

The United States Citizenship and Immigration Services (USCIS) is part of the United States Department of Homeland Security (DHS). This form is to make sure you can work in the United States.

The state you work in requires this form to be completed in a specific way so that Public Partnerships can check the employee's eligibility to work in the United States through e-Verify.

These instructions have been created to be used by employers and employees in addition to the USCIS I-9 Completion Checklist. These instructions provide additional details about the requirements to the form.

**Who completes the I-9 form?**

The employee should complete page 1 of the I-9 form.

The employer should complete page 2 of the I-9 form.

The employee must provide copies of their employment verification documents (more information below).

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

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

**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 (if family Name) First Name (Given Name) Middle Initial Other Last Names Used (if any)

Address (Street Number and Name) Apt. Number City or Town State ZIP Code

Date of Birth (mm/dd/yyyy) U.S. Social Security Number Employer's E-mail Address Employer'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):

- 1. A citizen of the United States.
- 2. A non-citizen national of the United States (See instructions).
- 3. A lawful permanent resident (Alien Registration Number/USCIS Number).
- 4. An alien authorized to work until expiration date, if applicable, mm/dd/yyyy.  
(Some aliens may write "N/A" in the expiration date field. (See instructions).)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:  
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: \_\_\_\_\_  
OR  
2. Form I-94 Admission Number: \_\_\_\_\_  
OR  
3. Foreign Passport Number: \_\_\_\_\_  
Country of Issuance: \_\_\_\_\_

Signature of Employee Today's Date (mm/dd/yyyy)

**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.  A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)  
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 Today's Date (mm/dd/yyyy)

Last Name (Family Name) First Name (Given Name)

Address (Street Number and Name) City or Town State ZIP Code

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

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

**Employer or Authorized Representative Review and Verification**  
Authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must use one document from List A OR a combination of one document from List B and one document from List C as listed on the "List Items" tab.

Section 1 Last Name (Family Name) First Name (Given Name) M.I. Citizenship/Immigration Status

List A Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
any/mm/dd/yyyy		Expiration Date (if any/mm/dd/yyyy)		Expiration Date (if any/mm/dd/yyyy)
Additional Information				OR Code "Section 1" or not one in this block
any/mm/dd/yyyy				
any/mm/dd/yyyy				
any/mm/dd/yyyy				

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, and document(s) appear to be genuine and to relate to the employee named, and (2) to the best of my knowledge the person to work in the United States.  
I first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

Employer or Authorized Representative Today's Date (mm/dd/yyyy) Title of Employer or Authorized Representative

Employer or Authorized Representative First Name of Employer or Authorized Representative Employer's Business or Organization Name

Address or Organization Address (Street Number and Name) City or Town State ZIP Code

**Verification and Rehires (To be completed and signed by employer or authorized representative.)**

Employee: Last Name (Family Name) First Name (Given Name) Middle Initial Date (mm/dd/yyyy)

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 Today's Date (mm/dd/yyyy) Name of Employer or Authorized Representative

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Continue to the next page for more instruction on completing the I-9.

**Step 1: Employee Information and Attestation (Section 1, Page 1):**

**Q: Who completes this section of the form?**

**A: The employee.**

The employee’s name must match the name on the documents you provide to verify their employment eligibility. Please use the below picture and instructions to complete this portion of section 1:

**Employee Information:**

Section 1. Employee Information and Attestation <i>(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.)</i>						
1	Last Name (Family Name)	First Name (Given Name)	Middle Initial	Other Last Names Used (if any)		
	Doe	John	A			
2	Address (Street Number and Name)	Apt. Number	City or Town	State	ZIP Code	
	123 Main Street	1	Washington	DC	20000	
3	Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's E-mail Address		Employee's Telephone Number	
	01/01/1960	0000 - 000 - 000000	johndoe@email.com		(202) 123-4567	

1. Employee’s **full legal name:** Last Name, First Name, Middle Initial
  - a. Other Names Used: Employee’s maiden name (If you have changed your name due to marriage), or if your name has changed for any other reasons. If this doesn’t apply to you, please leave this field blank or you may write N/A.
2. Employee’s **Address:** Street Number, Street Name, (Apt No. if applicable), City, State, and Zip Code.
3. Employee’s **Date of Birth:** include the month, day and 4-digit year of your birth  
 Employee’s **U.S. Social Security Number:** 9-digit government issued number  
 Employee’s **E-mail Address** (if you do not have one, you may leave this field blank)  
 Employee’s **Telephone Number:** 10-digit number including area code.

**Employee Attestation:**

The employee must check off the statement that applies to their current citizenship. Please see the below picture and instructions to complete this portion of section 1 (Note: the example below shows how to complete the form if the employee is an alien authorized to work in the United States. If you are a citizen of the U.S., you will complete this section differently).

4. Please **choose only one** option:
  - a. **A citizen of the United States**
  - b. **A noncitizen national of the United States** *(see additional instructions)*
  - c. **A lawful permanent resident** *(Alien number/USCIS Number required)*
  - d. **An alien authorized to work until** *(a valid expiration date or N/A, if no expiration date is applicable along with Alien Registration Number/USCIS Number OR Form I-94 Admission Number are required)*
5. **Employee’s Signature** (sign your full legal name to match what is listed in Section 1, Box 1) and add **Today’s Date** to your signature.  
**Please note:** The date should be the date the employee signed the I-9 form (The Employee must sign the form the same day or before the Employer signs the form in Section 2, Page 2).

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):

<input type="checkbox"/>	1. A citizen of the United States
<input type="checkbox"/>	2. A noncitizen national of the United States (See instructions)
<input type="checkbox"/>	3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input checked="" type="checkbox"/>	4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): <u>02/28/2020</u> Some aliens may write "N/A" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:  
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: <u>1 2 3 4 5 6 7 8 9</u>	QR Code - Section 1 Do Not Write In This Space
OR	
2. Form I-94 Admission Number: _____	
OR	
3. Foreign Passport Number: _____	
Country of Issuance: _____	

5 Signature of Employee <u>John Doe</u>	Today's Date (mm/dd/yyyy) 01/23/2017
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6. Please check the box under Prepare and/or Translator Certification that applies to you
- If you completed page 1 **without assistance**, please check the box next to:
    - Continue to the next page
  - If you completed page 1 **with assistance** from a preparer or a translator to complete the form, please check the box next to the statement: "A preparer(s) and/or translator(s) assisted the employee in completed in Section 1."
    - Please fill out the following information (see picture above and instructions below):
      - Preparer/Translator's Signature
      - Print Preparer/Translator's Full Name
      - Preparer/Translator's current physical address
      - Print the date the Preparer/Translator helped complete this form

6 **Preparer and/or Translator Certification (check one):**

I did not use a preparer or translator.  A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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 <u>Jane Doe</u>		Today's Date (mm/dd/yyyy) 1/23/2017	
Last Name (Family Name) Doe		First Name (Given Name) Jane	
Address (Street Number and Name) 123 Main Street		City or Town Washington	State DC
		ZIP Code 20000	

Continue to the next page for Employer instruction on completing the I-9.

**Step 2: Employer or Authorized Representative Review and Verification (Section 2, Page 2):**

**Q: Who completes the section of this form?**

**A: The employer (or Designated Representative)**

The employer must verify and list the documents that prove the employee’s employment eligibility (ability to work in the U.S.) in the format required by the United States Department of Homeland Security. If you have additional questions about the requirements of this form you can review the UCSIS Employer Handbook on our program website.

**Copies of the documents that the employee provided must be submitted along with the packet, unless otherwise stated by your states program. The copies must be clear and legible so that the face and numbers on the documentation can be seen clearly. Documents will not be accepted if they are expired.**

Employer or Authorized Representative Review:

Please use the below picture and instructions to complete this portion of section 2 (Note: the below example shows the most common verification documents; Driver’s License and Social Security Card):

1. Fill in the employee’s name listed in Section 1: Last Name, First Name, Middle Initial and Citizenship Status listed on page 1
2. Fill in the information listed on the employee’s employment verification documents in this section. The “List of Acceptable Documents” can be found on page 3 of the I-9 form. It will depend on what type of document(s) the employee provides, what list the document will need to be listed under.
  - i. The employee can provide either:
    - A document for list A (i.e. Passport)

**OR**

  - A document from list B (i.e. Driver’s license) **AND**  
A document from list C (i.e. Social Security Card)

<b>Section 2. Employer or Authorized Representative Review and Verification</b>				
<i>(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.")</i>				
<b>1</b>	<b>Employee Info from Section 1</b>	Last Name (Family Name) Doe	First Name (Given Name) John	M.I. A Citizenship/Immigration Status 4. Alien authorized to work
<b>2</b>	List A Identity and Employment Authorization	OR	List B Identity	AND List C Employment Authorization
	Document Title	Document Title	Document Title	
	Issuing Authority	Issuing Authority	Issuing Authority	
	Document Number	Document Number	Document Number	
	Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)	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)			

Continue to the next page for more instruction on completing the I-9.



- ii. Copy the provided document’s information in the correct list:
  - Document Title (i.e., “Driver’s License”)
  - Issuing Authority (i.e., State listed on the Driver’s License)
  - Document Number (i.e., “Driver’s License Number”)
  - Expiration Date (If there is no expiration date, enter “N/A”)

**Employer’s Verification (Certification):**

Please see the below picture and instructions to complete this portion of section 2:

<p><b>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.</b></p>				
<p>3 The employee’s first day of employment (mm/dd/yyyy): <u>01/23/2017</u> (See instructions for exemptions)</p>				
<p>4 Signature of Employer or Authorized Representative <i>Alice Smith</i></p>		<p>Today’s Date(mm/dd/yyyy) 01/23/2017</p>	<p>Title of Employer or Authorized Representative Household Employer</p>	
<p>5 Last Name of Employer or Authorized Representative Smith</p>	<p>First Name of Employer or Authorized Representative Alice</p>	<p>Employer’s Business or Organization Name Alice Smith</p>		
<p>Employer’s Business or Organization Address (Street Number and Name) 567 Maple Street</p>		<p>City or Town Washington</p>	<p>State DC</p>	<p>ZIP Code 20000</p>

- 3. The employee’s first day of employment (mm/dd/yyyy): List the date that this form is being completed.
  - a. Please note: while the employee is not eligible to begin working on this date, this is the date that the employment process has begun for the employee and generally is the same date of signature.
- 4. Employer (or designated representative) signature (full legal name), date signed, and title of Employer or Authorized Representative.
  - a. **Employer signature date:** This date should match the date that the document(s) were provided by the employee to the employer for their verification. **This is very important** and should not be more than three (3) calendar days after the employment start date listed and the employee’s signature date on Section 1, Page 1
  - b. **Employer Title:** IE “Household Employer” if you are the employer of record. If you are the Designated Representative, please write “Representative”
  - c. **Employer Name:** Last Name, First Name
  - d. **Employer’s Business or Organization Name:** Please enter the person receiving services name.
  - e. **Employer’s Business or Organization Address:** Person receiving services address (The address should match the location where they live, where services will be received)

**Reverification and Rehires (Section 3, Page 2):**

**Only complete this section if:**

- The Employee is rehired by the employer within three (3) years of his/her last date worked
- The Employee has a name change
- The Employee’s work authorization expires

If any of these apply, please use the below picture and instructions to complete this form:

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)			
A. New Name (if applicable)		B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)
1 Miller	John	A	2 05/05/2018
C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.			
3 Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)	
EAD	XXX1987456321	06/30/2020	
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.			
4 Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative	
Alice Smith	05/05/2018	Alice Smith	

1. New name of the Employee.
2. The date the Employee was rehired if applicable. Leave this field blank if this section is being filled out because of a name change or reverification.

If the Employee was an alien and the document has expired, the employer must re-validate the work authorization. Please see below instructions, if applicable:

3. Title of Document that is being provided (If Applicable), Document Title of the new documents(s) used to verify employment eligibility, Document Number of the new document(s) used to verify employment eligibility, and Expiration Date of the new documents(s) used to verify employment eligibility.
4. **Employer signature and date:** The employer must sign their full Legal Name to indicate the Employer has conducted the verification of any existing and new information on Form I-9. The date should be the date that the Employer signed the forms and verified the documents provided. The employer signature and date field **MUST** be completed in cases of name change, rehire, and reverification.

### Frequently Asked Questions

Q: Where can I find more information on this form?

A: For more information, go online to review the USCIS Employer Handbook <https://www.uscis.gov/i-9-central/handbook-employers-m-274>.

Or visit [www.publicpartnerships.com/i9](http://www.publicpartnerships.com/i9) for additional instructions and videos.