I-9 Completion for Students
Pay extra attention to these areas!

No P.O. box can be used
Pay extra attention to these areas!
1. Make sure you are completing the form with the correct expiration date. Currently the date should be 03/31/2016.
2. The middle initial field should be completed. If there is no middle initial the student should draw a line through the box or put N/A.
3. The maiden name field should be completed. If none or not applicable the student should draw a line through the box or put N/A.
4. The Social Security number is not required. We cannot demand that the student completes the field. They will, however, have to produce the Social Security card for payroll purposes. Please note that whatever the student decides it must be clear. For example: dashes through every box, N/A, dashes through every box except the last four, or filling out every box in the field. The bottom line is that the student must show clarity in what they have decided to do regarding the Social Security field.
5. E-mail address is optional.
6. Telephone number is also optional.
7. The student must check one of the four boxes in this field.
8. Employee/student must sign where signature of employee is indicated.
9. Employee then dates the form with the date of which they are filling it out.
10. Employer must fill out the employee/student’s name. Be careful to not miss it! It’s right at the top of the form.
11. All documents submitted must be originals. We cannot request specific documents from students for section two. Students must be shown the list of acceptable documentation and be allowed to choose what they wish to submit. If they choose one document from List A that is all they need. By completing List B and/or C in addition to List A the perception is that we have asked for additional documentation and this would be flagged in an audit of the I-9. Make sure section two is filled out clearly and accurately and never use white out! If an error is made, line through the error with initials and date on the form; or you can re-do the I-9.
12. Employer needs to date the form, the employer needs to sign and date the form within three business days of the date of employment.
13. Employer needs to sign where signature of employer is indicated.
14. This section, along with the rest of the form may not have abbreviations. For example, FSU needs to be written out as Ferris State University.
Example of a properly filled out employee section.
Example with employer part filled out correctly.
I-9 Completion for International Students
The areas to pay close attention to are the same with international students; however, depending on how the student answers certain fields additional information may be required.

For field seven if the last box is checked additional information is required. Please see to the right.
If the student indicated in field seven that they are a nonimmigrant alien authorized to work they will need to provide additional documentation.

1. Foreign passport
2. Form I-94 or Form I-94A that has the following:
   1. Same name as passport and
   2. An endorsement of the alien's status as long as that period hasn't expired.

The additional information from the documents will be written down on List A.
Guess What’s Wrong?
**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.)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Names Used (If any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brutus</td>
<td>Bulldog</td>
<td>B</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1234 Ruff Road</td>
<td>NA</td>
<td>Big Rapids</td>
<td>MI</td>
<td>49307</td>
</tr>
</tbody>
</table>

Date of Birth (mm/dd/yyyy): 05/06/2013

U.S. Social Security Number: 123-45-6789
E-mail Address: brutusbulldog1@ferris.edu
Telephone Number: (012) 345-6789

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) 
  (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: 
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:

<table>
<thead>
<tr>
<th>Foreign Passport Number:</th>
<th>Country of Issuance:</th>
</tr>
</thead>
</table>

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): 05/06/2013

**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): 

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

Employer Completes Next Page
The first and last names need to be switched.

Instead of birth date, calendar date is listed.

Did not check one of the four boxes.

Employee signature is missing.
Debbera Lunsted

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.)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bulldog</td>
<td>Brusle</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>P.O. Box 123</td>
<td>NA</td>
<td>Big Rapids</td>
<td></td>
<td>49307</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>Email Address</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/15/1990</td>
<td>123-45-6789</td>
<td><a href="mailto:bulldogbrusle@yahoo.com">bulldogbrusle@yahoo.com</a></td>
<td>(123) 456-7890</td>
</tr>
</tbody>
</table>

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 "NA" in this field.

(See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: ____________________________

OR

2. Form I-94 Admission Number ____________________________

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

Foreign Passport Number: ____________________________

Country of Issuance: ____________________________

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

Signature of Employee: ____________________________ Date (mm/dd/yyyy): 05/06/2019

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): ____________________________

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

Employer Completes Next Page
### Employment Eligibility Verification

**Department of Homeland Security**

**U.S. Citizenship and Immigration Services**

**Form I-9**

**OSS No. 1615-0047**

**Expires 09/30/2016**

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**Section 1. Employee Information and Attestation**

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Debbera Lunsted</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Date of Birth** (mm/dd/yyyy): 09/15/1960
- **U.S. Social Security Number**: [redacted]
- **Email Address**: brunnerbdog@yahoo.com
- **Telephone Number**: (123) 456-7890

---

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 certify, 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

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: [redacted]

   **OR**

   2. Form I-94 Admission Number: [redacted]

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

   - **Foreign Passport Number**: [redacted]
   - **Country of Issuance**: [redacted]

   Some aliens may write "N/A" in this field. (See instructions)

---

**Signature of Employee**: Debbera Lunsted

**Date (mm/dd/yyyy)**: 09/06/2013

---

**Preparer and/or Translator Certification**

I certify, 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**: [redacted]
- **Date (mm/dd/yyyy)**: [redacted]

---

Address cannot be a P.O. box.

Not clear if student intentionally left spaces blank or not, need the other numbers or lines through blank boxes.

No state chosen.

Needs to be filled in, even if not applicable N/A or a line through required.
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.)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title: Social Security Card</td>
<td>Document Title: Driver's License</td>
<td>Document Title:</td>
<td>Issuing Authority: State of Michigan</td>
<td></td>
</tr>
<tr>
<td>Issuing Authority: SSA</td>
<td>Issuing Authority:</td>
<td>Document Number:</td>
<td>Document Number:</td>
<td></td>
</tr>
<tr>
<td>Document Number: 123-45-6789</td>
<td>Document Number:</td>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any)(mm/dd/yyyy): B/A</td>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
<td>05/06/2016</td>
<td>05/06/2016</td>
<td></td>
</tr>
<tr>
<td>Document Title:</td>
<td>Document Title:</td>
<td>3-D Barcode</td>
<td>Do Not Write in This Space</td>
<td></td>
</tr>
<tr>
<td>Issuing Authority:</td>
<td>Document Number:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document Number:</td>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
<td>Document Title:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document Title:</td>
<td>Document Number:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
<td>Document Title:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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) 05/06/2013 (See instructions for exemptions.)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td>First Name (Given Name)</td>
<td>Employer's Business or Organization Name</td>
<td>Employer Rep</td>
</tr>
<tr>
<td>Debbena</td>
<td>Lunsted</td>
<td>Ferris State University</td>
<td>Student Employment Rep</td>
</tr>
<tr>
<td>Employer's Business or Organization Address (Street Number and Name)</td>
<td>City or Town</td>
<td>State</td>
<td>Zip Code</td>
</tr>
<tr>
<td>1201 S. State Street SS 101</td>
<td>Big Rapids</td>
<td>MI</td>
<td>49307</td>
</tr>
</tbody>
</table>

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial

B. Date of Rehire (if applicable) (mm/dd/yyyy)

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below:

<table>
<thead>
<tr>
<th>Document Title:</th>
<th>Document Number:</th>
<th>Expiration Date (if any)(mm/dd/yyyy):</th>
</tr>
</thead>
</table>

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative: Date (mm/dd/yyyy): Print Name of Employer or Authorized Representative:
Document used in List A is not acceptable to be there, per the guidelines for List A, the two lists should be shifted over and would read as List B and List C.

No signature

First and last name are switched

Employer did not print students' full name
**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.)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title:</td>
<td>Document Title:</td>
<td></td>
<td>Document Title:</td>
</tr>
<tr>
<td>Social Security Card</td>
<td>Driver's License</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Issuing Authority:</td>
<td>Issuing Authority:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State of Michigan</td>
<td>State of Michigan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document Number:</td>
<td>Document Number:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>123-45-6789</td>
<td>XXXX-XXXX-XXXX-XXXX</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any)/(mm/dd/yyyy):</td>
<td>Expiration Date (if any)/(mm/dd/yyyy):</td>
<td></td>
<td>Expiration Date (if any)/(mm/dd/yyyy):</td>
</tr>
<tr>
<td>09/19/2016</td>
<td></td>
<td></td>
<td>09/19/2016</td>
</tr>
</tbody>
</table>

**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): 05/06/2013

(See instructions for exemptions.)

**Signature of Employer or Authorized Representative:** Debbera Lunsted

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Employer's Business or Organization Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lunsted</td>
<td>Debbera</td>
<td>Ferris State University</td>
</tr>
</tbody>
</table>

**Employer's Business or Organization Address:**

1201 S. State Street CSS 101

**City or Town:** Big Rapids

**State:** MI

**Zip Code:** 49307

---

**Section 3. Reverification and Rehires**

(To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial

B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List B the employee presented that establishes current employment authorization in the space provided below.

**Document Title:**

**Document Number:**

**Expiration Date (if any)/(mm/dd/yyyy):**

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

**Signature of Employer or Authorized Representative:**

**Date (mm/dd/yyyy):**

**Print Name of Employer or Authorized Representative:**
Both the issuing authority and expiration date need to be filled out, even if not applicable for expiration date there needs to be an N/A or a line in the field.

Dates listed by employer is not within three days of start of employment.

Debbera Lunsted
Any questions feel free to contact the Student Employment Office!