

Employee Enrollment

Below you will find a brief summary and FAQs for Form I-9

Form I-9

Employee Responsibilities for Section 1 – Instructions

Federal law requires every employer to fill out a *Form I-9* for each employee. The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986 is authorized to work in the United States.

Each employee must provide:

- Full legal name
 - If the employee has two last names (family names), include both
 - If the employee has two first names (given names), include both
 - If the employee hyphenates his or her first or last name, include hyphen (-) between the names
 - His or her middle initial, if the employee has a middle name
- Other last names used, if applicable (for example, maiden name) – or place an N/A here
- Current address, including street name and number (not a P.O. Box), city, state and zip code – If there is not an Apt. Number, place N/A here
- Date of birth
- Check mark next to the appropriate box to indicate whether he or she is a U.S. citizen or national, lawful permanent resident of the United States, or an alien authorized to work in the United States
- Alien Registration/USCIS or Form I-94 Admission Number and the date employment authorization expires (if applicable)
- Signature and date

Additionally, employees may provide their:

- Social Security number (optional unless the employer uses E-Verify and the individual has been issued a number)
- Telephone Number – or place N/A here
- E-mail Address – or place N/A here

See example:



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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.)

Form fields for employee information: Last Name (Doe), First Name (Jane), Middle Initial (A.), Other Last Names Used (N/A), Address (123 Oak Street), Apt. Number (N/A), City or Town (Anytown), State, ZIP Code (11223), Date of Birth (01/02/1975), U.S. Social Security Number (111-22-3333), Employee's E-mail Address, Employee's 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 boxes):

Attestation options: 1. A citizen of the United States (checked), 2. A noncitizen national of the United States, 3. A lawful permanent resident, 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy). Includes fields for document numbers and a QR code area.

Signature of Employee: Jane A. Doe
Today's Date (mm/dd/yyyy): 02/01/2017

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Form I-9

Employee & Preparer and/or Translator Responsibilities for Section 1 - Instructions

Your employee must sign the form even if a preparer or translator helps them. The preparer or translator who helps your employee must provide his or her name and address and must sign and date the certification on the form. If more than one preparer or translator is used, have the additional preparers or translators fill out the certification on additional Forms I-9 and attach the forms to the initial Form I-9.

The date your employee enters next to his or her signature should match the date the preparer/translator signed the form.

- If the employee did not use a preparer or translator to assist them in completing Section 1, they must check the box marked **I did not use a Preparer or Translator**. If they check this box, they can leave the rest of the fields in this area blank.
- If one or more preparers and/or translators assist the employee in completing the form using a computer, the preparer and/or translator must check the box marked **A preparer(s) and/or translator(s) assisted the employee in completing Section 1**. The first preparer and/or translator must complete all the fields in this area on the same page the employee has signed. Each additional preparer and/or translator must complete and sign a separate form. This separate form is referenced as the *Form I-9 Supplement, Section 1 Preparer and/or Translator Certification*. Ensure the employee's last name, first name and middle initial are entered at the top of this form if it will be used. This form can be found on www.uscis.gov.
- Ensure the preparer and/or translator:
 - Signs and dates in the designated areas of this section
 - Provides their full legal name
 - Enters a physical address (No P.O. Boxes); Addresses for Canada or Mexico may be entered in this field.



See example:

Preparer and/or Translator Certification (check one):	
<input type="checkbox"/> I did not use a preparer or translator.	<input checked="" type="checkbox"/> A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
<i>(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)</i>	

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator <i>John Doe</i>	Today's Date (mm/dd/yyyy) <i>02/01/2017</i>
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Last Name (Family Name) Doe	First Name (Given Name) John
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Address (Street Number and Name) 123 Main Street	City or Town Anytown	State State	ZIP Code 44556
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Employee Enrollment

Form I-9

Employer Responsibilities for Section 2– Instructions

Employers must complete and sign Section 2 of Form I-9 within three business days of the employee's date of hire (the hire date means the first day of work for pay). For example, if your employee began work for pay on Monday, you must complete Section 2 by Thursday of that week. If the job lasts less than three days, you must complete Section 2 no later than the first day of work for pay.

Employee Responsibilities for Section 2

Employees must present unexpired original documentation that shows the employer their identity and employment authorization. Your employees choose which documentation to present.

Employees must present:

- One selection from **List A**, or
- One selection from **List B** in combination with one selection from **List C**

Note:

- List A contains documents that show both identity and employment authorization
- List B documents show identity only
- List C documents show employment authorization only

In certain circumstances, your employee may present an acceptable receipt in lieu of a List A, B, or C document. **Receipts** only temporarily satisfy the document presentation requirement for Section 2.

Employer Responsibilities for Section 2

An employer or an authorized representative of the employer completes Section 2. Employers or their authorized representatives must physically examine the documentation presented and sign the form.

The employer or authorized representative must:

- Ensure that any document your employee presents is on the Lists of Acceptable Documents or is an acceptable receipt.
- Physically examine each document to determine if it reasonably appears to be genuine and to relate to your employee presenting it. If you determine the document does not reasonably appear to be genuine and relate to your employee, you should allow your employee to present other documentation from the [List of Acceptable Documents](#).
- Enter your employee's Last Name, First Name and Middle Initial (if provided) from Section 1.
- Enter the number of the citizenship or immigration status the employee selected in Section 1.
- Enter the document title, issuing authority, number(s) and expiration date (if any) from the original document(s) your employee presented.
- Enter the date your employee began or will begin work for pay.
 - Please allow two weeks before scheduling your employee's first day of work to be sure all federal and state clearances have been received. If the actual date of hire (first date of providing services for pay) for this employee changes from this date entered, it is the employer's responsibility to correct the I-9 form and re-submit to Acumen within three days of the actual date of hire.
- Enter the name, signature and title of the person completing Section 2, as well as the date he or she completed Section 2.
- Enter the employer's business name and address. If your company has multiple locations, use the most appropriate address that identifies the location of the employer with respect to the employee and his or her Form I-9 completion (e.g., the address where the Form I-9 is completed).
- Return the documentation presented back to your employee.

Entering Dates in Section 2

Section 2 includes two spaces that require dates. These spaces are for:

- Your employee's first day of employment (the "date of employment," which means the beginning date of employment of an employee for wages).
- The date you examined the documentation your employee presented to show identity and employment authorization.

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See Example:



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name) Doe	First Name (Given Name) Jane	M.I. A	Citizenship/Immigration Status 1
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title Drivers License		Document Title Social Security Card (SSC)
Issuing Authority		Issuing Authority GA MVD		Issuing Authority Social Security Administration (SSA)
Document Number		Document Number A123456789		Document Number 111-22-3333
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy) 01/02/2020		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
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): 02/15/2017 (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Alice Smith</i>		Today's Date(mm/dd/yyyy) <i>02/01/2017</i>	Title of Employer or Authorized Representative Domestic Employer	
Last Name of Employer or Authorized Representative Smith	First Name of Employer or Authorized Representative Alice	Employer's Business or Organization Name Alice Smith		
Employer's Business or Organization Address (Street Number and Name) 123 Main Street		City or Town Anytown	State State	ZIP Code 45678

- If you have any further questions, please go to: <http://www.uscis.gov/i-9-central>