

# Form I-9 Compliance and Maintenance

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# Introduction

- In compliance with the Immigration Reform and Control Act of 1986, all U.S. employers must verify the identity and employment eligibility of all new employees (both citizen and noncitizen) hired after November 6, 1986.
- This requirement is satisfied by having newly hired employees complete the United States Citizenship and Immigration Services (USCIS) Form I-9.
- Violations of this federal law result in penalties for an employer. It is therefore important that hiring managers or human resource staff who are responsible for overseeing the completion of Forms I-9 know how the form is to be completed and retained.
- This presentation provides that knowledge.

# Agenda

Purpose of Form I-9

Sections 1, 2 and 3 of Form I-9 (see the Form I-9 included in your handouts)

Performing an I-9 audit and making corrections

Form I-9 retention requirements

Resources

# Purpose of Form I-9

- Used for verifying the identity and employment authorization of individuals hired for employment in the United States.
- All U.S. employers must ensure proper completion of Form I-9 for each individual they hire for employment in the United States. This includes citizens and noncitizens.
- On the form, an employee must attest to his or her employment authorization.
- The employee must also present his or her employer with acceptable documents evidencing identity and employment authorization.
- The employer must examine the employment eligibility and identity document(s) an employee presents.
  - Determine whether the document(s) *reasonably appear* to be genuine and to relate to the employee
  - Record the document information on the Form I-9.

Current  
Form I-9  
(Ensure you  
are using the  
current  
form!!!)



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

► **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
<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):
Some aliens may write "N/A" in the expiration date field. (See instructions)
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:

QR Code - Section 1  
Do Not Write in This Space

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



Employer Completes Next Page



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Indicates all previous versions are invalid. Page 1 of 3



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.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Additional Information		QR Code - Sections 2 & 3 Do Not Write in This Space		

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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# Sections of Form I-9

## **Section 1, Employee Information and Attestation**

- Must be completed by the new employee *no later than the date the employee begins employment*.
- May also be completed prior to the beginning of employment, after the individual has accepted an employment offer.

## **Section 2, Employer or Authorized Representative Review and Verification**

- Must be completed by the company's representative *before or within three business days* of the employee's first day of employment.

# Sections of Form I-9 (cont.)

## Section 3, Reverification and Rehires

- Employers or their authorized representatives should complete Section 3 when *reverifying* that an employee is authorized to work.
- When *rehiring* an employee within three years of the date Form I-9 was originally completed, employers have the option to
  - Complete a new Form I-9, or
  - Complete Section 3.
- In either a reverification or rehire situation, if the *employee's name has changed*, employers must record the name change in Block A.
- For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization *on or before the date provided*.

# Section 1: Employee Information and Attestation

- The employee may use a translator or preparer to complete Section 1 of the form.
  - The form must be signed by the employee, and
  - The translator or preparer must complete the last portion of Section 1.
- Social Security numbers are not required from new employees (unless the employer uses E-Verify).
- When an employee enters an employment authorization expiration date in Section 1, the employer is required to reverify employment authorization for the employee in Section 3 *on or before the expiration date* provided by the employee.
- Must be completed no later than the end of the employee's first day of employment.



# Section 1: Employee Information and Attestation

Section 1. Employee Information and Attestation <small>(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.)</small>					
Last Name (Family Name) <b>If two, list both</b>		First Name (Given Name) <b>If two, list both</b>		Middle Initial <b>Letter or N/A</b>	Other Last Names Used (if any)
Address (Street Number and Name) <b>If none provide description</b>		Apt. Number <b># or N/A</b>	City or Town	State	ZIP Code
Date of Birth (mm/dd/yyyy) <b>Note the date format</b>	U.S. Social Security Number <b>Optional</b>	Employee's E-mail Address <b>Optional</b>		Employee's Telephone Number <b>Optional</b>	
<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 <small>(See instructions)</small>					
<input type="checkbox"/> 3. A lawful permanent resident <small>(Alien Registration Number/USCIS Number):</small> _____					
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): <b>Note the date format</b> <small>Some aliens may write "N/A" in the expiration date field. (See instructions)</small>					
<small>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.</small>					<div>QR Code - Section 1 Do Not Write In This Space</div>
1. Alien Registration Number/USCIS Number: _____ <b>OR</b>					
2. Form I-94 Admission Number: _____ <b>OR</b>					
3. Foreign Passport Number: _____ Country of Issuance: _____					
Signature of Employee			Today's Date (mm/dd/yyyy) <b>Note the date format</b>		
<b>Preparer and/or Translator Certification (check one):</b>					
<input checked="" type="checkbox"/> I did not use a preparer or translator. <input type="checkbox"/> A preparer(s) and/or translator(s) assisted the employee in completing Section 1. <small>(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)</small>					
<b>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.</b>					
Signature of Preparer or Translator			Today's Date (mm/dd/yyyy) <b>Note the date format</b>		
Last Name (Family Name)		First Name (Given Name)			
Address (Street Number and Name)		City or Town		State	ZIP Code

“You must ensure that all parts of Form I-9 are properly completed; otherwise, you may be subject to penalties under federal law.”

*Handbook for Employers M-274, Page 5*

If this section is completed, the form needs to be flagged to reverified prior to the document expiration date.

Check one box. If a preparer and/or translator was used, the Preparer or Translator section must be completed.

## Section 2: Employer or Authorized Representative Review and Verification

- The new employee must present *original* and *unexpired* document(s) that prove his or her identity and employment authorization. Certified copies of birth certificates are acceptable.
  - Documents from List A show both identity and employment authorization.
  - Documents from List B show identity only (employers participating in E-Verify can accept List B documents only with a photograph).
  - Documents from List C show employment authorization only.

## Section 2: Employer or Authorized Representative Review and Verification (cont.)

Please see the list of acceptable documents included with the Form I-9:

- Employers must accept any document(s) from the Lists of Acceptable Documents presented by the new employee that reasonably appear on their face to be genuine and to relate to the person.
- Employers may not specify which document(s) an employee should present.
- Employers must examine the documents presented and fully complete Section 2 by recording the title, issuing authority, number and expiration date (if any) of the document(s).

# Section 2: Employer or Authorized Representative Review and Verification

## 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.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
	Enter exactly as presented in section 1			Number from section 1

List A	OR	List B	AND	List C
Identity and Employment Authorization		Identity		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) Note the date format	Expiration Date (if any)(mm/dd/yyyy) Note the date format	Expiration Date (if any)(mm/dd/yyyy) Note the date format
Document Title	<div>Additional Information</div> <ul style="list-style-type: none"><li>• Notations for special circumstances (see Handbook)</li><li>• Information from additional documents (see Handbook)</li><li>• <i>Employee termination and form retention dates</i></li><li>• Other comments and notations for business process</li></ul>	
Issuing Authority		
Document Number		
Expiration Date (if any)(mm/dd/yyyy)		
Document Title	<div>QR Code - Sections 2 &amp; 3 Do Not Write In This Space</div>	
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): First day of employment for wages (See instructions for exemptions)

Signature of Employer or Authorized Representative Individual who verified documents only!		Today's Date (mm/dd/yyyy) Note the date format	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

- Enter information from document from List A **OR** one document each from List B **AND** C.
- If the employee presents documents from all three lists, have them choose which they want recorded.
- Exception to B and C: Native American tribal documents from a federally recognized tribe. If the employee presents this, no other document is needed as it covers both B and C.

“If an employee presents a receipt for the application to replace a lost, stolen or damaged document, the employee must present the replacement document to you within 90 days from the first day of work.”

Handbook for Employers M-274, Page 7

## Section 2: Employer or Authorized Representative Review and Verification (cont.)

### Retaining Copies of Form I-9 Documentation—Employer Options

- Make and retain copies of all documentation provided, and attach the copies to the Form I-9.
- Do not make copies of documentation provided.
- Whichever method is use, be consistent in your practice.

## Section 3: Reverification and Rehires

- Reverifying means updating the employee's work authorization
  - Done only when an expiration date is entered in Section 1.
  - Reverification must be done on or before the expiration date recorded in Section 1.
- The employee must present a document that shows either
  - An extension of the initial employment authorization; or
  - New employment authorization.
  - This can be any document from Lists A or C.

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)	
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	

## Section 3: Reverification and Rehires (cont.)

- U.S. citizens and noncitizen nationals never need reverification.
- Employers should not reverify an Alien Registration Receipt Card/Permanent Resident Card (Form I-551) or a List B document that has expired.
- Employees cannot work beyond the date their employment authorization expires without reverifying their authorization to work in the U.S.
- If the employee is rehired within three years of the date the Form I-9 was originally completed, employers have a choice of reverifying the rehire with the use of Section 3 or by completing a new Form I-9 for the rehire.

# Performing an I-9 Audit

- If your organization is contacted by a federal agency (DHS, IER, or DOL) requesting an inspection of your I-9's a minimum of three days notice is given before the inspection.
- Conducting a self-audit of the I-9s your organization has on file will allow you correct errors, ensure an accurate process going forward and identify forms that can be disposed of.
  - Gather all I-9s on file
  - Obtain Forms I-9 for current employees who are missing I-9s
  - Audit Forms I-9 for current employees
  - Correct errors
  - Audit terminated employee Forms I-9
    - Correct errors only in sections that the employer would normally complete
    - Note errors by employees in section 1 that cannot be corrected in a memo and attach the memo to the I-9
    - Identify I-9s that are beyond the required retention date and dispose of them



# Common Errors on Form I-9

- Missing the basics: blanks not complete, missing signature, etc.
- Employee lists a PO Box for their address. Must be a street address.
- Dates not listed in the mm/dd/yyyy format.
- Overlooking the “Employee Info from Section 1” at the top of Section 2.
- Entering document information in list A, B, and C rather than A or B and C) in section 2.
- Entering expired or unacceptable documents in section 2.
- Neglecting to enter the employee’s first day of employment date.
- Neglecting to reverify employment eligibility when a work authorization has expired.

# Common Errors on Previous I-9 Forms

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

OMB No. 1615-0047; Expires 08/31/12

## Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

### Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

First Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

Ensure that this is a STREET address, not a PO Box

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):

- ☐ A citizen of the United States  
☐ A noncitizen national of the United States (see instructions)  
☐ A lawful permanent resident (Alien #) \_\_\_\_\_  
☒ A ~~work~~ authorized to work (Alien # or Admission #) \_\_\_\_\_  
until (expiration date, if applicable - month/day/year) \_\_\_\_\_

No signature here!

Employee's Signature

Employee Signature should be here...

Date (month/day/year)

**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

**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: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) DATE?! and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

### Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable) \_\_\_\_\_ B. Date of Rehire (month/day/year) (if applicable) \_\_\_\_\_

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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		Date (month/day/year)

Is this box checked for a current employee?  
If so, has their work authorization document expired?

- There should be one document listed in List A OR one document each in List B AND C.
- Ensure all the necessary information for each document is listed.
- Check for List A expired documents that may require Updated and Reverification (Section 3).

# Making Corrections to Form I-9

- Section 1: Only the employee may make corrections to the Employee Information and Attestation.
- Section 2 and 3: The employer or authorized representative may make corrections to these sections.
- To correct the form:
  - Draw *a line* (no white out, scribble out) through the error
  - Enter the correct information
  - Initial and date the correction

Section 1. Employee Information and Attestation <small>(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.)</small>					
Last Name (Family Name) Smith		First Name (Given Name) Mary		Middle Initial J.	Other Last Names Used (if any) Jones
Address (Street Number and Name) <del>PO Box 10</del> 123 Main Street		Apt. Number	City or Town Anchorage	State AK	ZIP Code 99801
Date of Birth (mm/dd/yyyy) 05/15/1980	U.S. Social Security Number [ ] [ ] [ ] - [ ] [ ] [ ] [ ]		Employee's E-mail Address mjsmith@gmail.com		Employee's Telephone Number 907-321-5432

# Form I-9 Storage and Retention

- It is recommended that Form I-9 is kept separate from the personnel file to facilitate an inspection request and allow for easy, audit and disposal.
- Different requirements exist for storing the form in paper form, electronically or on microfilm/microfiche. Refer to the Handbook for more information.
- Form I-9 must be retained for:
  - 3 years after the date of hire, OR
  - 1 year after the date of termination, *whichever is later*.
- Forms that are kept beyond the retention requirements are still subject to audit and penalties.

# Resources

- I-9 Central: <https://www.uscis.gov/i-9-central>
  - I-9 Q&A
  - Acceptable Documents
  - Learning Resources
- Handbook for Employers M-274: Guidance for Completing for I-9
- I-9 Customer Support
  - Monday-Friday, 8 AM-8 PM ET: 888-464-4218
  - I-9Central@dhs.gov