

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.

Continued A Figure 1. The continued of the

ast Name (Family Name)	First Name (Given Name) Middle Initial	Other Names U	430-577-1247-2002
Maria Garc	1a Sanchez		Herv	randez
Address (Street Number and Name) 124 First St.	Apt. Number	Big Rapid	State	Zip Code
Date of Birth (mm/dd/yyyy) U.S. Social S	ecunty Number E-mail Addres		_	Telephone Number
am aware that federal law provides connection with the completion of th		ines for false statements	or use of fals	se documents in
attest, under penalty of perjury, tha	t I am (check one of the fo	llowing):		
A citizen of the United States				
A noncitizen national of the United	States (See instructions)			
A lawful permanent resident (Alien	Registration Number/USCIS	S Number):		
An alien authorized to work until (expir (See instructions)		12 22	Some aliens m	ay write "N/A" in this field.
For aliens authorized to work, prov	ide your Alien Registration N	Number/USCIS Number Of	R Form I-94 Ac	imission Number:
1. Alien Registration Number/USCI	C North and		Ŧ	TOWNS CONTROL OF THE PARTY OF T
11 WHELL LARGISTISTICAL MARTINETA COCK	o Number			
OR	S Number			3-D Barcode
	s number			3-D Barcode Do Not Write in This Spac
OR		ion with your arrival in the	United	
OR 2. Form I-94 Admission Number: If you obtained your admission in	umber from CBP in connect		United	
OR 2. Form I-94 Admission Number: _ If you obtained your admission of States, include the following:	umber from CBP in connect		United	
OR 2. Form I-94 Admission Number: If you obtained your admission in States, include the following: Foreign Passport Number:	umber from CBP in connect		[Do Not Write in This Spac
OR 2. Form I-94 Admission Number: If you obtained your admission in States, include the following: Foreign Passport Number: Country of Issuance:	umber from CBP in connect		[Do Not Write in This Spac
OR 2. Form I-94 Admission Number: If you obtained your admission in States, include the following: Foreign Passport Number: Country of Issuance: Some aliens may write "N/A" on	umber from CBP in connect the Foreign Passport Numb	er and Country of Issuance	pate (mm/dd/	Do Not Write in This Space
OR 2. Form I-94 Admission Number. — If you obtained your admission in States, include the following: Foreign Passport Number: Country of Issuance: Some aliens may write "N/A" on Ignature of Employee:	umber from CBP in connect the Foreign Passport Numb	er and Country of Issuance	Date (mm/dd/	Do Not Write in This Space instructions) yyyy): person other than the
OR 2. Form I-94 Admission Number: If you obtained your admission in States, include the following: Foreign Passport Number: Country of Issuance: Some aliens may write "N/A" on ignature of Employee: reparer and/or Translator Certification of the state	umber from CBP in connect the Foreign Passport Numb	er and Country of Issuance	Date (mm/dd/ repared by a p	Do Not Write in This Space instructions) yyyy): person other than the
OR 2. Form I-94 Admission Number. — If you obtained your admission of States, include the following: Foreign Passport Number: — Country of Issuance: — Some aliens may write "N/A" on ignature of Employee. Treparer and/or Translator Certification is true and correct.	umber from CBP in connect the Foreign Passport Numb	er and Country of Issuance	Date (mm/dd/) repared by a p	Do Not Write in This Space instructions) instructions of the second of t
OR 2. Form I-94 Admission Number. — If you obtained your admission in States, include the following: Foreign Passport Number: — Country of Issuance: — Some aliens may write "N/A" on ignature of Employee. Treparer and/or Translator Certification is true and correct. Ignature of Exparer or Translator: — Mana Z.	umber from CBP in connect the Foreign Passport Numb	er and Country of Issuance and signed if Section 1 is p repletion of this form and	Date (mm/dd/) repared by a p	nstructions) person other than the lest of my knowledge the late (mm/dd/yyyy): 4//3

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.

Section 2. Employer or Authorized (Employers or their authorized representative me must physically examine one document from Lis the "Lists of Acceptable Documents" on the next issuing authority, document number, and expirat	ist complete an A OR examine page of this for	id sign Sec a combin m. For ea	tion 2 with	in 3 bus le docun	iness days nent from L	of the empli ist B and on	e docume	nt from List C as listed o
Employee Last Name, First Name and Middle			Saa	cho	z, 1	dani-	6	
	R	List B	Swe	e ve	AND		List	
Identity and Employment Authorization Document Title:	Document Ti	Identity tis:				En Ocument Ti		t Authorization
Employment Auth Dac	Issuing Author	ority:	_			ssuing Autho	neity:	
DH S Document Number	Document N	1000				ocument N	e notes:	
WAC-12-901-12345	32/33/63/6	IVIIIIV					V///////////	
Expiration Date (if any)(mm/dd/yyyy):	Expiration Da	ste (if any)	(mm/dd/yy	уу):	E	xpiration Da	ite (if any)	(mm/dd/yyyy):
Document Title:								
ssuing Authority:								
Document Number:								
Expiration Date (if any)(mm/dd/yyyy):								3-D Barcode
Document Title:							Do N	ot Write in This Space
ssuing Authority:								
Occument Number:								
Expiration Date (if any)(mm/dd/yyyy):							83	
Certification								
attest, under penalty of perjury, that (1) I bove-listed document(s) appear to be ge imployee is authorized to work in the Uni The employee's first day of employment, Signature of Employer or Authorized Representat	nuine and to ted States. 'mm/dd/yyyy	relate to	1/2 (:	00/3s	named, a	nd (3) to ti ctions for	exempt	of my knowledge the
XC	na projekt control	1 4 7	103/2	-	K	ep		
ast Name (Family Name)	First Name (G.	iven Name	2	Emplo	yer's Busir	ess or Orga	anization f	vame
imployer's Business or Organization Address (Sr	reet Number ar	od Name)	City or To	R V2			State	Zip Code
Section 3. Reverification and Reh	ires (To be d	completed	and sign	ed by e	mployer o	or authorize	ed repres	entative.)
New Name (if applicable) Last Name (Family N	(ame) First Na	me (Given	Name)					applicable) (mm/dd/yyyy
 If employee's previous grant of employment authoresented that establishes current employment. 	orization has ex authorization in	xpired, prov	vide the info	ormation	for the docu	ument from L	List A or Li	st C the employee
Occument Title:		cument Nu				E	xpiration [hate (if any)(mm/dd/yyyy,
attest, under penalty of perjury, that to the se employee presented document(s), the d	best of my kr ocument(s) I	nowledge have exam	, this emp	oloyee i	s authoriz be genuir	ed to work	k in the L	Inited States, and if he individual.
Signature of Employer or Authorized Represental		te (mm/dd		-				d Representative;
orm I-9 03/08/13 N								Page 8 of

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.



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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 A than the first day of employment, but not before	Attestation (accepting a job	Employees must comple offer.)	ete and sign S	iection 1	of Form I-9 no later		
Last Name (Family Name) First Ni	ame (Giyen Nam Max	e) Beth	tial Other Nam	es Used (
Address (Street Number and Name) Main Street 123	Apt. Number	City or Town		State	Zip Code		
Date of Birth (mm/dd/yyyy) U.S. Social Security Number	er E-mail Addre	55		Telep	hone Number		
am aware that federal law provides for imprisonmection with the completion of this form. attest, under penalty of perjury, that I am (chec	ck one of the finistructions) in Number/USCI spplicable, mm/di an Reg/stration CBP in connec	S Number): S Number): Number/USCIS Number tion with your arrival in ti	Some aller OR Form I-9 he United	ns may wr	ite "N/A" in this field. ion Number: 3-D Barcode ot Write in This Spac		
ignature of Employee;			Date (mm	vidd/yyyy).	S		
Preparer and/or Translator Certification (To	be completed	and signed if Section 1 i	s prepared by	a perso	n other than the		
attest, under penalty of perjury, that I have ass formation is true and correct.	isted in the co	mpletion of this form a	nd that to th	e best o	f my knowledge the		
ignature of Preparer or Translator:					Date (mm/dd/yyyy):		
ast Name (Family Name)		First Name (G	irven Name)				
ddress (Street Number and Name)		City or Town		State	Zip Code		
STOP	Employer Co	mpletes 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 Autho (Employers or their authorized representation must physically examine one document from the "Lists of Acoeptable Documents" on the issuing authority, document number, and ex-	e must complete and thist A OR examine a next page of this form	sign Se	ction 2 within	n 3 bus	siness days of the em	ane documer	at from List C as listed o
Employee Last Name, First Name and Mi	ddle Initial from Sect	ion 1:	Brow	n .	Mary		
List A Identity and Employment Authorization		ist B			AND	List	C Authorization
Document Title:	Document Title				Document		
ssuing Authority:	Issuing Authori		1		Issuing Aut	thority:	
Document Number:	Document Num	iber:			Document	Number:	1206
Expiration Date (if any)(m/m/dd/yyyy):	Expiration Date	(If any)	(mm/dd/yyy)	rt.	Expiration	Date (if any)	T-6789 mm/ad/yyyy):
Document Title;							
ssuing Authority:	-						
Document Number:							
expiration Date (if any)(mm/dd/yyyy);	-						
Document Title:						Do No	3-D Barcode ot Write in This Space
ssuing Authority:							
ocument Number:							
xpiration Date (If any)(mm/dd/yyyy):							
attest, under penalty of perjury, that bove-listed document(s) appear to b mployee is authorized to work in the 'he employee's first day of employme ignaturgof Employer or Authorized Repress	e genuine and to r United States. ent (mm/dd/yyyy):	elate to	the empl	oyee (esented by the aboundment, and (3) to See instructions for Title of Employer or	the best o	f my knowledge the
La Clarke		4	8/13	is,			Manager
ast Name (Family Name)	First Name (Give	n Name	9)	Emple	oyer's Business or Or FSU	ganization N	ame
imployer's Business or Organization Address	s (Street Number and	Name)			ca at en	State	Zip Code
420 Oak Street			Big	Ka	pids	MI	49307
Section 3. Reverification and R L New Name (if applicable) Last Name (Far Classes Life employee's previous grant of employment	Wy Name) First Name	(Given	Name)	M	ddle Initial B. Date o	fRehire (if a	oplicable) (mm/dd/yyyy)
presented that establishes current employm	ent authorization in the	space p	provided belo	W.			
Maniage Cer	t	ment No	12345		8		ate (If any)(mm/bd/yyyy)
attest, under penalty of perjury, that to e employee presented document(s), th	the best of my kno e document(s) I ha	wledge ve exa	, this empl mined appe	oyee i	is authorized to wo be genuine and to	rk in the U	nited States, and if e individual.
ignature of Employer or Authorized Repress	entative Date	(mm/t/d	(yyyy):	Prin	Name of Employer of	or Authorized	
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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.