


## 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><br>Department of Homeland Security<br>U.S. Citizenship and Immigration Services |                           | <b>USCIS</b><br><b>Form I-9</b><br>OMB No. 1615-0047<br>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<br>[ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] |  | 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): _____<br>Some aliens may write "N/A" in the expiration date field. (See instructions)  |  |  |                           |  |  |
| <b>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:<br/>An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</b>   |  |  |                           |  | <b>QR Code - Section 1</b><br>Do Not Write In This Space |
| 1. Alien Registration Number/USCIS Number: _____<br><b>OR</b>  |  |  |                           |  |  |
| 2. Form I-94 Admission Number: _____<br><b>OR</b>  |  |  |                           |  |  |
| 3. Foreign Passport Number: _____<br>Country of Issuance: _____  |  |  |                           |  |  |
| 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 from Section 1.



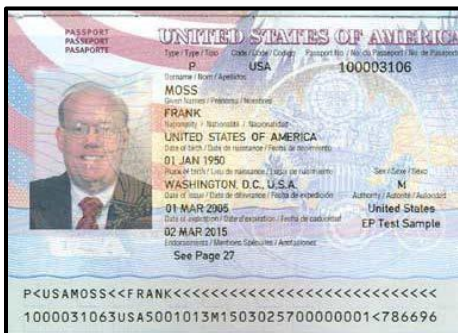
**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

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

**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.")*

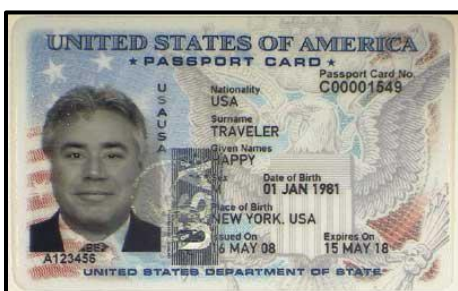
|                                     |                                |                                |             |                                       |
|-------------------------------------|--------------------------------|--------------------------------|-------------|---------------------------------------|
| <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 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: <u>Passport</u>             |    |        |     |        |
| Issuing authority: <u>USA</u>               |    |        |     |        |
| Document #: <u>100003106</u>                |    |        |     |        |
| Expiration Date (if any): <u>03/02/2015</u> |    |        |     |        |
| Document #:                                 |    |        |     |        |
| Expiration Date (if any):                   |    |        |     |        |



**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: <u>Passport Card</u>        |    |        |     |        |
| Issuing authority: <u>USA</u>               |    |        |     |        |
| Document #: <u>C00001549</u>                |    |        |     |        |
| Expiration Date (if any): <u>05/15/2018</u> |    |        |     |        |
| Document #:                                 |    |        |     |        |
| Expiration Date (if any):                   |    |        |     |        |



**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).)

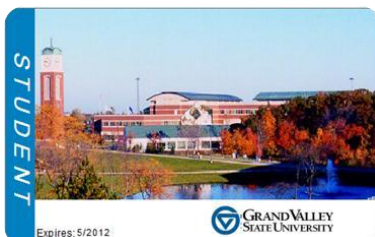
| List A                               | OR | List B | AND | List C |
|--------------------------------------|----|--------|-----|--------|
| Document title: PRC                  |    |        |     |        |
| Issuing authority: USCIS             |    |        |     |        |
| Document #: 000-000-001              |    |        |     |        |
| Expiration Date (if any): 08/21/2007 |    |        |     |        |
| Document #:                          |    |        |     |        |
| Expiration Date (if any):            |    |        |     |        |

List B (most commonly used):



**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:           |    | Drivers Licence   |     |        |
| Issuing authority:        |    | MI                |     |        |
| Document #:               |    | A 103 100 008 172 |     |        |
| Expiration Date (if any): |    | 10/15/2008        |     |        |
| Document #:               |    |                   |     |        |
| Expiration Date (if any): |    |                   |     |        |



**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:           |    | Student ID   |     |        |
| Issuing authority:        |    | Grand Valley |     |        |
| Document #:               |    | Gnumber      |     |        |
| Expiration Date (if any): |    | 5/20/2012    |     |        |
| Document #:               |    |              |     |        |
| Expiration Date (if any): |    |              |     |        |

## List C (most commonly used)



**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:           |    |        |     | SS Card     |
| Issuing authority:        |    |        |     | SSA         |
| Document #:               |    |        |     | 000-00-0000 |
| Expiration Date (if any): |    |        |     | n/a         |
| Document #:               |    |        |     |             |
| Expiration Date (if any): |    |        |     |             |



**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:           |    |        |     | Birth Certificate |
| Issuing authority:        |    |        |     | State of Michigan |
| Document #:               |    |        |     | 110XXXXXX         |
| Expiration Date (if any): |    |        |     | n/a               |
| Document #:               |    |        |     |                   |
| Expiration Date (if any): |    |        |     |                   |

You must certify Section 2. 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) |

|   |  |                 |                                       |
|---|--|-----------------|---------------------------------------|
| <b>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.</b> |  |                 |                                       |
| 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 |
|--|--|---------------------------|---|