

Human Resources' Guide to Completing the Revised *Employment Eligibility Verification (I-9 Form)*

Federal Law requires that every new employee complete an *Employment Eligibility Verification Form* (i.e. I-9). The purpose of the I-9 is to verify employees' identities and employment authorization.

The U.S. Citizenship and Immigration Services revised the I-9 effective January 21, 2017 and employers can only accept the revised I-9. We have provided the link to the new form here: <https://www.uscis.gov/i-9>. The complete, executed I-9 needs to be sent to the Armanino HR Solutions team as per the information below.

The I-9 consists of three sections:

- Section One: to be completed by the employee.
- Section Two: to be completed by the employer (i.e. you); and
- Section Three: only to be completed by employers for employees who are rehired or whose employment authorization requires reverification.

Things of importance to note is:

1. An employee cannot be paid until the complete I-9 is received by the Armanino HR Solutions team. This is especially important to note if an employee's start date is close to the end of a pay period.
2. New employees can complete the I-9 prior to starting work but cannot complete it until after they have officially been offered, **and have accepted**, the position.
3. New employees are required to complete Section 1 of the I-9 on their **first day of work** and you will need to review and certify the new employee's documents and complete Section 2, and Section 3 if applicable, **within 3 days** of the employee's first day of work.
4. The address that is on the I-9 is the address we put into our system for the employee and where their paychecks may be sent unless they signed up for direct deposit or complete a Change of Address form.
5. The following link is a good resource if you need further directions and/or information:
<https://www.uscis.gov/i-9-central>
6. Contact the Armanino HR Solutions team with any questions at (310) 822-8552.

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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

Please have employee fill out every box. Put N/A if not applicable (do not leave blank).

► **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, 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	

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.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	<div>QR Code - Section 1 Do Not Write In This Space</div>
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<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. <i>(See instructions)</i>	

*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: _____ OR
2. Form I-94 Admission Number: _____ OR
3. Foreign Passport Number: _____ Country of Issuance: _____

Please have employee indicate Citizenship/Immigration Status.

Employee signs and dates

Signature of Employee Today's Date (mm/dd/yyyy)

Preparer and/or Translator Certification (check one):

☒ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
Items 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		Today's Date (mm/dd/yyyy)		
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	ZIP Code

Please let employee indicate here if no translator is used.

If translator was used, this section needs to be completed as well.



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Section 1 Instructions:

➤ Employee Information and Attestation

- Needs to be completed entirely by the employee.
- If anyone other than the employee completes any of the boxes contained in Section 1, that person will need to fill out the *Preparer/Translator Certification* directly below the employee's signature.
- The employee needs to provide their last name, first name (legal, not nickname), and middle initial. If they do not have a middle initial they must enter N/A. If they have used any other last names, they need to provide it, if not they must enter N/A.
- The employee needs to provide a full address. If there is no Apt Number used, enter N/A.
- The employee must include their date of birth (MM/DD/YYYY).
- We **cannot require** that an employee provide their Social Security Number, so this may remain blank. However, we will need the employee's Social Security Number to add them to payroll.
- The employee is also not required to provide an email address or telephone number. If they chose not to provide this information, they need to enter N/A in the respective boxes.
- Next the employee must check one of the four options regarding their citizenship. If they mark either 3 or 4, they must provide the information requested within those sections.
- The employee must sign the form and date (the day they completed the form). Please make sure they put the correct date, **as many times employees put their date of birth instead of the date they are completing the form and we have to return it to them for correction.**

➤ Preparer/Translator Certification

- The employee must now advise whether or not they used a preparer. If they did not, they only need to check the first box ("I did not use a preparer or translator). If anyone helped them fill out the form or translate the form, they need to check the 2nd box and then provide the requested information.

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

USCIS
Form I-9
OMB No. 1615-0047
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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.")

Please fill
referencing
Section 1

Use List of
Acceptable
Documents to
fill. **NO
EXPIRED
DOCUMENTS!!**

Fill in first
day of
employment
and your
information
here

Do NOT
complete!

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

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.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
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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Section 2 Instructions:

➤ Employer or Authorized Representative Review and Verification

- Needs to be completed by the employer (i.e. you or the hiring manager).
- In the first part, you need to fill in the employee's last name, first name, and middle initial, as it appears in their documents. If they do not have a middle initial, you must put N/A. You are now also required to include their citizenship/immigration status. You must put the number they checked off in Section 1 (i.e. 1, 2, 3, or 4).
- In the second part you are required to look at the documentation the employee provides and fill out the boxes accordingly. They **must** provide documentation from List A **only**, OR one from each List B **AND** List C. **We cannot accept expired documents!**
- You will then be required to fill out the Certification. You must include all the information, including the employee's start date on top of the boxes "Employee Info from Section 1"

Section 3 Instructions:

➤ Reverification and Rehires

- You do not need to fill out this section unless you are doing a rehire or reverification. Please call the Armanino HR Solutions team for more instructions if you need assistance with Section 3.