FEA I-9 Sample

If the I-9 form does not meet Homeland Security requirements, it is considered invalid.
PICS Human Resources will request the completion of a new form. The Federal instructions are available on our website.
Section 1: Worker will complete Steps 1 - 9. Please note that an **electronic signature cannot be used on the I-9 form**.

Worker (Steps 1- 9)

1. Print your full legal name: Last, First, and Middle Initial. Provide any other names you've used (such as maiden name). Enter "N/A" if you have never used any other name.

2. Print your physical address. Enter "N/A" if you have no apartment number.

3. Print your Date of Birth (mm/dd/yyyy).

4. Print your Social Security number.

5. Print your email address or print "N/A" if you choose not to provide it here.

6. Print your telephone number or print "N/A" if you choose not to provide it here.

7. Check one box that best describes your citizenship or immigration status in the United States.

8. Provide your handwritten signature. **Electronic signature cannot be used.**

9. Print the date you completed the I-9 form. **No later than your first day of work for pay.**

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

USCIS Form I-9
OMB No.1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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**, but not before accepting a job offer.

Last Name (Family Name) [1]	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)
SMITH	JANE	M	DOE

Address (Street Number and Name) [2]	Apt. Number (if any)	City or Town	State	ZIP Code
123 MAIN STREET	B	ANYTOWN	MN	12345

Date of Birth (mm/dd/yyyy) [3]	U.S. Social Security Number [4]	Employee's Email Address [5]	Employee's Telephone Number [6]
01/01/1960	1 2 3 4 5 6 7 8 9	JSMITH@EMAIL.COM	123-456-6789

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

[7] Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

[X] 1. A citizen of the United States
[ ] 2. A noncitizen national of the United States (See Instructions.)
[ ] 3. A lawful permanent resident (Enter USCIS or A-Number.)
[ ] 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)

If you check Item **Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

Signature of Employee [8]	Today's Date (mm/dd/yyyy) [9]
Jane Smith	10/01/2023

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

If a preparer or translator assisted the Worker in completing Section 1, please refer to pg. 3 of this Sample on how to complete Supplement A, Preparer and/or Translator Certification.

Section 2: Representative or Authorized Representative will complete Steps 1 - 6. The Authorized Representative can be a non-relative or notary. The Employer Business Name will be the FEIN Holder's Name and the Employer's Business Address will be the FEIN Holder's home address. Please note that an **electronic signature cannot be used on the I-9 form**.

The Worker CANNOT complete Section 2 of their own I-9 form.

Authorized Representative (Steps 1- 6)

1. Examine each document and note the details in the appropriate List column. One document from List A **OR** one from List B *and* one from List C.

2. Print your Last Name, First Name, and print your title as "Authorized Representative".

3. Provide your handwritten signature. **Electronic signature cannot be used.**

4. Print the date you signed the form. **Must be completed and signed within 3 days of Worker's first day of employment.**

5. Print the FEIN Holder's first and last name.

6. Print the FEIN Holder's entire home address. A PO Box is not allowed.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1			DRIVER LICENSE		SOCIAL SECURITY CARD
Issuing Authority			MINNESOTA		SS ADMINISTRATION
Document Number (if any)			A123456789123		123-45-6789
Expiration Date (if any)			10/01/2026		NONE
Document Title 2 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Additional Information

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
2 JOHNSON, GEORGE, AUTHORIZED REPRESENTATIVE	3 *George Johnson*	4 10/01/2023

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code
5 MARY JOHNSON	6 123 SAMPLE AVENUE ANYTOWN, MN 123456

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

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==Please only complete Supplement A, Preparer and/or Translator Certification, if a preparer or translator assisted in completion of Section 1 of the I-9 form.==

Supplement A: Preparer and/or Translator will complete Steps 1 - 5. Please note that an <u>electronic signature cannot be used on the I-9 form</u>.

Preparer/Translator (Steps 1- 5)

1. Print the Worker's Last Name, First Name, and Middle Initial matching Section 1.

2. Provide your handwritten signature. **Electronic signature cannot be used.**

3. Print the date you signed the form. This should match the date Section 1 was completed.

4. Print your Last Name, First Name, and Middle Initial.

5. Print your entire address. A PO Box is not allowed.

If more than one preparer and/or translator was used to assist a Worker in completion of Section 1, repeat Steps 2 – 5 on subsequent fields on Supplement A per preparer/translator.

Supplement A,
Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name *(Family Name)* from Section 1.	First Name *(Given Name)* from Section 1.	Middle initial (if any) from Section 1.
[1] SMITH	JANE	M

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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	Date *(mm/dd/yyyy)*
[2] *John Translator*	[3] 10/01/2023

Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial *(if any)*
[4] TRANSLATOR	JOHN	D

Address *(Street Number and Name)* [5]	City or Town	State	ZIP Code
123 TRANSLATION ST	ANYTOWN	MN	12345

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	Date *(mm/dd/yyyy)*

Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial *(if any)*

Address *(Street Number and Name)*	City or Town	State	ZIP Code

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	Date *(mm/dd/yyyy)*

Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial *(if any)*

Address *(Street Number and Name)*	City or Town	State	ZIP Code

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	Date *(mm/dd/yyyy)*

Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial *(if any)*

Address *(Street Number and Name)*	City or Town	State	ZIP Code

Form I-9   Edition   08/01/23