

Instructions for Completing Form I-9 Section 1

(On or before employee's first day of work for pay)

Employee: Complete Section 1 of Form I-9. This must be done no later than your first day of work for pay. Please print clearly, and sign and date when you are finished. Refer to the numbered explanations below for additional information.

Employer: Review Section 1, ensuring your employee has completed it properly.

Employee (steps 1-9)

① Print your full legal name: Last, First and Middle Initial. Provide any other names used, such as maiden name. Enter "N/A" if you have never had another name.

② Print your physical address. Entering a PO Box is not allowed. Enter "N/A" if you have no apartment number.

③ Print your date of birth (mm/dd/yyyy).

④ Print your Social Security Number.

⑤ Print your email address or print "N/A" if you choose not to provide it.

⑥ Print your telephone number or print "N/A" if you choose not to provide it.

⑦ Check the one box that best describes your citizenship or immigration status in the United States.

⑧ Sign and print the date you completed the form. **No later than first day of work for pay.**

⑨ Provide documents to your employer to complete Section 2.

Department of Homeland Security U.S. Citizenship and Immigration Services		USCIS Form I-9 OMB No. 1615-0047 Expires 03/31/2016	
<p>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.</p>			
<p>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.)</p>			
Last Name (Family Name) <i>Doe</i>		First Name (Given Name) <i>Jane</i>	Middle Initial <i>A</i>
Other Names Used (if any) <i>N/A</i>			
Address (Street Number and Name) <i>123 Main St.</i>		Apt. Number <i>N/A</i>	City or Town <i>Anytown</i>
State <i>WI</i>	Zip Code <i>54000</i>		
Date of Birth (mm/dd/yyyy) <i>03/13/1964</i>	U.S. Social Security Number <i>723456789</i>	E-mail Address <i>N/A</i>	Telephone Number <i>N/A</i>
<p>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.</p> <p>I attest, under penalty of perjury, that I am (check one of the following):</p> <p><input checked="" type="checkbox"/> A citizen of the United States</p> <p><input type="checkbox"/> A noncitizen national of the United States (See instructions)</p> <p><input type="checkbox"/> A lawful permanent resident (Alien Registration Number/USCIS Number): _____</p> <p><input type="checkbox"/> An alien authorized to work until (expiration date, if applicable, is reached) _____ Some aliens may write "N/A" in this field. (See instructions)</p> <p>For aliens authorized to work, provide your Alien Registration Number, Social Security Number, or Form I-94 Admission Number:</p> <p>1. Alien Registration Number/USCIS Number: _____</p> <p>OR</p> <p>2. Form I-94 Admission Number: _____</p> <p>If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:</p> <p>Foreign Passport Number: _____</p> <p>Country of Issuance: _____</p> <p>Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)</p>			
Signature of Employee: <i>Jane Doe</i>		Date (mm/dd/yyyy): <i>03/20/2013</i>	
<p>Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)</p> <p>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.</p>			
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			
<p>STOP Employer Completes Next Page STOP</p>			
Form I-9 03/08/13 N		Page 7 of 9	

Note: These instructions are for informational purposes only. Refer to pages 1 and 2 of Form I-9 Instructions for detailed information.

Instructions for Completing Form I-9 Section 2

(Any time after employee has accepted job offer, but no later than 3 days after employee's first day of work)

Employee: Present original, unexpired documents to your employer to verify your identity and authorization to work in the United States. The LIST OF ACCEPTABLE DOCUMENTS is found on page 9 of Form I-9 Instructions.

Employer (FEIN holder): Examine the documents your employee provides and record them in Section 2. The employee must be present while you examine them. Refer to the numbered explanations below for additional information.

Employer (steps 1-10)

- ① Print employee's name from Section 1: Last, First and Middle Initial.
- ② Print each document's details in the appropriate List column. Examine one document from List A **OR** one from List B and one from List C. Only accept unexpired, original documents (no photocopies).
- ③ Print the date of the employee's first day of work.
- ④ Sign the form.
- ⑤ Print the date you signed the form. **Must be completed and signed within 3 days of employee's first day of work.**
- ⑥ If not pre-populated, print your title as "Employer."
- ⑦ Print your last and first name.
- ⑧ Print your first and last name.
- ⑨ Print your physical address, city, state and zip code.
- ⑩ Submit form I-9 to Consumer Direct with the Employee Packet.

Section 2. Employer or Authorized Representative Review and Verification				
<small>(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.)</small>				
① Employee Last Name, First Name and Middle Initial from Section 1: <i>Doe, Jane A</i>				
List A Identity and Employment Authorization		OR	List B Identity	AND List C Employment Authorization
Document Title:			Document Title: <i>Driver's License</i>	Document Title: <i>Social Security Card</i>
Issuing Authority:			Issuing Authority: <i>State of Wisconsin</i>	Issuing Authority: <i>SSA</i>
Document Number:			Document Number: <i>0123456789abode</i>	Document Number: <i>123-45-6789</i>
Expiration Date (if any) (mm/dd/yyyy):			Expiration Date (if any) (mm/dd/yyyy): <i>08/17/2015</i>	Expiration Date (if any) (mm/dd/yyyy):
Document Title:			Example	
Issuing Authority:				
Document Number:				
Expiration Date (if any) (mm/dd/yyyy):				
Document Title:				
Issuing Authority:			3-D Barcode Do Not Write in This Space	
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. ③				
The employee's first day of employment (mm/dd/yyyy): <i>03/20/2013</i> (See instructions for exemptions.)				
Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
④ <i>Ronald Smith</i>		⑤ <i>03/20/2013</i>	⑥ <i>Employer</i>	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
⑦ <i>Smith</i>		⑧ <i>Ronald</i>	⑧ <i>Ronald Smith</i>	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code
⑨ <i>500 Fictional St.</i>		<i>Anytown</i>	<i>WI</i>	<i>54111</i>
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.				
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:	

Note: These instructions are for informational purposes only. Refer to pages 3 and 4 of Form I-9 Instructions for detailed information.