



## Employee Paperwork – Filling out the Employment Eligibility Verification Department of Homeland Security Form I-9

This form is filled out by the **Employer** with the Employee's Identification forms.

When filling out this form the Employee must have Documents that establish Identity and Employment Authorization. Use Page 3 of 3 (the page behind the I-9 form) to see the different acceptable forms of Identification.

The image shows Form I-9, Section 2, 'Employer or Authorized Representative Review and Verification'. A U.S. Passport is placed over the form, with a red box highlighting it as an acceptable document under List A. The form is filled out with the following information:

LIST A	LIST B	LIST C
<p>Document Title: <b>US PASSPORT</b></p> <p>Issuing Authority: <b>United States of America</b></p> <p>Document Number: <b>73456789</b></p> <p>Expiration Date (if any) (mm/dd/yyyy): <b>19 APR 2025</b></p>		

Employee Info from Section 1: Last Name (Family Name) **VOGTLI**, First Name (Given Name) **JHNE**, Citizenship/Immigration Status **R**.

Section 3: Reverification and Rehires. A. New Name (if applicable): Last Name (Family Name) **WIGREN**, First Name (Given Name) **Rebecca**, Middle Initial , Date (mm/dd/yyyy) **4/18/17**. B. Date of Rehire (if applicable): **N/A**.

Example – If the prospective employee has a U.S. Passport or U.S. Passport card you would fill out LIST A

### LIST A – Acceptable Documents:

1. U.S. Passport or U.S. Passport Card
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa
4. Employment Authorization Document that contains a photograph (Form I-766)
5. For a nonimmigrant alien authorized to work for a specific employer because of his/her status:
  - a. Foreign passport; and
  - b. Form I-94 or Form I-94A that has the following:
    - i. The same name as the passport; and
    - ii. An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI

The image shows Form I-9, Section 2, 'Employer or Authorized Representative Review and Verification'. Two documents are highlighted: a Driver's License and a Social Security Card. The form is filled out with the following information:

LIST A	LIST B	LIST C
<p>Document Title: <b>DRIVERS LICENSE STATE OF NEW HAMPSHIRE</b></p> <p>Issuing Authority: <b>NEW HAMPSHIRE</b></p> <p>Document Number: <b>23 VIT67067</b></p> <p>Expiration Date (if any) (mm/dd/yyyy): <b>05/06/2022</b></p>	<p>Document Title: <b>SOCIAL SECURITY CARD</b></p> <p>Issuing Authority: <b>US GOVERNMENT</b></p> <p>Document Number: <b>009-12-3456</b></p> <p>Expiration Date (if any) (mm/dd/yyyy): <b>N/A</b></p>	

Employee Info from Section 1: Last Name (Family Name) **VOGTLI**, First Name (Given Name) **JHNE**, Citizenship/Immigration Status **R**.

Section 3: Reverification and Rehires. A. New Name (if applicable): Last Name (Family Name) **WIGREN**, First Name (Given Name) **Rebecca**, Middle Initial , Date (mm/dd/yyyy) **4/18/17**. B. Date of Rehire (if applicable): **N/A**.

Example – If the employee does not have documentation from List A you must fill out LIST B **and** LIST C

### LIST B – Documents that Establish Identity

1. **Driver's license** or ID card issued by a Stat or outlying Possession on the US provided it contains a photo or other information such as name, date of birth, gender, height, eye color and address
2. ID card issued by federal, state or local government agencies or entities that contains a photo or information such as name, date of birth, gender, height, eye color and address
3. **School ID card** with photograph
4. **Voter's Registration Card**
5. U.S. Military card or draft record
6. Military dependent's ID card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by at Canadian government authority
10. School record or report card (*if person under age of 18*)
11. Clinic, doctor, or hospital record (*if person under age of 18*)

U.S. Department of Homeland Security  
 U.S. Citizenship and Immigration Services  
**Form I-9**  
 OMB No. 1815-0047  
 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 the document from List A OR a combination of one document from List B and one document from List C as listed on the "List of Acceptable Documents.")

Employee Info from Section 1: Last Name (Family Name) **VOGTLI**, First Name (Given Name) **JANE**, M, F, or A **A**, Citizenship/Immigration Status **A**

LIST A	OR	LIST B	AND	LIST C
Identifying and Employment Authorization		Identifying		Employment Authorization
Document Title <b>DRIVERS LICENSE</b>		Document Title <b>SOCIAL SECURITY CARD</b>		
Issuing Authority <b>STATE OF NEW HAMPSHIRE</b>		Issuing Authority <b>US GOVERNMENT</b>		
Document Number <b>25 VTT 67061</b>		Document Number <b>009-12-3456</b>		
Expiration Date (if any) (mm/dd/yyyy) <b>05/06/2022</b>		Expiration Date (if any) (mm/dd/yyyy) <b>N/A</b>		

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

A. New Hire (if applicable):  
 Last Name (Family Name) **WIGREN**, First Name (Given Name) **Rebecca**, Middle Initial **NIGREN**, Date (mm/dd/yyyy) **4/18/17**

B. Date of Rehire (if applicable):  
 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.

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: **Rebecca WIGREN**, Today's Date (mm/dd/yyyy): **4/18/17**, Name of Employer or Authorized Representative: **EMPLOYER**

Example – If the employee does not have documentation from List A you must fill out LIST B *and* LIST C

**LIST C – Documents that Establish Employment Authorization**

1. A **Social Security Account Number card**, unless the card includes one of the following restrictions:
  - a. NOT VALID FOR EMPLOYMENT
  - b. VALID FOR WORK ONLY WITH INS AUTHORIZATION
  - c. VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Certification of Birth Abroad issued by Department of State (Form FS-545)
3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. **Original or certified copy of Birth certificate** issued by a State, county, municipal authority, or territory of the United States bearing an official seal.
5. Native American tribal Document
6. U.S. Citizen ID Card (Form I-197)
7. Identification card for Use of Resident Citizen in the United States (Form I-179)
8. Employment authorization document issued by the Department of Homeland Security

Make sure to sign and date the form. Title of Employer can be “Employer”  
 The Employer Last and First name  
 Employer Business or Organization Name can be your Last Name  
 Employer’s address