

## VERIFICATION DIVISION



U.S. Citizenship  
and Immigration  
Services

# *The Real Deal* with the I-9

[www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central)



# Agenda

- Background
- Completing Form I-9
- Storage and Retention
- Resources

# Background

In 1986, in an effort to control illegal immigration, Congress passed the **Immigration Reform and Control Act (IRCA)**.

**IRCA** forbids employers from knowingly hiring individuals who do not have work authorization in the United States.

The employment eligibility verification provisions, and sanctions, of **IRCA** are found in **Section 274A of the Immigration and Nationality Act (INA)**.



# Working in the U.S.

Individuals who may legally work in the United States are:

- Citizens of the United States
- Noncitizen nationals of the United States
- Lawful Permanent Residents
- Aliens authorized to work

# Employment Verification

To comply with the employment eligibility verification provisions of the INA an employer must:

- Verify the **identity** and **employment authorization** documents of employees hired after November 6, 1986
- **Complete** and **retain** a **Form I-9** for each employee hired after November 6, 1986
- **Refrain from discriminating against** individuals on the basis of actual or perceived national origin, citizenship or immigration status

# Preventing Discrimination

The anti-discrimination provisions of the INA prohibit four types of unlawful conduct:

- Citizenship or immigration status discrimination\*
- National origin discrimination\*
- Document abuse during Form I-9 process
- Retaliation

*\* Actual or perceived*

# Office of Special Counsel (OSC)

The anti-discrimination provisions of the INA are enforced by:

**Department of Justice  
Civil Rights Division  
Office of Special Counsel for  
Immigration Related Unfair Employment Practices**



- Employees may contact the [Office of Special Counsel \(OSC\)](#) to obtain additional information regarding employment discrimination and employee rights and responsibilities\*

**1-800-255-7688 (TDD: 1-800-616-5525)**

- Employers may also contact OSC\*

**1-800-255-8155 (TDD: 1-800-362-2735)**

\*callers may remain anonymous

See [OSC's "Employer Dos and Don'ts."](#)



# Completing Form I-9

**► START HERE.** 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 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 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	E-mail Address	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):

☐ A citizen of the United States

☐ A noncitizen national of the United States (See instructions)

☐ A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_

☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

OR

2. Form I-94 Admission Number: \_\_\_\_\_

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

**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.

Signature of Preparer or Translator: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

Last Name (Family Name)	First Name (Given Name)	Address (Street Number and Name)	City or Town	State	Zip Code
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**Form I-9 03/08/13 N** **Employer Completes Next Page** **STOP**

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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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:	Identify and Employment Authorization	OR	Identify and Employment Authorization	AND	Identify and 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: _____		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): _____

**3-D Barcode**  
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: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_ Title of Employer or Authorized Representative: \_\_\_\_\_

Last Name (Family Name)	First Name (Given Name)	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 Hire (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy): \_\_\_\_\_

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_ Print Name of Employer or Authorized Representative: \_\_\_\_\_

**Form I-9 03/08/13 N**

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# Form I-9 Requirements

All U.S. employers must have a **Form I-9** on file for all current employees.

Exception: Employers are not required to have Forms I-9 for employees hired on or before November 6, 1986.

You may delegate the authority to complete Form I-9 to a responsible agent, however, you will retain liability for any errors.

# Form I-9 Exceptions

You are **NOT** required to complete **Form I-9** for:

- Casual domestic service employees working in a private household when work is sporadic, irregular or intermittent.
- Independent contractors for whom you do not set work hours, or provide tools to do the job.
- Employees working outside the United States.\*

*\* 50 States, District of Columbia, Guam, Puerto Rico, U.S. Virgin Islands, and the Commonwealth of the Northern Mariana Islands*

# List of Acceptable Documents

- Use MOST CURRENT [Form I-9](#) VERSION, 03/08/13
- You must make the Lists of Acceptable Documents available to your EMPLOYEE when he or she is completing the Form I-9

The EMPLOYEE MUST provide:

- One document from **List A**
- OR
- One document from **List B** AND one document from **List C**

LISTS OF ACCEPTABLE DOCUMENTS All documents must be UNEXPIRED		
Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.		
LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity AND LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record
		6. Military dependent's ID card
		7. U.S. Coast Guard Merchant Mariner Card
		8. Native American tribal document
		9. Driver's license issued by a Canadian government authority
		For persons under age 18 who are unable to present a document listed above:
		10. School record or report card
		11. Clinic, doctor, or hospital record
		12. Day-care or nursery school record
		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
		5. Native American tribal document
		6. U.S. Citizen ID Card (Form I-197)
		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Employment authorization document issued by the Department of Homeland Security

# Section 1: Employee Information

**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 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 <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>		E-mail Address		Telephone Number	

- To be completed by **EMPLOYEE**.
- Employer **MUST** verify Section 1 is **COMPLETE**.

# Section 1: Employee Attestation

**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 Registration Number/USCIS Number): \_\_\_\_\_

☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. *(See instructions)*

*For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:*

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_

*If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:*

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

*Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)*

**3-D Barcode**  
**Do Not Write in This Space**

Signature of Employee: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

- The EMPLOYEE **MUST** select one of the four categories and sign and date Section 1 of Form I-9.
- All employees must complete [Section 1](#) no later than the first business day of employment for pay.



# Section 1: Preparer/Translator Certification

**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.

Signature of Preparer or Translator:			Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code

- This certification is required when Section 1 is prepared by someone other than the employee.
- By signing, the preparer is attesting that [Section 1](#) is **true and correct** to the best of his or her knowledge.
- Note that only the EMPLOYEE can sign the Section 1 Employee Signature Block.



# Section 2: Employer Certification of Document Review

## Completing Section 2

- Completed by EMPLOYER.
- MUST be completed no later than **3 business days** after the employee begins work for pay.
- EMPLOYER MUST examine **original documents**.
- Documents MUST be **UNEXPIRED**.

Section 2. Employer or Authorized Representative Review and Verification			
<small>(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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)</small>			
Employee Last Name, First Name and Middle Initial from Section 1:			
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):			
			<b>3-D Barcode</b> Do Not Write in This Space
<b>Certification</b> 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): <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">Use instructions for exemptions.</span>			
Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name
Employer's Business or Organization Address (Street Number and Name)		City or Town	State    Zip Code

## Section 2: Examining Documents Genuineness and Photocopies

- You are not required to be a document expert
- You **MUST** accept a document presented by an employee if it reasonably appears to be:
  - Genuine; AND,
  - Relates to the individual presenting it
- The document **MUST** be original\* – photocopies are **NOT** acceptable

*\*Exception: Certified copy of a birth certificate*

## Section 2: Receipt Rule

- Receipts may be used as temporary proof of employment eligibility when a List A, B or C document has been **lost, stolen or damaged**.
- The receipt must be issued by the originating agency.
- The employee must present a replacement document within 90 days of the hire date. EXCEPTIONS:
  - The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual.
  - The departure portion of the Form I-94/I-94A with a refugee admission stamp
- A receipt indicating that an individual has applied for an **initial** employment authorization document (Form I-766) or for a **renewal** of an expiring employment authorization document (Form I-766) is **NOT** acceptable for Form I-9.
- Receipts are never acceptable if employment will last less than 3 business days.

## Section 2: Copying Documents

You may choose to make copies of employee documentation presented to you for Section 2.

- If you choose to photocopy documents, you must do so for **ALL** employees, regardless of actual or perceived national origin, immigration or citizenship status, or you may be in violation of anti-discrimination laws.

# Section 3: Reverification

## **Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

<b>A. New Name</b> <i>(if applicable)</i> Last Name <i>(Family Name)</i> First Name <i>(Given Name)</i> Middle Initial	<b>B. Date of Rehire</b> <i>(if applicable)</i> (mm/dd/yyyy):
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**C.** If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date <i>(if any)</i> (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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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- You **MUST** reverify an employee using **Section 3** if his or her temporary employment authorization has expired.
- You **MAY** also complete Section 3 if you:
  - **Rehire** the EMPLOYEE within 3 years of the date of initial execution of the Form I-9\*
  - Update the **biographic information** of an employee

*\* USCIS recommends completing a new Form I-9 for rehires*

# Section 3: When to Reverify

## Do Not Reverify

- U.S. Passport or Passport Card
- Permanent Resident Card (Form I-551)
- List B documents

## Permanent Resident Reverification Exceptions

- Reverify only if employee presents a Form I-94 with a temporary I-551 stamp, or
- A foreign passport with a temporary I-551 stamp (on a machine readable immigrant visa (MRIV))

## Usually Reverify

- When employment authorization document (List A or C) has an expiration date



# Correcting Form I-9

## Correcting Mistakes

If you discover a mistake on Form I-9, correct the existing form

**OR**

prepare a new Form I-9:

- If you choose to correct the existing Form I-9, line out the incorrect portions, enter the correct information, and initial and date the correction.
- If you do a new Form I-9, retain the old form. You should also attach a short memo to both the new and old Forms I-9 stating the reason for your action.

## Missing Forms

If you discover you are missing the Form I-9 for an employee:

- Immediately provide the employee with a Form I-9.
- Allow employee 3 business days to provide acceptable documents.
- DO NOT backdate the Form I-9.

# STORAGE AND RETENTION



# Storage

- **Form I-9 MUST be on file for all current employees.**
- Store Forms I-9 securely in a way that meets your business needs – on site, off-site, storage facility or electronically.
- Store Forms I-9 and document copies together.
- Ensure that only authorized personnel have access to stored Forms I-9.
- Make Forms I-9 available within 3 days of an official request for inspection.

# Retention

Forms I-9 must be retained for:

**3 years after** the date you **hire** an employee

or

**1 year after** the date employment **terminates**, whichever is later.

Example:

John Smith was hired on November 1, 1993, and on July 5, 1994, employment was terminated.

November 1, 1993 + 3 years = November 1, 1996

July 5, 1994 + 1 year = July 5, 1995

The retention date is November 1, 1996

# RESOURCES



# I-9 Central

I-9 Central: [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central)

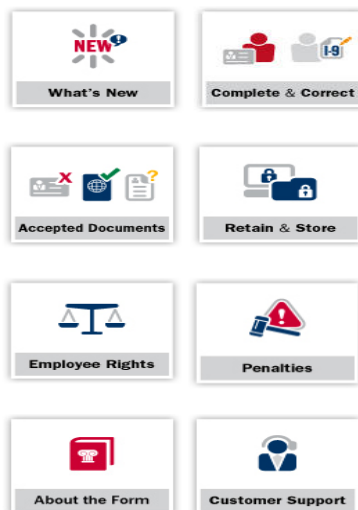
I-9 Central Spanish: [www.uscis.gov/i-9Central/Espanol](http://www.uscis.gov/i-9Central/Espanol)

## I-9 Central

Federal law requires that every employer\* and agricultural recruiter/referrer-for-a-fee hiring, or recruiting/referring for a fee, an individual for employment in the United States complete a Form I-9, Employment Eligibility Verification. Form I-9 will help you verify your employee's identity and employment authorization. You may click on the links to the left or on one of the icons below to find out more information about Form I-9.

*\*[NOTE: We will refer to both employers and agricultural recruiters and referrers for a fee collectively as "employers" for ease of reference throughout the I-9 Central.]*

*On March 8, 2013, a new version of the Form I-9 was released. Beginning May 7, 2013, employers must only use the new Form I-9.*



This page can be found at: <http://www.uscis.gov/I-9Central>

## Bienvenido a la Central I-9

**Alerta: E-Verify está disponible. Para más información, haga clic aquí.**

La ley federal exige que cada empleador\* ,reclutador o agente que refiere trabajadores agrícolas a cambio de honorarios y que contrate a un individuo para trabajar en los Estados Unidos, complete un Formulario "I-9, Verificación de Elegibilidad de Empleo". El Formulario I-9 le ayudará a verificar la identidad de su empleado y su autorización de empleo. Para obtener más información sobre el Formulario I-9, haga clic en los íconos que se encuentran a continuación.

*\*[NOTA: Para facilitar la referencia, en el Central I-9 nos referiremos de manera colectiva tanto a los empleadores como a los reclutadores y agentes que refieren trabajadores agrícolas a cambio de honorarios como "empleadores".]*

*El 8 de marzo de 2013 se publicó una nueva versión del Formulario "I-9, Verificación de Elegibilidad de Empleo". Comenzando el 7 de mayo de 2013, los empleadores deberán utilizar sólo este nuevo Formulario I-9.*



This page can be found at: <http://www.uscis.gov/I-9Central/Espanol>



# Form I-9 Resources

Form I-9, Employment Eligibility Verification

- [www.uscis.gov](http://www.uscis.gov) or [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central)

M-274, Handbook for Employers, Guidance for Completing Form I-9  
(Employment Eligibility Verification Form)

- [M-274 in Spanish](#)

Know your Rights

Mergers & Acquisitions

Examples of documents:

- [Acceptable Documents](#)
- [Additional Documentation Requirements](#)
- Guide to Selected US Travel & Identity Documents



- [Form I-9 Widget](#)

# Form I-9 Multimedia Resources

- [Section 1 Vignette](#)
- [Section 2 Vignette](#)
- [Section 3 Vignette](#)
- [I-9 Webinar on Demand](#)



# E-Verify Outreach

- Free Webinars
- Content for your newsletters
- Authorization to use the E-Verify® Logo and Name and I E-Verify Seal
- Add E-Verify to your job announcements
  - Example: “Our company uses E-Verify to confirm the employment eligibility of all newly hired employees. To learn more about E-Verify, including your rights and responsibilities, please visit [www.dhs.gov/E-Verify](http://www.dhs.gov/E-Verify).”



# Customer Service

E-Verify received the highest rating for customer service of all federal agencies.  
(2013 American Customer Satisfaction Survey)

- **Employer Hotline: (888) 464-4218**
- **Employee Hotline: (888) 897-7781**
- **Form I-9 E-Mail: [I-9Central@dhs.gov](mailto:I-9Central@dhs.gov)**
- **E-Verify E-Mail: [E-Verify@dhs.gov](mailto:E-Verify@dhs.gov)**
- **Form I-9 Website: [www.uscis.gov/I-9Central](http://www.uscis.gov/I-9Central)**
- **E-Verify Website: [www.dhs.gov/E-Verify](http://www.dhs.gov/E-Verify)**

# Disclaimer

Immigration law can be complex and it is not possible to describe every aspect of the process.

This presentation provides basic information to help you become generally familiar with rules and procedures.

For more information on the law and regulations please see our Web site: [www.dhs.gov/E-Verify](http://www.dhs.gov/E-Verify).

# Feedback

## COMMENTS ON OUR WEBINAR?

Send to:

[Francine.L.Hill@uscis.dhs.gov](mailto:Francine.L.Hill@uscis.dhs.gov)

**\*Include date, time and topic of the webinar**

# THANK YOU!

[www.dhs.gov/E-Verify](http://www.dhs.gov/E-Verify)