



## **FORM I-9 INSTRUCTIONS**

### **Purpose**

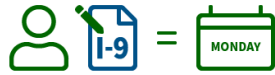
The Form I-9 is used to verify the identity and employment authorization of individuals hired for employment in the U.S. All U.S. employers must properly complete Form I-9 for each individual they hire for employment in the United States. This includes citizens and noncitizens and must complete this form within 3 days of their hire date. Both the employee and the manager share responsibility to complete Form I-9.

### **I9 Timeline**

Form I-9 **MUST** be completed within 3 days of the employee's first day of work. This form is part of the ADP onboarding process and all forms will be completed electronically.



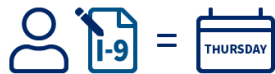
Employee **accepts offer** for employment



Employee **completes Section 1** of the form no later than first day of work for pay



Employee **gives documents and form** to employer



Employer **completes Section 2** of the form no later than 3rd business day employee starts work for pay



If Employee's work authorization expires, **complete Section 3**



**Employee Responsibility**

Section 1: The new hire must complete all of the personal information in section 1 and sign and date after the personal information has been added.

Section 1. Employee Information and Attestation <i>(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.)</i>					
Last Name (Family Name) <b>Doe</b>		First Name (Given Name) <b>John</b>		Middle Initial <b>A</b>	Other Last Names Used (if any) <b>N/A</b>
Address (Street Number and Name) <b>123 Main Street</b>		Apt. Number <b>1</b>	City or Town <b>Washington</b>		State <b>DC</b> ZIP Code <b>00000</b>
Date of Birth (mm/dd/yyyy) <b>01/01/1970</b>	U.S. Social Security Number <b>1 2 3 - 4 5 - 6 7 8 9</b>		Employee's E-mail Address <b>johndoe@email.com</b>		Employee's Telephone Number <b>202-123-4567</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.

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

<input checked="" type="checkbox"/> 1. A citizen of the United States	QR Code - Section 1 Do Not Write In This Space
<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)  <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.</i>  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 <i>John A. Doe</i>	Today's Date (mm/dd/yyyy) <b>Date Employee Completes Section 1</b>
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**Section 2:**

Employees must present unexpired original documentation that shows the employer their identity and employment authorization. Your employees choose which documentation to present. The list of acceptable documents is below.

Employees must present:

- One document from [List A](#); or
- One document from [List B](#) in combination with one document from [List C](#)

Note:

- List A contains documents that show both identity and employment authorization
- List B documents only show identity only
- List C documents only show employment authorization only

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**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
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>		<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> </ol> <p align="center"><b>For persons under age 18 who are unable to present a document listed above:</b></p> <ol style="list-style-type: none"> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>		<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

*Continue to next page Manager responsibility*



**Manager Responsibility**

Practice Leaders and managers **MUST** complete and sign Section 2 of Form I-9 in ADP, **within 3 business days of the date of hire** of their employee (the hire date means the first day of work for pay). For example, if your employee began work for pay on Monday, you must complete Section 2 by Thursday of that week. If the job lasts less than 3 days, you must complete Section 2 no later than the first day of work for pay.

**Example of Section 2**

Managers should complete the section below with either one document from List A **OR** one document from List B **AND** List C and electronically sign all fields of the Certification section.

Section 2. Employer or Authorized Representative Review and Verification				
<i>(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.")</i>				
Employee Info from Section 1	Last Name (Family Name) <b>Doe</b>	First Name (Given Name) <b>John</b>	M.I. <b>A</b>	Citizenship/Immigration Status <b>1</b>
List A Identity and Employment Authorization		OR	List B Identity	AND
List C Employment Authorization				
Document Title <b>U.S. Passport</b>	Document Title	Document Title		
Issuing Authority <b>Department of State</b>	Issuing Authority	Issuing Authority		
Document Number <b>123456789</b>	Document Number	Document Number		
Expiration Date (if any) (mm/dd/yyyy) <b>01/01/2023</b>	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)				
<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.				
<b>The employee's first day of employment (mm/dd/yyyy):</b> <u>Date Employee Completes Section 1</u> (See instructions for exemptions)				
Signature of Employer or Authorized Representative <i>Jane Doe</i>		Today's Date (mm/dd/yyyy) <b>See Above</b>	Title of Employer or Authorized Representative <b>Manager</b>	
Last Name of Employer or Authorized Representative <b>Doe</b>		First Name of Employer or Authorized Representative <b>Jane</b>	Employer's Business or Organization Name <b>America's Business</b>	
Employer's Business or Organization Address (Street Number and Name) <b>123 Star Spangled Way</b>			City or Town <b>Washington</b>	State <b>DC</b>
			ZIP Code <b>00000</b>	