | AND | List C Employment Authorization |
| Document Title: | Document Title: 1D Card | Docum | ent Title: |
| Issuing Authority: | Issuing Authority: MI | Issuing | Authority: |
| Document Number: | Document Number: | Docum | ent Number: 122-45-6789 |
| Expiration Date (if any)(mm/dd/yyyy): | Expiration Date (If any)(mm/d | d/yyyy): Expirati | ion Date (if any)(mm/dd/yyyy): |
| Document Title: | | | |
| 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): | | | L |

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/yyy) | 1: 4/7/15 | (See instructions f | or exemption | ons.) | |
|---|---|----------------------------------|------------------|---------------------------|--|
| Signature of Employer or Authorized Representative | Date (mm/dd/yyyy) | Title of Employer of Depart | | Representative Manager | |
| Last Name (Family Name) First Name (G | | Employer's Business or O FSU | rganization N | ame | |
| Employer's Business or Organization Address (Street Number a | nd Name) City or Town | 1 | State | Zip Code | |
| 420 Oak Street | Big | Rapids | MI | 49307 | |
| Section 3. Reverification and Rehires (To be | completed and signed | d by employer or author | ized represe | antative.) | |
| A. New Name (if applicable) Last Name (Family Name). First Na Clauce | ame (Given Name) | Middle Initial B. Date | of Rehire (if ay | oplicable) (mm/dd/yyyy): | |
| C. If employee's previous grant of employment authorization has e presented that establishes current employment authorization in | expired, provide the inform the space provided below | nation for the document from | n List A or List | C the employee | |
| Document Title: Do | cument Number: | | Expiration Da | ate (# any)(mm/dd/yyyy); | |
| Maniage Cert | 12345 | 678 | | | |
| 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: Da | 04/10/2013 | Print Name of Employer Kin Cl | | | |



Form I-9 03/08/13 N