

Employment Eligibility Verification

Department of Homeland Security

Form I-9 OMB No. 1615-0047 Expires 03/31/2016

USCIS

U.S. Citizenship and Immigration Services

expiration date may also constitute illegal discrimination.

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

			<u>1-9 In</u>	<u>structions</u>	I-9 Instrucciones	
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)	First Name (G	(Given Name) Middle Initia		Other Names Used (if any)		
Address (Street Number and	Name) Apt. No	umber (City or Town	State NV ▼	Zip Code 89074	
Date of Birth U.S. Social S (mm/dd/yyyy)	•	-mail Address (optional)		ephone Numb	er	
Location 31865 AS-Music ▼						
Hire Date (mm/dd/yyyy) 05/03/2013						

• The employee completes their name, and address. Email and phone number fields are optional. The I-9 Specialist enters the org and hire date.

NOTE: If employee previously completed section one, go to "Search for Employees" or "Pending" to pull their section one.

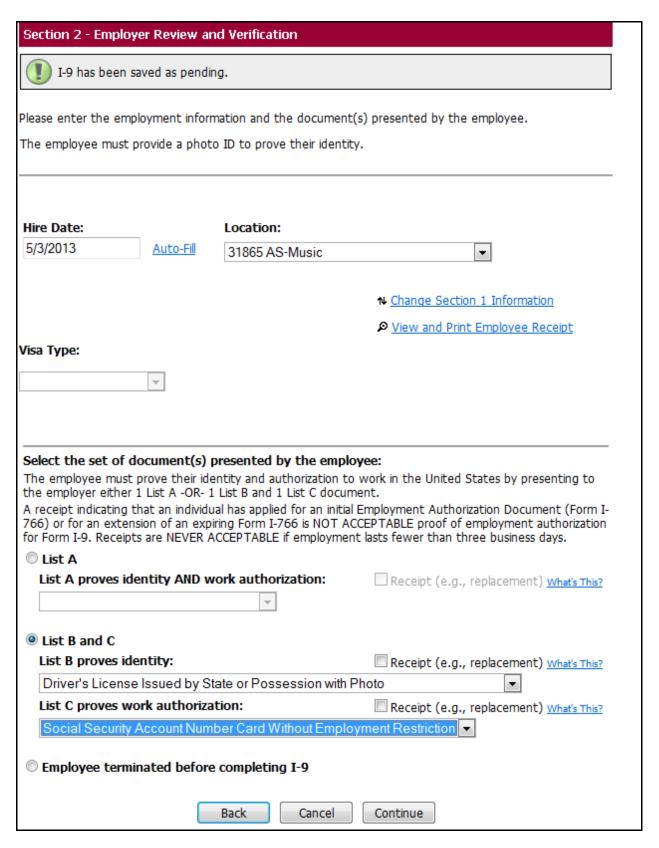
I am aware that federal law provides for imprisonment and false documents in connection with the completion of this						
I attest, under penalty of perjury, that I am (check one of th	e following):					
A citizen of the United States						
A noncitizen national of the United States (see instructions)						
A lawful permanent resident (Alien Registration Number/USCIS Number):						
An alien authorized to work until (expiration date,if applicable,mm/dd/yy):						
 Employee is an alien whose work authorization does not expire or has no specific expiration date for their employment authorization (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:						
If you obtained your admission number (Form I-94) from CBP (Customs and Border Protection) in connection with your arrival in the United States, include the following:						
Foreign Passport Number:						
Country of Issuance:						
Employee obtained Form I-94/I-94A number within the U.S. or entered the U.S. without a foreign passport (see instructions)						
Preparer and/or Translator Certification (To be of prepared by a person other than the employee.)	completed and signed if Section 1 is					
Last Name (Family Name) First Name	ne (Given Name)					
Address (Street Number and Name)						
City or Town State	Zip Code					
By checking this box, I, as an employer representative, authorize the minimum and maximum age requirements to be waived allowing this individual to be employed.						
Cancel Cont	inue					

- The employee checks the appropriate citizenship box.
- The preparer and/or translator certification is completed <u>only</u> if the employee did not complete section one on their own or corrections were made after they completed section one.
- Hit continue.

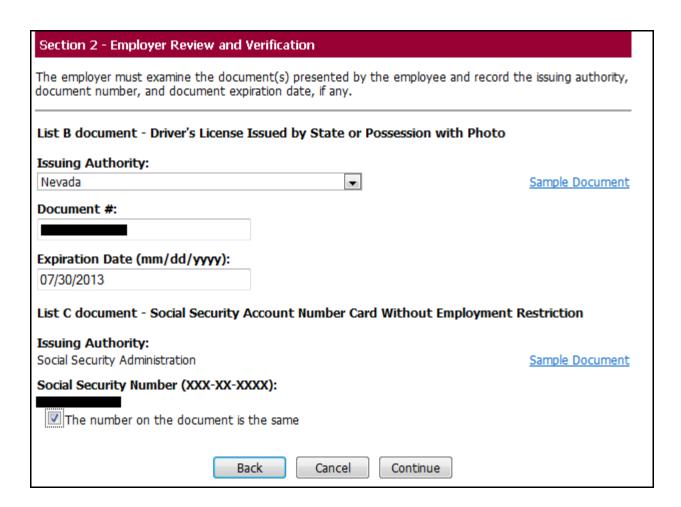
Employee Review I-9 Instructions I-9 Instrucciones This information should be reviewed and completed by the employee who prepared the I-9 After verifying that the information is correct, complete the signature block at the bottom of the page. You can make changes to the information by clicking on the link below the information. Name: Other Names Used: U.S. Social Security Number: | Date of Birth: Address: E-mail Address: Telephone Number: Hire Date:: 05/03/2013 Work Status: A Citizen of the United States Alien Registration Number/USCIS Number: I-94 #: Alien Work Until Date: Foreign Passport Number: Country of Issuance: Obtained I-94 from USCIS: ↑ Change Information Employee Electronic Signature (English | Español) By checking this checkbox I attest to the following: . 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 understand that the employer may electronically verify my work authorization with the United States government. . If my work authorization is verified with the United States government, I authorize my Section 1 electronic signature to be automatically applied to the documents the employer will provide me should I contest/not contest the verification results. Back Cancel Continue

Review the information. If corrections are needed, click "change information".

Read attestation and check the box. Hit Continue.



• Select list B & C documents to be presented. Remember that all list B documents must contain a photograph.



- Enter the information from the documents.
- Hit continue.

Employer Review

Please review the following information as it was entered. You can make changes to the information by clicking on the link below the information.

After verifying that the information is correct, complete the signature block at the bottom of the page.

[C] Corrected field

Name:

Other Names Used:

U.S. Social Security Number:

Date of Birth:

Address:

E-mail Address:

Telephone Number:

Hire Date:: 05/03/2013

Work Status: A Citizen of the United States

Alien Registration Number/USCIS Number:

I-94 #:

Alien Work Until Date: Foreign Passport Number: Country of Issuance: Obtained I-94 from USCIS:

Group: AS-College of Arts & Sciences

Location: 31865 AS-Music

↑ Change Information

Visa Type:

Document Information Summary

List B document: Driver's License Issued by State or Possession with Photo

Issuing Authority: Nevada

Document #:

Expiration Date (mm/dd/yyyy): 07/30/2013

List C document: Social Security Account Number Card Without Employment Restriction

Issuing Authority: Social Security Administration

Social Security Number (XXX-XX-

XXXX):

I-9 Specialist reviews information entered.

Employer Electronic Signature (English | Español) I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the abovenamed 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): 5/3/2013 I also attest to the following: I understand the employee's work authorization may be verified electronically with the United States government. If the employee's work authorization is verified with the United States government, I authorize my Section 2 electronic signature to be automatically applied to the documents provided to the employee should the employee contest/not contest the verification results. I am not using government verifications for pre-screening purposes or discriminating against any employee who receives a tentative nonconfirmation response. I have read and agree with the certification statement above.

Cancel

Continue

1. Read attestation, check box. Hit continue.

Back

I-9 is completed.