

## Proper I-9 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 make a mistake, please start a new form.
- The current I-9 form has an “Expires 08/31/2019” date at the top right of the 2<sup>nd</sup> page and should have a “Form I-9 07/17/17 N” at the bottom left of both pages. Please make sure you are completing the most recent form.
- If you have any questions, feel free to contact our office at 616-331-3238 or send the student to our office at 100 Student Services Building to complete the form in our office.
- You **MUST** use original documents! You CANNOT use copies or photos 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.

		Employment Eligibility Verification Department of Homeland Security U.S. Citizenship and Immigration Services		<b>USCIS Form I-9</b> OMB No. 1615-0047 Expires 08/31/2019	
<b>▶ START HERE:</b> Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the 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) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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 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 [ ][ ] - [ ][ ] - [ ][ ][ ]		Employee's E-mail Address		Employee's 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 boxes):</b>					
<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 type="checkbox"/> 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: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____					
QR Code - Section 1 Do Not Write In This Space					
Signature of Employee			Today's Date (mm/dd/yyyy)		
<b>Preparer and/or Translator Certification (check one):</b>					

## 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 a List A document or any combination of List B and List C document.

Make sure to complete the top of Section 2 with the Last Name, First Name, Middle Initial and Citizenship/Immigration Status number from Section 1.



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

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

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**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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

<b>Employee Info from Section 1</b>	<b>Last Name (Family Name)</b>	<b>First Name (Given Name)</b>	<b>M.I.</b>	<b>Citizenship/Immigration Status</b>

List A
OR
List B
AND
List C

List A (most commonly used):

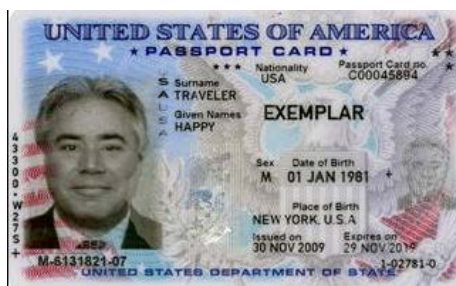


**Section 2. Employer or Authorized Representative Review and Verification**  
(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

<b>Employee Info from Section 1</b>	<b>Last Name (Family Name)</b> Traveler	<b>First Name (Given Name)</b> Happy	<b>M.I.</b>	<b>Citizenship/Immigration Status</b> 1

List A
OR
List B
AND
List C

List A Identity and Employment Authorization	List B Identity	List C Employment Authorization
Document Title U.S. Passport	Document Title	Document Title
Issuing Authority U.S. Department of State	Issuing Authority	Issuing Authority
Document Number 340020013	Document Number	Document Number
Expiration Date (if any)(mm/dd/yyyy) 05/05/2019	Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)
Document Title		



**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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

<b>Employee Info from Section 1</b>	<b>Last Name (Family Name)</b> Traveler	<b>First Name (Given Name)</b> Happy	<b>M.I.</b>	<b>Citizenship/Immigration Status</b> 1

List A
OR
List B
AND
List C

List A Identity and Employment Authorization	List B Identity	List C Employment Authorization
Document Title U.S. Passport Card	Document Title	Document Title
Issuing Authority U.S. Department of State	Issuing Authority	Issuing Authority
Document Number C00045894	Document Number	Document Number
Expiration Date (if any)(mm/dd/yyyy) 12/29/2019	Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)
Document Title		



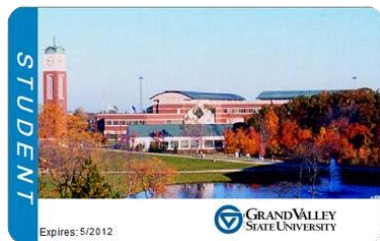


Section 2. Employer or Authorized Representative Review and Verification				
(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")				
Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
	Specimen	Test	V	3
List A	OR	List B	AND	List C
Identity and Employment Authorization	Identity	Employment Authorization		
Document Title U.S. Permanent Resident Card	Document Title	Document Title		
Issuing Authority USCIS	Issuing Authority	Issuing Authority		
Document Number 000-000-0001	Document Number	Document Number		
Expiration Date (if any)(mm/dd/yyyy) 08/21/2007	Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)		

List B (most commonly used):



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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")				
Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
	Sample	June	M	1
List A	OR	List B	AND	List C
Identity and Employment Authorization	Identity	Employment Authorization		
Document Title	Document Title Driver's License	Document Title		
Issuing Authority	Issuing Authority State of Michigan	Issuing Authority		Also needs a List C document
Document Number	Document Number S 100 100 100 100	Document Number		
Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy) 10/15/2019	Expiration Date (if any)(mm/dd/yyyy)		



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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")				
Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
	Sample	June	M	1
List A	OR	List B	AND	List C
Identity and Employment Authorization	Identity	Employment Authorization		
Document Title	Document Title Student ID	Document Title		
Issuing Authority	Issuing Authority Grand Valley State University	Issuing Authority		Also needs a List C document
Document Number	Document Number G01234567	Document Number		
Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy) 05/01/2012	Expiration Date (if any)(mm/dd/yyyy)		

List C (most commonly used):



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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")				
Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
	Doe	John		1
List A	OR	List B	AND	List C
Identity and Employment Authorization	Identity	Employment Authorization		
Document Title	Document Title	Document Title Social Security Card		
Issuing Authority	Issuing Authority Also needs a List B document	Issuing Authority Social Security Administration		
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		



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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")				
Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
	Doe	John		1
List A	OR	List B	AND	List C
Identity and Employment Authorization	Identity	Employment Authorization		
Document Title	Document Title	Document Title U.S. Birth Certificate		
Issuing Authority	Issuing Authority Also needs a List B document	Issuing Authority State of Michigan		
Document Number	Document Number	Document Number 110-XXXXXX		
Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy) n/a		

## For International Students:

All information is listed in the List A column, and all three sections of List A are completed. International students of an F-1 or J-1 visa (also known as I-20) are allowed to work on campus. They must present the following 3 documents:

- **Passport from their home country**
- **I-20, Certificate of Eligibility for Nonimmigrant Student Status (also known as their visa)**

Department of Homeland Security U.S. Immigration and Customs Enforcement		I-20, Certificate of Eligibility for Nonimmigrant Student Status OMB NO. 1653-0038	
<b>SEVIS ID: N0004705512</b>			
<b>SURNAME/PRIMARY NAME</b> Doe Smith		<b>GIVEN NAME</b> John	<b>CLASS</b>  <b>F-1</b>  <b>ACADEMIC AND LANGUAGE</b>
<b>PREFERRED NAME</b> John Doe-Smith		<b>PASSPORT NAME</b>	
<b>COUNTRY OF BIRTH</b> UNITED KINGDOM		<b>COUNTRY OF CITIZENSHIP</b> UNITED KINGDOM	
<b>DATE OF BIRTH</b> 01 JANUARY 1980		<b>ADMISSION NUMBER</b>	
<b>FORM ISSUE REASON</b> INITIAL ATTENDANCE		<b>LEGACY NAME</b> John Doe-Smith	
<b>SCHOOL INFORMATION</b>			
<b>SCHOOL NAME</b> SEVP School for Advanced SEVIS Studies		<b>SCHOOL ADDRESS</b> 9022 Nancy Lane, Ft. Washington, MD 20744	
<b>SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL</b> Helene Robertson PDSO		<b>SCHOOL CODE AND APPROVAL DATE</b> BAL214F4444000 03 APRIL 2015	
<b>PROGRAM OF STUDY</b>			
<b>EDUCATION LEVEL</b> DOCTORATE		<b>MAJOR 1</b> Economics, General 45.0601	<b>MAJOR 2</b> None 00.0000
<b>NORMAL PROGRAM LENGTH</b> 72 Months		<b>PROGRAM ENGLISH PROFICIENCY</b> Required	
<b>PROGRAM START DATE</b> 01 SEPTEMBER 2015		<b>ENGLISH PROFICIENCY NOTES</b> Student is proficient	
<b>FINANCIALS</b>			
<b>ESTIMATED AVERAGE COSTS FOR 9 MONTHS</b>		<b>STUDENT'S FUNDING FOR 9 MONTHS</b>	
Tuition and Fees \$ 23,000		Personal Funds \$ 3,000	
Living Expenses \$ 6,000		Scholarship and Teaching Assistantship \$ 29,000	
Expenses of Dependents (1) \$ 3,000		Funds From Another Source \$	
Other \$		On-Campus Employment \$	
<b>TOTAL</b> \$ 32,000		<b>TOTAL</b> \$ 32,000	
<b>REMARKS</b> Orientation begins 8/25/2015. Please report to ISSS upon arrival.			
<b>SCHOOL ATTESTATION</b>			
I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.			
<b>SIGNATURE OF:</b> Helene Robertson, PDSO		<b>DATE ISSUED</b> 21 April 2015	<b>PLACE ISSUED</b> Ft. Washington, MD
<b>STUDENT ATTESTATION</b>			
I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status. <b>Parent or guardian, and student, must sign if student is under 18.</b>			
<b>SIGNATURE OF:</b> John Doe Smith		<b>DATE</b>	
<b>NAME OF PARENT OR GUARDIAN</b>		<b>ADDRESS (city/state or province/country)</b>	

- **I-94 Arrival Record** (can also be printed online at <https://i94.cbp.dhs.gov/I94/#/home#section>)

Admission (I-94) Record Number : XXXXXXXXXXXX  
Most Recent Date of Entry: 2016 March 11  
Class of Admission : F1  
Admit Until Date : D/S  
Details provided on the I-94 Information form:

Last/Surname : DOE  
First (Given) Name : JANE  
Birth Date : 1997 March 12  
Passport Number : XXXXXXXX  
Country of Issuance : United Kingdom



Or

I-94 Card Example	
Departure Number	OMB No. 1651-0111
b2b633123 12	
I-94 Departure Record	
APR 23 2009 JUN 25 2006 APR 23 2009	
Family Name SAMPLE	
First (Given) Name JANE	
Birth Date (Day/Mo/Yr) 23/03/68	
Country of Citizenship NEW ZEALAND	
See Other Side	
CBP Form I-94 (10/04) STAPLE HERE	

## Example of Completed International Student I-9 – Section 2

<b>Employee Info from Section 1</b>		<b>Last Name (Family Name)</b> Doe	<b>First Name (Given Name)</b> John	<b>M.I.</b>	<b>Citizenship/Immigration Status</b> 4
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<b>List A</b>	<b>OR</b>	<b>List B</b>	<b>AND</b>	<b>List C</b>
<b>Identity and Employment Authorization</b>		<b>Identity</b>		<b>Employment Authorization</b>

Document Title <b>Passport</b>	Document Title	Document Title
Issuing Authority <b>United Kingdom</b>	Issuing Authority	Issuing Authority
Document Number <b>AB0012345</b>	Document Number	Document Number
Expiration Date (if any)(mm/dd/yyyy) <b>05/31/2021</b>	Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy)

Document Title <b>I-20</b>	Additional Information	QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority <b>DHS</b>		
Document Number <b>N0004705512</b>		
Expiration Date (if any)(mm/dd/yyyy) <b>05/31/2021</b>		
Document Title <b>I-94</b>		
Issuing Authority <b>DHS</b>		
Document Number <b>62663312312</b>		
Expiration Date (if any)(mm/dd/yyyy) <b>D/S</b>		

**You must certify and sign Section 2 for all I-9 forms you complete. This is certifying that you have viewed and verified the original documents from above. Ensure to include employee's first day of employment. DO NOT make copies of documents used for Section 2.**

**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		Today's Date (mm/dd/yyyy)		Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town		State ZIP Code

**Section 3. Reverification and Rehires** (To be completed and signed by employer or authorized representative.)

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>		
Last Name (Family Name)		First Name (Given Name)		Middle Initial	Date (mm/dd/yyyy)

**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.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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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), 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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**Please send all completed I-9 forms to Student Employment at 100 STU through the intercampus mail. We cannot accept scanned/emailed forms or faxed forms – we must have the originals. As always, feel free to contact us at 616-331-3238 if you have questions.**