

# Form I-9

## Compliance Guidelines

Preparing, Storing, Purging

# Covered Topics

- I-9 Basics: Who, What, When, Where and Why
- The Importance of I-9 Compliance
- Common Mistakes
- Future Expectations

# Why?

- In November, 1986 the Immigration Reform and Control Act (IRCA) was passed by Congress to preserve our tradition of legal immigration while closing the door to illegal entry. IRCA placed requirements on U.S. employers to check the employment eligibility and identity of employees. Thus, the I-9 (Employment Eligibility Verification) Form was developed.
- Employers may not knowingly hire or continue to employ a person who is not authorized to work in the U.S.
  - Knowingly – “actual knowledge” or “constructive knowledge” (what the employer should have known.)

# Why?

- U.S. Citizenship and Immigration Services (USCIS) – oversees lawful immigration to the United States.
  - Mission – Ensure the integrity of our immigration system
- Accuracy and Audits – An audit by USCIS of the I-9 process is probable. It is imperative that all I-9 records are maintained accurately.

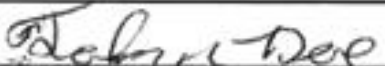
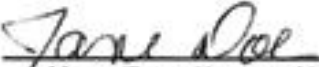
# Who Completes the I-9 Form?

- All employers are required to complete the I-9 for individuals who are hired to perform labor or services in return for wages.
- Exempt groups:
  - Employees hired before November 7, 1986
  - Independent contractors
  - Casual/domestic workers
  - Not physically working on U.S. soil

# Which Version?

- Forms showing the following revision dates are valid:
  - Rev. 08/07/09 Y
  - Rev. 02/02/09 N
- Employers in Puerto Rico may use the Spanish or English version of the form. We may use the Spanish version as a translation guide but we must use the English version

# Section 1, Employee

<b>Section 1. Employee Information and Verification</b> <i>(To be completed and signed by employee at the time employment begins.)</i>			
Print Name: Last Doe	First John	Middle Initial A	Maiden Name
Address (Street Name and Number) 123 Main Street		Apt. # 1	Date of Birth (month/day/year) 01/01/1952
City Washington	State DC	Zip Code 20011	Social Security # 000-00-0000
<b>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.</b>		I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen of the United States <input type="checkbox"/> A noncitizen national of the United States (see instructions) <input type="checkbox"/> A lawful permanent resident (Alien #) _____ <input checked="" type="checkbox"/> An alien authorized to work (Alien # or Admission #) 00000000000 until (expiration date, if applicable - month/day/year) 02/28/2011	
Employee's Signature 		Date (month/day/year) 02/20/2009	
<b>Preparer and/or Translator Certification</b> <i>(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.</i>			
Preparer's/Translator's Signature 		Print Name Jane Doe	
Address (Street Name and Number, City, State, Zip Code) 123 Main Street, Apt. 2, Washington, DC 20011			Date (month/day/year) 02/20/2009

- **May** be completed no **earlier** than the point of offer and acceptance.
- **Must** be completed no **later** than the first day of work.

# Section 1, Employee

## About the name...

- Employee enters full legal name and maiden name, if applicable.
- • If there are two last names (family names), include both. If there is a hyphen in the last name, include the hyphen (-) between the names.
- • If you have two first names (given names), include both. If you hyphenate your first name, include the hyphen (-) between the names.
- • Include your middle initial, if applicable.



# Section 1 Common Mistakes

<b>Section 1. Employee Information and Verification</b> <i>(To be completed and signed by employee at the time employment begins.)</i>			
Print Name: Last		First	Middle Initial
			Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City		State	Zip Code
			Social Security #
<b>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.</b>		I attest, under penalty of perjury, that I am (check one of the following):	
		<input type="checkbox"/> A citizen of the United States <input type="checkbox"/> A noncitizen national of the United States (see instructions) <input type="checkbox"/> A lawful permanent resident (Alien #) _____ <input type="checkbox"/> An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)	
Employee's Signature		Date (month/day/year)	



## Employee did not:

- » Sign or date the form
- » Complete Section 1 by first day of work for pay
- » Check one of the 4 boxes regarding status or checked the wrong box
- » List an A # or Admission # (when required)
- » Complete “authorized to work until” expiration date (when required)

**Make sure the employee signs and dates the Form I-9. If not signed, employer assumes liability for false statements in Section 1.**


# Section 1, Employee

## Special Circumstances

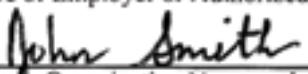
- If under 18, Parent or legal guardian of a minor employee completes Section 1 and writes, "Individual under age 18" in signature space.
- Parent or legal guardian completes the Preparer and/or Translator Certification block.
- Employer enters "Individual under age 18" under List B and records the List C document the minor presents.
- Employees with Disabilities - Representative of a nonprofit organization, parent, or legal guardian of an individual with a disability completes Section 1 and writes, "Special Placement" in signature space.
- Representative, parent, or legal guardian completes the Preparer and/or Translator Certification block.
- Employer enters "Special Placement" under List B and records the List C document that the employee with a disability presents.

# Section 2, Employer

**Section 2. Employer Review and Verification** *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: <u>EAD</u>		_____		_____
Issuing authority: <u>DHS/USCIS</u>		_____		_____
Document #: <u>LIN1234567891</u>		_____		_____
Expiration Date (if any): <u>02/28/2011</u>		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____				

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 02/20/2009 and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative 	Print Name John Smith	Title Manager
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) Burger Corp., 123 S. Main Street, Washington, DC 20011		Date (month/day/year) 02/23/2009

**Form must be completed within 3 business days of the first day of employment**

## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A Documents that Establish Both Identity and Employment Authorization	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
OR		AND
1. U.S. Passport or U.S. Passport Card	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. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	
	5. U.S. Military card or draft record	
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	<b>For persons under age 18 who are unable to present a document listed above:</b>	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

## Section 2, Employer

- The employee must present to you an **original** document or documents that show his or her identity and employment authorization.
- Employer may not request a specific document.
- List A or List B & List C
  - Must be on the List
  - Must not be expired document
- If you choose to make copies of documents your employee presents, you must do so for all employees, regardless of national origin or citizenship status.

## Section 2, Employer

- Employer records document title(s), issuing authority, document number, and the expiration date from original documents supplied by employee.
- NOTE: You may use abbreviations for commonly used documents, e.g., DL for driver's license and SS for Social Security.
- Employer enters date employment began.
- Employer attests to examining the documents provided by completing the signature block.

# Section 2, Employer Special Circumstances

- Receipts??
  - May be acceptable for a limited period
  - Employee must present actual document
- Future Expiration Dates??
  - Does not preclude continuous employment authorization;
  - Does not mean that subsequent employment authorization will not be granted; and
  - Should not be considered in determining whether the individual is qualified for a particular position.
  - Must be reverified on or before the expiration date.



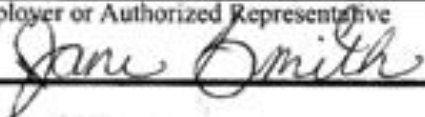
## Section 2 Common Mistakes



- Accepted documents that did not “reasonably relate to the employee” (different names, different date of birth)
- Over-documentation or kept copies of documents for some employees, but not all
- Failed to record any documents on the form or left certain fields blank
- Did not complete the date of hire or used the wrong date
- Did not sign or date section 2
- Did not sign within 3 days of hire



# Section 3, Updating and Reverification

<b>Section 3. Updating and Reverification</b> <i>(To be completed and signed by employer.)</i>		
A. New Name <i>(if applicable)</i>		B. Date of Rehire <i>(month/day/year) (if applicable)</i>
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title: <u>EAD</u>	Document #: <u>LIN1234567892</u>	Expiration Date <i>(if any)</i> : <u>02/28/2013</u>
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 <i>(month/day/year)</i> <u>02/28/2011</u>

- Can be used for reverifications, rehires or updates.
- Be sure it is still a valid version of the I-9 form.

## Section 3, Name Changes

- Not required to update the I-9 if an employee changes their name.
- Documentation is not required but you can ask for the basis of the change.
- If offered, accept the new document to store with old ones.

# Rules to Remember

- Use blue or black ink when completing the form.
- Don't pre-populate Section 1 for the employee. They should complete.
- Don't pre-populate Section 2. Do not type in specific acceptable documents ahead of time.
- Don't use correction fluid to fix mistakes. Cross out the incorrect area and write in the correction next to it. Initial and date the change.

# Maintenance of I-9's

- After termination, must retain I-9 until 3 years after date of hire **or** 1 year after termination, **whichever is later**.
- Purge I-9's as soon as possible.
- Organization is # 1
  - I-9's for current employees
  - I-9's for employees with expiration dates that require reverification.
  - I-9's for terminated employees that need purging when appropriate.
  - Never store I-9's with personnel files.

WHAT IS  
WRONG  
WITH  
THIS  
FORM?



Department of Homeland Security  
U.S. Citizenship and Immigration Services

FOR TRAINING

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

Form I-9, Employment  
Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification** (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

☐ A citizen of the United States

☐ A noncitizen national of the United States (see instructions)

☐ A lawful permanent resident (Alien #)

☒ An alien authorized to work (Alien # or Admission #) \_\_\_\_\_

until (expiration date, if applicable - month/day/year) \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date (month/day/year) 9-9-11

**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

**Section 2. Employer Review and Verification** (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: US Passport		DL		SS Card
Issuing authority: Dept of State		State of Michigan		SS Admin.
Document #: 123-456789		5/11/11-11/11/11		987-65-4321
Expiration Date (if any): 2-5-10		3-17-12		
Document #:				
Expiration Date (if any):				

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 7-1-11 and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

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

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

Document Title:	Document #:	Expiration Date (if any):
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.		
Signature of Employer or Authorized Representative		Date (month/day/year)

# Form I-9 Resources

- Handbook for Employers
  - <http://www.uscis.gov/files/form/m-274.pdf>
- USCIS - I-9 Central
  - <http://www.uscis.gov/portal/site/uscis/menuitem.eb1d4c2a3e5b9ac89243c6a7543f6d1a/?vgnextoid=84c267ee5cb38210VgnVCM100000082ca60aRCRD&vgnnextchannel=84c267ee5cb38210VgnVCM100000082ca60aRCRD>