

Employee Enrollment Below you will find a brief summary and FAQs for Form I-9

Form I-9

Employee Responsibilities for Section 1 – Instructions

Federal law requires every employer to fill out a *Form I-9* with each employee. The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986 is authorized to work in the United States.

Each employee must provide:

- Full legal name. The employee's name must match the name on the documents the employee provides to verify their employment eligibility.
 - o If the employee has two last names (family names), include both
 - o If the employee has two first names (given names), include both
 - If the employee hyphenates his or her first or last name, include hyphen (-) between the names
 - o His or her middle initial, if the employee has a middle name
- Other last names used, if applicable (for example, maiden name) or place 'N/A' here
- Current address, include street name and number (not a P.O. Box), city, state and zip code – If there is not an Apt. Number, place 'N/A' here
- Date of Birth and Social Security Number
- Check mark next to the appropriate box to indicate whether employee is a U.S. citizen or national, lawful permanent resident of the United States, or an alien authorized to work in the United States
- Alien Registration/USCIS or Form I-94 Admission Number and the date employment authorization expires (if applicable)
- Signature and date

Additionally, employees may provide their:

- Telephone Number or place 'N/A' here
- E-mail Address or place 'N/A' here

See example:





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

Form I-9

OMB No. 1615-0047 Expires 08/31/2019

USCIS

▶ START HERE: 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.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** 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.

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, b	ut not before a	ecceptin	ig a job	offer.)					
Last Name (Family Name)	First Nar	First Name (Given Name)			Middle Initial	Other L	Other Last Names Used (if any)		
Doe	Jane	е			Α.	N/A			
Address (Street Number and Name)	'	Apt. Nu	mber	City or Town		•	State	ZIP Code	
123 Oak Street		N/A		Anytown			State	11223	
Date of Birth (mm/dd/yyyy) U.S. Soc	ial Security Num	ber	Employ	ee's E-mail Addr	ess	E	mployee's T	elephone Number	
01/02/1975	- 22 - 33	3 3	(ente	r email or plac	ce N/A here)	(enter # or	place N/A here)	
I am aware that federal law provide connection with the completion of		nment	and/or	fines for false	statements or	use of	false doc	uments in	
I attest, under penalty of perjury, t		k one	of the f	ollowing boxe	s):				
1. A citizen of the United States									
2. A noncitizen national of the United	States (See ins	tructions	s)						
3. A lawful permanent resident (Ali	ien Registration	Number	USCIS N	Number):					
4. An alien authorized to work until Some aliens may write "N/A" in the						-			
Aliens authorized to work must provide An Alien Registration Number/USCIS N								R Code - Section 1 lot Write In This Space	
Alien Registration Number/USCIS No OR	umber:				_				
2. Form I-94 Admission Number: OR					_				
Foreign Passport Number:					_				
Country of Issuance:					_				
Signature of Employee Jane A.	Doe				Today's Date		/yyyy) 017		

Acumen Fiscal Agent

Employee Enrollment

Form I-9

Employee & Preparer and/or Translator Responsibilities for Section 1 - Instructions

The employee must sign the form even if a preparer or translator helps them. The preparer or translator who helps the employee must provide his or her name and address and must sign and date the certification on the form. If more than one preparer or translator is used, have the additional preparers or translators fill out the certification on additional Forms I-9 and attach the forms to the initial Form I-9.

The date the employee enters next to his or her signature should match the date the preparer/translator signed the form.

- If the employee did not use a preparer or translator to assist them in completing Section 1, they must check the box marked I did not use a Preparer or Translator. If they check this box, they can leave the rest of the fields in this area blank.
- If one or more preparers and/or translators assist the employee in completing the form, the preparer and/or translator must check the box marked **A preparer(s)** and/or translator(s) assisted the employee in completing Section 1. The first preparer and/or translator must complete all the fields in this area on the same page the employee has signed. Each additional preparer and/or translator must complete and sign a separate form. This separate form is referenced as the Form I-9 Supplement, Section 1 Preparer and/or Translator Certification. Ensure the employee's last name, first name and middle initial are entered at the top of this form if it will be used. This form can be found on www.uscis.gov.
- Ensure the preparer and/or translator:
 - o Signs and dates in the designated areas of this section
 - o Provides their full legal name
 - Enters a physical address (No P.O. Boxes); Addresses for Canada or Mexico may be entered in this field.



See example:

Preparer and/or Translator Certification (check o	one):							
I did not use a preparer or translator. A preparer(s) and/or tra	,	ee in completin	g 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 John Doc		Today's Date (mm/dd/yyyy) 02_01/2017						
Last Name (Family Name)	First Name (Given Na	ame)						
Doe	John							
Address (Street Number and Name) 123 Main Street	City or Town Anytown		State State	ZIP Code 44556				



Employee Enrollment

Form I-9 Employer Responsibilities for Section 2– Instructions

<u>Employers</u> must complete and sign Section 2 of <u>Form I-9</u> within three business days of the employee's date of hire (the hire date means the first day of work for pay). For example, if your employee began work for pay on Monday, you must complete Section 2 by Thursday of that week. If the job lasts less than three days, you must complete Section 2 no later than the first day of work for pay.

Employee Responsibilities for Section 2

Employees must present unexpired original documentation that shows the employer their identity and employment authorization. The employee chooses which documentation to present. Copies of the documents that the employee provides must be submitted along with the Form I-9. Copies must be clear and legible so that the face and numbers can be seen clearly. Documents will not be accepted if they are expired or are unclear.

Employees must present:

- One selection from List A, or
- One selection from List B in combination with one selection from List C

Note:

- List A contains documents that show both identity and employment authorization
- List B documents show identity only
- · List C documents show employment authorization only

In certain circumstances, the employee may present an acceptable receipt in lieu of a List A, B, or C document. Receipts only temporarily satisfy the document presentation requirement for Section 2.



Employee Enrollment

Employer Responsibilities for Section 2

An employer or an authorized representative of the employer completes Section 2. Employers or their authorized representatives must physically examine the documentation presented and sign the form.

The employer or authorized representative must:

- Ensure that any document your employee presents is on the List of Acceptable Documents or is an acceptable receipt.
- Physically examine each document to determine if it reasonably appears to be genuine and relates to the employee presenting it. If you determine the document does not reasonably appear to be genuine and relate to the employee, you should allow the employee to present other documentation from the List of Acceptable Documents.
- Enter the employee's Last Name, First Name and Middle Initial (if provided) from Section 1.
- Enter the number of the citizenship or immigration status the employee selected in Section 1.
- Enter the document title, issuing authority, number(s) and expiration date (if any) from the original document(s) the employee presented.
- Enter the date the employee began or will begin work for pay.
 - Please allow two weeks before scheduling the employee's first day of work to be sure
 all federal and state clearances have been received. If the actual date of hire (first date
 of providing services for pay) for this employee changes from the date entered, it is the
 employer's responsibility to correct the I-9 form and re-submit to Acumen within three
 days of the actual date of hire.
- Enter the name, signature and title of the person completing Section 2, as well as the date he or she completed Section 2.
- Enter the employer's name and address for the Employer's Business Name and Address.
- Make a clear copy of the documentation presented by the employee to submit with the Form I-9.
- Return the documentation presented back to the employee.

Entering Dates in Section 2

Section 2 includes two spaces that require dates. These spaces are for:

- The employee's first day of employment (the "date of employment," which means the beginning date of employment of an employee for wages).
- The date you examined the documentation the employee presented to show identity and employment authorization.

Acumen Fiscal Agent

See Example:



USCIS Form I-9

OMB No. 1615-0047 Expires 08/31/2019

Section 2. Employer or (Employers or their authorized rep must physically examine one docu of Acceptable Documents.")	resentative mi	ust complete an	d sign Section	n 2 within 3 busines	ss days of the	e empl				
Employee Info from Section 1	Last Name ((Family Name)		First Name (Given Nam Jane		M.I A	. Citize	nship/Immigration Status 1		
List A Identity and Employment Aut		OR		ist B A			List C Employment Authorization			
Document Title		Document Title Drivers License			Document Title Social Security Card (SSC)					
Issuing Authority			Issuing Authority GA MVD				Issuing Authority Social Security Administration (SSA)			
Document Number	Document Number		Document Number A123456789				Document Number 111-22-3333			
Expiration Date (if any)(mm/dd/yy						on Date (if any)(mm/dd/yyyy)				
Document Title										
Issuing Authority		Additiona	al Informatio	n				Code - Sections 2 & 3 ot Write In This Space		
Document Number										
Expiration Date (if any)(mm/dd/yy	yy)	1								
Document Title		1								
Issuing Authority		1								
Document Number										
Expiration Date (if any)(mm/dd/yy	yy)									
Certification: I attest, under p (2) the above-listed document employee is authorized to wor The employee's first day of	(s) appear to k in the Unit	be genuine a ed States.	nd to relate	to the employee		d (3) t	o the bes	t of my knowledge the		
Signature of Employer or Authorized Representative Today Alice Smith			Today's Dat	Date(mm/dd/yyyy) Title of Employe Domestic E			er or Authorized Representative Employer			
Last Name of Employer or Authorized	Representative	1	f Employer or A	Authorized Represent		,		or Organization Name		
Smith Alice Employer's Business or Organization Address (Street Number and Nan			and Name)	City or Town	A	lice S	State	ZIP Code		
123 Main Street	ion Addicas (i	ou oou iyunibel a	and Ivallie)	Anytown			State	45678		

If you have any further questions, please go to: http://www.uscis.gov/i-9-central or review the USCIS Employer Handbook at: https://www.uscis.gov/i-9-central/handbook-employers-m-274