# 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 in 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!!!)



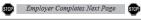
#### Employment Eligibility Verification

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.

an individual because the docume	illation presented	nas a luture e	expiration date	illay also colls	utate meç	yai uisuii	nination.		
Section 1. Employee Informathen the first day of employment,				st complete an	d sign Se	ection 1 o	f Form I-9 no later		
Last Name (Family Name)		ne (Given Name		Middle Initial	Other I	Other Last Names Used (if any)			
Last Ivanic (Family Ivanic)	I ii ot ivaii	ic (Given ivaline	,	wilder illinai	Other E	ast Names Osed (If any)			
Address (Street Number and Name)		Apt. Number	City or Town			State	ZIP Code		
Date of Birth (mm/dd/yyyy)  U.S. S	ocial Security Numb	Der Employ	ree's E-mail Addr	ess	Е	mployee's	Telephone Number		
am aware that federal law provi		nment and/or	fines for false	statements of	or use of	false do	cuments in		
attest, under penalty of perjury	, that I am (chec	k one of the f	ollowing boxe	s):					
1. A citizen of the United States									
2. A noncitizen national of the Unit	ted States (See inst	ructions)							
3. A lawful permanent resident (	Alien Registration N	Number/USCIS	Number):						
4. An alien authorized to work ur Some aliens may write "N/A" in					-				
Aliens authorized to work must provid An Alien Registration Number/USCIS						Do	QR Code - Section 1 Not Write In This Space		
Alien Registration Number/USCIS     OR	Number:			_					
2. Form I-94 Admission Number: OR				_					
Foreign Passport Number:				_					
Country of Issuance:									
Signature of Employee				Today's Date (mm/dd/yyyy)					
Preparer and/or Translator I did not use a preparer or translato (Fields below must be completed a	r. A prepare and signed when	er(s) and/or tran preparers and	slator(s) assisted Vor translators	assist an empl	oyee in c	ompletin	g Section 1.)		
attest, under penalty of perjury knowledge the information is tru		isted in the co	ompletion of §	ection 1 of th	is form a	and that	to the best of my		
Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)							
Last Name (Family Name) First Name (Given Name)									
Last Name (Family Name)			First Name	(Given Name)					





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

	mily Name) First Name			ne (Given	Name)	M.I.	Citize	enship/Immigration State	
List A	O	R	List			AND			List C
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Issuing Authority		Issuing Auth	ority			Issu	ng Autho	rity	
Document Number		Document N	lumber			Doc	ıment Nu	mber	
Expiration Date (if any)(mm/dd/yyyy)	,	Expiration D	ate (if any)(i	mm/dd/yyy	y)	Expi	ration Da	te (if ar	y)(mm/dd/yyyy)
Document Title									
Issuing Authority		Additiona	I Informatio	n				QR Do	Code - Sections 2 & 3 Not Write In This Space
Document Number									
Expiration Date (if any)(mm/dd/yyyy)									
Document Title	$\neg$								
Issuing Authority									
Document Number									
Expiration Date (if any)(mm/dd/yyyy)									
Certification: I attest, under pen									
(2) the above-listed document(s) employee is authorized to work i The employee's first day of en	in the United	States. mm/dd/yyyy	/):		(S	ee instruc	tions fo	r exer	mptions)
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2) the above-listed document(s) employee is authorized to work it The employee's first day of en Signature of Employer or Authorized Last Name of Employer or Authorized Re Employer's Business or Organization	in the United in ployment ( Representation presentative in Address (Str.)	States.  mm/dd/yyyy  ve  First Name of  eet Number a	Today's Da Employer or a	te (mm/ddi	(Solyyyyy) Representa	ee instruc Title of Emp	oloyer or	Authori Authori usiness	mptions) zed Representative s or Organization Name
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Form I-9 07/17/17 N Page 2 of 3

# 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

than the first day of employment, but	t not before a	ccepting a job	offer.)					
Last Name (Family Name)	1	ne (Given Name	,	N	liddle Initial	Used (if any)		
If two, list both	If two	, list both	1	Le	etter or N/	'A		
Address (Street Number and Name)		Apt. Number	City or	Town			State	ZIP Code
If none provide descript	ion	# or N/A						
Date of Birth (mm/dd/yyyy) U.S. Social	per Employ	yee's E-n	nail Addres	s	Er	mployee's	Telephone Number	
Note the date format Op	tional		Optic	onal			Op	otional
am aware that federal law provides	•	nment and/or	fines f	or false s	tatements (	or use of	false do	cuments in
attest, under penalty of perjury, tha		k one of the f	followir	ng boxes)	:			
1. A citizen of the United States								
2. A noncitizen national of the United S	states (See inst	ructions)		·				
3. A lawful permanent resident (Alier	n Registration N	lumber/USCIS	Number)	):				
4. An alien authorized to work until (e					the date t	format		
Some aliens may write "N/A" in the e			,			_		QR Code - Section 1
Aliens authorized to work must provide on An Alien Registration Number/USCIS Num			ent numb	ers to com				
•		I-94 Admission					Do	Not Write In This Space
Alien Registration Number/USCIS Num     OR		I-94 Admission					Do	Not Write In This Space
Alien Registration Number/USCIS Num		I-94 Admission					Do	Not Write In This Space
Alien Registration Number/USCIS NumOR     Form I-94 Admission Number:		I-94 Admission					Do	Not Write In This Space
Alien Registration Number/USCIS NumOR     OR     Form I-94 Admission Number:     OR		I-94 Admission					Do	Not Write In This Space
Alien Registration Number/USCIS NumOR     Control		I-94 Admission			n Passport N	umber.		
1. Alien Registration Number/USCIS NumOR  2. Form I-94 Admission Number: OR  3. Foreign Passport Number: Country of Issuance:  Signature of Employee	nber:		Number		n Passport N	umber.		te the date form
1. Alien Registration Number/USCIS NumOR  2. Form I-94 Admission Number: OR  3. Foreign Passport Number: Country of Issuance:  Signature of Employee  Preparer and/or Translator Ce	ertification	(check on	Number	OR Foreig	n Passport N	umber. te (mm/dd/	(YYYYY) No	te the date form
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1. Alien Registration Number/USCIS NumOR  2. Form I-94 Admission Number: OR  3. Foreign Passport Number: Country of Issuance:  Signature of Employee  Preparer and/or Translator Ce I did not use a preparer or translator.  (Fields below must be completed and statest, under penalty of perjury, that knowledge the information is true and Signature of Preparer or Translator	ertification A prepare	(check on er(s) and/or tran preparers and	e): salator(s) d/or tran	assisted th	Today's Da e employee ir sist an employetion 1 of the	te (mm/dd/	g Section ompleting and that to	te the date form  1.  1.  1.  2.  3.  3.  4.  4.  5.  6.  6.  6.  6.  6.  6.  6.  6.  6
1. Alien Registration Number/USCIS NumOR  2. Form I-94 Admission Number: OR  3. Foreign Passport Number: Country of Issuance:  Signature of Employee  Preparer and/or Translator Ce I did not use a preparer or translator.  Fields below must be completed and sattest, under penalty of perjury, that showledge the information is true and Signature of Preparer or Translator	ertification A prepare	(check on er(s) and/or tran preparers and sted in the co	e): salator(s) d/or tran	assisted this lators assion of Security Name (	Today's Da e employee ir sist an employetion 1 of the	te (mm/dd/	g Section ompleting and that to	te the date form  1.  1.  1.  2.  3.  3.  4.  4.  5.  6.  6.  6.  6.  6.  6.  6.  6.  6

"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 docur of Acceptable Documents.")	ment from List A	OR a combin	ation of one	document from Lis	st B and	one doc	ument fro	m List C as listed on the "Lists		
Employee Info from Section 1	Last Name (Fa	amily Name) First Name (Given			,	- 1		itizenship/Immigration Status		
Employee Into Ironi Section 1			xactly as	presented	in sec	ction	1 N	lumber from section 1		
List A Identity and Employment Aut	O norization	R	List Iden	_	ANI	D	Er	List C mployment Authorization		
Document Title		Document T	ïtle			Docume	ent Title			
Issuing Authority		Issuing Auth	ority			Issuing	Authority			
Document Number		Document N	lumber			Docume	ent Numbe	er		
Expiration Date (if any)(mm/dd/yyy Note the date format	y)	Expiration D Note the					on Date <i>(ii</i> the date	f any)(mm/dd/yyyy) format		
Document Title	$\overline{}$									
Issuing Authority			Informatio					QR Code - Sections 2 & 3 Do Not Write In This Space		
Document Number			ations fo Jmstance	r special es (see Handl	book)					
Expiration Date (if any)(mm/dd/yyy	у)	11		from additionsee Handboo						
Document Title	$\overline{}$	1.1		mination and						
Issuing Authority			ntion dat er comm	es ents and not	tations	:				
Document Number			ousiness		cacions	•				
Expiration Date (if any)(mm/dd/yyy	y)									
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.  First day of employment  The employee's first day of employment (mm/dd/yyyy): for wages (See instructions for exemptions)										
				<u> </u>						
Signature of Employer or Authorize Individual who verified d							e of Employer or Authorized Representative			
Last Name of Employer or Authorized	Representative	First Name of	Employer or A	Authorized Represen	ntative	Employ	er's Busin	ness or Organization Name		
Employer's Business or Organizati	on Address (Str	reet Number a	nd Name)	City or Town			State	ZIP Code		

- Enter information from document from List A <u>OR</u> one document each from List B <u>AND</u> 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

# **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 <u>on or before the expiration date</u> 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)	ne)	Middle	Initial	Date (mm/dd/yyyy)						
C. If the employee's previous grant of emplo continuing employment authorization in the			expired, provide	e the info	formation f	or the docu	ment or receipt that establishes			
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		ate (mm/dd/yyyy)		Name of Employer or Authorized Representativ		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**

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

Department of Homeland Security

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

Fine Name: Last  Fine Middle Initial	First   Middle Initial   Middle Initia	Section 1. Employee Information :	and Verification (To	be completed and sign	ned by employee at ti	ie time employment begins.)			
Ensure that this is a STREET address, not a PO Box  State	State   Stat	Print Name: Last							
Ensure that this is a STREET address, not a PO Box  State	State   Stat	Address (Street Name and Number)			Ast.# Dat	e of Birth (month/day/war)			
I am aware that federal law provides for imprisonment and/or fines for false statements or imprisonment of this form.  No signature here!    A citizen of the United States (see instructions)   A learlied permanent resides (Alien-8)	I am aware that federal law provides for imprisonment and/or fines for false statements or imprisonment for the United States of the Complete of States is a prepared by a person other than the employee. I attest, under receively of projucy, that it have extated to the complete of the best of projucy that it have and correct.    Price (State Name and Number, City, State, Zip Code)		REET address, i	not a PO Box					
A citizen of the United States (see instructions)   A citizen of the United States (see instructions)   A citizen of the United States (see instructions)   A completion of this form.   A constituent matismal of the United States (see instructions)   A completion of this form.   A constituent matismal of the United States (see instructions)   A constituent matismal of the United States (see instructions)   A constituent matismal of the United States (see instructions)   A constituent matismal of the United States (see instructions)   A constituent matismal of the United States (see instructions)   A constituent matismal of the United States (see instructions)   A constituent matismal of the United States (see instructions)   A constituent matismal of the United States (see instructions)   A constituent matismal of the United States (see instructions)   A constituent matismal of the United States (see instructions)   A constituent matismal of the United States (see instructions)   A constituent matismal of the United States (see instructions)   A constituent matismal of the United States (see instructions)   A constituent matismal of the United States (see instructions)   A constituent matismal of the United States (see instructions)   A constituent matismal of the United States (see instructions)   A constituent matismal of the United States (see instructions)   A constituent matismal of the United States (see instructions)   A constituent matismal of the United States (see instructions)   A constituent matismal of the United States (see instructions)   A constituent matismal of the United States (see instructions)   A constituent matismal of the United States (see instructions)   A constituent matismal of the United States (see instructions)   A constituent matismal of the United States (see instructions)   A constituent matismal of the United States (see instructions)   A constituent matismal of the United States (see instructions)   A constituent matismal of the United States (see instructions)   A constitu	A chitem of the United States (see instructions)	Sky	State		Zip Code Soc	isl Security #			
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Form I-9 (Rev. 08/07/09) Y P		Section 3. Updating and Reverific A. New Name (# applicable) C. If employee's previous grant of work suth Document Tills: Lattest, under penalty of perjury, that to di document(s) I have scan	(Street Name and Number ation (To be complete orization has expired, prov- be best of my knowledge, ined appear to be gention	ad and signed by empi ide the information below to Document #: this employee it authorize	Disper.)  B. Date of Rehire or the document that eatable the document	the (month/day/year) (month/day/year) (gf applicable) lishes current employment authorizat nation Date (gf any): Trates, and if the employee presente te (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 (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 Nam	ne (Give	en Name)		Middle Initial	Other Last Names Used (if any)		
Smith		Mary	,			J.	Jones		
Address (Street Number and N	11122		Apt. Nu	ımber	City or Town Anchorage			State AK	ZIP Code 99801
Date of Birth (mm/dd/yyyy) U.S. Social Security Number				Employee's E-mail Address			Er	Employee's Telephone Number	
05/15/1980				mjsmith@gmail.com				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: <a href="https://www.uscis.gov/i-9-central">https://www.uscis.gov/i-9-central</a>
  - 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