




## Proper I9 Procedure

### Federal Regulations:

- Section 1 of the I-9 form must be filled out no later than the employee's **FIRST** day of work.
- Section 2 must be completed no later than **3** business days after the employee's start date.
- I-9's **CANNOT** contain white out/correction tape.
- If you have any questions, feel free to contact our office at 616.331.3238
- You **MUST** use original documents! You **CANNOT** use copies of documents.

### Section 1

This section is to be filled out only by the new employee and should be completed no later than the **first** day of employment. Departments should refrain from typing the information for the employee, as errors sometimes occur when typed by others and the law specifies that it is to be completed **by** the employee. All corrections in this section must be initialed by the employee, as it is an attestation under the penalty of perjury. **The use of liquid paper or correction tape is not acceptable for I-9 documents.** Should this occur, please complete a new form.

		<b>Employment Eligibility Verification</b>		<b>USCIS Form I-9</b>	
		Department of Homeland Security U.S. Citizenship and Immigration Services		OMB No. 1615-0047 Expires 03/31/2016	
<b>▶START HERE.</b> Read instructions carefully before completing this form. The instructions must be available during completion of this form. <b>ANTI-DISCRIMINATION NOTICE:</b> It is illegal to discriminate against work-authorized individuals. Employers <b>CANNOT</b> 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.					
<b>Section 1. Employee Information and Attestation</b> (Employees must complete and sign Section 1 of Form I-9 no later than the <b>first day of employment</b> , but not before accepting a job offer.)					
Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other 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 		E-mail Address		Telephone Number
<b>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.</b>					
<b>I attest, under penalty of perjury, that I am (check one of the following):</b>					
<input type="checkbox"/> A citizen of the United States					
<input type="checkbox"/> A noncitizen national of the United States (See instructions)					
<input type="checkbox"/> A lawful permanent resident (Alien Registration Number/USCIS Number): _____					
<input type="checkbox"/> 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 <b>OR</b> Form I-94 Admission Number:					
1. Alien Registration Number/USCIS Number: _____					
<b>OR</b>					
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:			Date (mm/dd/yyyy):		
<b>Preparer and/or Translator Certification</b> (To be completed and signed if Section 1 is prepared by a person other than the employee.)					
<b>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.</b>					

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### Section 2

This section is to be filled out by the employer representative who is certifying the I-9. This section should be filled out no later than the 3rd day of employment. Remember that the use of liquid paper or correction tape is not acceptable for I-9 documents. Should this occur, please complete a new form. The new employee must present either (1) a document from List A OR (2) a document from List B AND List C.

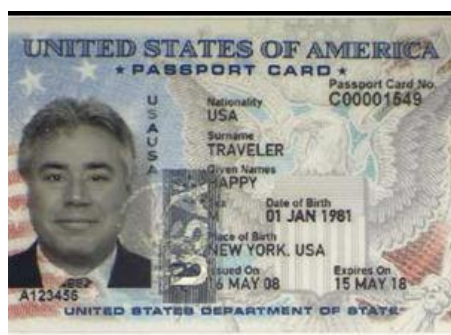
**ORIGINAL DOCUMENTS MUST BE USED TO FILL OUT THIS SECTION.**

**List A (most common used):**



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

List A Identity and Employment Authorization	OR List B Identity	AND List C Employment Authorization
Document Title: passport	Document Title:	Document Title:
Issuing Authority: USA	Issuing Authority:	Issuing Authority:
Document Number: 100003106	Document Number:	Document Number:
Expiration Date (if any)(mm/dd/yyyy): 03/02/2015	Expiration Date (if any)(mm/dd/yyyy):	Expiration Date (if any)(mm/dd/yyyy):



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

List A Identity and Employment Authorization	OR List B Identity	AND List C Employment Authorization
Document Title: Passport Card	Document Title:	Document Title:
Issuing Authority: USA	Issuing Authority:	Issuing Authority:
Document Number: C00001549	Document Number:	Document Number:
Expiration Date (if any)(mm/dd/yyyy): 05/15/2018	Expiration Date (if any)(mm/dd/yyyy):	Expiration Date (if any)(mm/dd/yyyy):



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

List A Identity and Employment Authorization	OR List B Identity	AND List C Employment Authorization
Document Title: PRC	Document Title:	Document Title:
Issuing Authority: USCIS	Issuing Authority:	Issuing Authority:
Document Number: 000-000-001	Document Number:	Document Number:
Expiration Date (if any)(mm/dd/yyyy): 06/02/2007	Expiration Date (if any)(mm/dd/yyyy):	Expiration Date (if any)(mm/dd/yyyy):

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List B (most common used):



Employee Last Name, First Name and Middle Initial from Section 1: Driver, Anne C.			
List A Identity and Employment Authorization	OR	List B Identity	AND List C Employment Authorization
Document Title:		Document Title: Drivers License	Document Title:
Issuing Authority:		Issuing Authority: State of Michigan	Issuing Authority:
Document Number:		Document Number: A 103 100 008 172	Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): 10/15/2008	Expiration Date (if any)(mm/dd/yyyy):



Employee Last Name, First Name and Middle Initial from Section 1: Driver, Anne C.			
List A Identity and Employment Authorization	OR	List B Identity	AND List C Employment Authorization
Document Title:		Document Title: Student ID	Document Title:
Issuing Authority:		Issuing Authority: Grand Valley State University	Issuing Authority:
Document Number:		Document Number: Gnumber	Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): 05/20/2012	Expiration Date (if any)(mm/dd/yyyy):

List C (most common used):



Employee Last Name, First Name and Middle Initial from Section 1: Doe, John			
List A Identity and Employment Authorization	OR	List B Identity	AND List C Employment Authorization
Document Title:		Document Title:	Document Title: SS Card
Issuing Authority:		Issuing Authority:	Issuing Authority: SSA
Document Number:		Document Number:	Document Number: 000-00-0000
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):	Expiration Date (if any)(mm/dd/yyyy): n/a



Employee Last Name, First Name and Middle Initial from Section 1: Doe, John			
List A Identity and Employment Authorization	OR	List B Identity	AND List C Employment Authorization
Document Title:		Document Title:	Document Title: Birth Certificate
Issuing Authority:		Issuing Authority:	Issuing Authority: State of Michigan-OttawaCounty
Document Number:		Document Number:	Document Number: 110XXXXXX
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):	Expiration Date (if any)(mm/dd/yyyy): n/a

### You must ensure to certify Section 2:

<b>Certification</b>				
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): <u>DATE</u> (See instructions for exemptions.)				
Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
			Your Title	
Last Name (Family Name)		First Name (Given Name)		Employer's Business or Organization Name
Your name				Grand Valley State University
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code
1 Campus Drive		Allendale	MI	49401
<b>Section 3. Reverification and Rehires</b> (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):

1. You are certifying that you have verified original documents from above.
2. Ensure to include employee's first day of employment.
3. DO NOT make copies of documents used for section 2.