

COMPLETING YOUR I-9

-AN EMPLOYEE CAN NOT GO TO WORK UNTIL THE FORM I-9 IS COMPLETE!!!

-THE ORIGINAL COPY MUST BE RETURNED TO LIFE PATTERNS-
FAXES AND E-MAILS CANNOT BE ACCEPTED.

-Section 1 is to be completed by the Employee.

- “Other names” include maiden name or any other name you’ve gone by.
- “Address” CANNOT be a P.O. Box.

-Section 2 is to be completed by Employer (the Consumer or their Representative).

-Fill out EITHER List A OR Lists B and C.

-List A requires a US passport.

-List B requires a Driver’s License or State-issued ID card.

-List C requires a Social Security card or Birth Certificate.

-The employer MUST view the ORIGINAL documents to fill out Section 2.

-These are the most common forms of identification that are acceptable. If you are unable to provide these forms of ID, please call Life Patterns or go to uscis.gov/i-9-central/acceptable-documents to view more.

*****Dates listed should be the day both the employee and employer have filled out the paperwork, and those dates should be within 3 days of each other.*****

*****Again, only ORIGINAL documents can be used for the I-9. No copies, e-mails, scans or faxes will be accepted of either the I-9 or documents for Section 2.*****

---In the event that the Consumer’s representative is paying themselves, please call the Life Patterns office for approval of another authorized representative to complete this form.

NOTE: All Form I-9s completed after May 7, 2013 MUST be submitted on the revised form (to be sure you have the correct form, look on the back page, bottom left corner. It should say Form I-9 03/08/13 N. These are available on the Life Patterns website).

Please fill in all highlighted blanks



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.

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 (Given Name)		Middle Initial	Other Names Used (if any)	
Employees Last Name, First Name, and Middle Initial					Any other names used	
Address (Street Number and Name)			Apt. Number	City or Town		State
Employees Address						Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		E-mail Address			Telephone Number
Employees Date of Birth	xxx - xx - xxxx		Employees E-Mail Address			Employees Phone

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): **Please Mark The Box That Applies To You.**

- 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 "N/A" 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

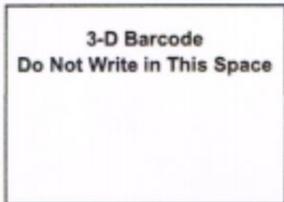
2. Form I-94 Admission Number: _____

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 "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*



Signature of Employee: Employee Signature	Date (mm/dd/yyyy): Current Date
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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):		
Last Name (Family Name)		First Name (Given Name)			
Address (Street Number and Name)		City or Town	State	Zip Code	



Employer Completes Next Page



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.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: Passport		Document Title: Drivers License		Document Title: Social Security Card
Issuing Authority: Who Issued It?		Issuing Authority: Who issued it?		Issuing Authority: Who Issued It?
Document Number: Passport Number		Document Number: Drivers License Number		Document Number: Social Security Number
Expiration Date (if any)(mm/dd/yyyy): Expiration Date		Expiration Date (if any)(mm/dd/yyyy): Expiration Date		Expiration Date (if any)(mm/dd/yyyy): Expiration Date
Document Title:	<p>Please Note: If employee has passport there is NO need to fill out the driver's license or Social Security Card Information.</p> <p>If employee DOES NOT have a passport then please fill out the driver's license and Social Security Number Information.</p>			
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				<p>3-D Barcode Do Not Write in This Space</p>
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): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative Individual receiving services, or authorized representative	Date (mm/dd/yyyy) Current Date	Title of Employer or Authorized Representative Parent/guardian or designated representative	
Last Name (Family Name) individual receiving services, or authorized representative	First Name (Given Name) individual receiving services, or authorized representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name) Individual receiving services address or authorized representative		City or Town	State Zip Code

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 Employees name if change	B. Date of Rehire (if applicable) (mm/dd/yyyy): New start date
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.	
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: Signature of individual receiving services or authorized representative.	Date (mm/dd/yyyy): Current Date	Print Name of Employer or Authorized Representative: Printed name of individual receiving services or authorized representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

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	
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 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 	<ol style="list-style-type: none"> 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 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 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 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 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. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.