

# INSTRUCTIONS FOR COMPLETING FORM I-9

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

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

## Form I-9, Employment Eligibility Verification

**A Employee**  
Print your full name and maiden name if applicable

**B Employee**  
Print your current physical address

**F Employee**  
Sign here

**C Employee**  
Print your date of birth

**D Employee**  
Print your Social Security number

**E Employee**  
Check one box

**G Employee**  
Print current date

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 <u>Doe</u>	First <u>John</u>	Middle Initial <u>A</u>	Maiden Name
Address (Street Name and Number) <u>123 Main St.</u>		Apt. # <u>B4</u>	Date of Birth (month/day/year) <u>01/01/1952</u>
City <u>Green Bay</u>	State <u>WI</u>	Zip Code <u>54301</u>	Social Security # <u>000-00-0000</u>

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 [Signature] Date (month/day/year) 02/20/2009

**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)

**1 Employer**  
Review and verify documentation \*see additional instructions below

**2 Employer**  
Print date employee begins employment

**3 Employer**  
Sign here

**4 Employer**  
Print your name

**6 Employer**  
We have pre-filled this line with Consumer Direct's address

**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: _____	<b>1</b>	<u>Driver's License</u>		<u>Social Security Card</u>
Issuing authority: _____		<u>State of Wisconsin</u>		<u>Social Security Administration</u>
Document #: _____		<u>012345678945621</u>		<u>000-00-0000</u>
Expiration Date (if any): _____		<u>3/12/2015</u>		

**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 genuine and to relate to the employee named, that the employee began employment on (month/day/year) 02/20/2009 and 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 <u>[Signature]</u>	Print Name <u>John Smith</u>	Title <u>Managing Employer</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>Consumer Direct for Wisconsin, 744 Ryan Dr., Suite 201, Hudson WI 54018-7984</u>		Date (month/day/year) <u>02/20/2009</u>

**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) \_\_\_\_\_

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): _____
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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) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_

**\* Additional Documentation Instructions**

Document title: document name on top line of document (e.g. Driver License)  
 Issuing Authority: varies depending on the document (e.g. Dept. of Transportation)  
 Document #: unique identifying number on card (e.g. Driver License Number)  
 Expiration Date: the date the document expires (e.g. 01/01/2020)

**MAKE SURE THE DOCUMENTS ARE ENTERED UNDER THE CORRECT LIST**