

# THE UNIVERSITY OF TEXAS AT EL PASO NEW-EMPLOYEE INFORMATION SHEET

Employee Dat	a Maria de la companya della companya della companya de la companya de la companya della company						
Name:	Empl ID:						
Last 4 Digits of SSN: Has this person been employed by UTEP? Yes Has this person been employed by any other UT System Institution? Yes Is this person a current or former student? Yes Position & Job Data							
2 October 2 and 2							
Job Code: Job Title: Position Number:							
Hiring Department: Repo	orts To Name:						
Is this position an E-Verifiable Position? Yes No If Yes, please provide Account No:	Hire Date:End Date:						
Request for entry of a New Hire should only be submitted to Hi notification stating the prospective employee has successfully com authorization verific	npleted and passed a criminal background and work						
☐ FACULTY ☐ STAFF	☐ CASUAL LABOR						
☐ Hourly: Non Benefit 19 hours or less ☐ Temporary Full Time: Non Benefit less than 4.5 months at 40 hours ☐ Temporary Part Time: Non Benefit less than 4.5 months and less than 40 hours ☐ STUDENT	☐ Title used for individuals who are hired to perform a specific task for a brief period of time (one day). These will require an appointment placing them in a corresponding casual labor position.  ☐ WORK STUDY						
☐ Federal Work Study Position: Non Benefit at 19 hours or less ☐ Hourly Position: Non Benefit at 19 hours or less ☐ Summer Helper I & II: Non Benefit up to 40 hours (6/1-8/31) ☐ Salaried Undergraduate Title: Non Benefit 20 hours (TA or RA) ☐ Salaried Graduate Title: Non Benefit 20 hours and less than 4.5 months (TA, RA, AI) ☐ Salaried Graduate Title: Benefit Eligible 20 hours and 4.5 or more months. (Insurance enrollment must be completed within 31 days from the effective date of hire)	*For ALL Federal Work Study positions, the following must be completed by The University Career Center PRIOR to the student coming to HRS:  Job Min Posting #: Student Applied?						
I acknowledge I have until census day (census day information can be found in the Sche understand that if documentation is not submitted in a timely manner, the waiver will no fee assessed by the University and will not be eligible for a refund of the Health Insuran	of be validated and I will be responsible for the Health Insurance						
Student Initials:	(DL D2()						
Department Authorization: (	rieuse rrint)						
Supervisor's Name:Prepar  Fitle: Signature Authorization:	er's Name: Extension: Date:						
Human Resources Of	fice Use Only						
Received BY:	Date:						
liring Dept. Notification Date:	-						



# THE UNIVERSITY OF TEXAS AT EL PASO CRIMINAL BACKGROUND CHECK FORM

<u>Disclosures:</u> UTEP may obtain criminal records and/or consumer reports or investigative consumer reports for employment and placement purposes, as authorized by University Policy, state law, and/or the Fair Credit Reporting Act (FCRA). These records and reports may be obtained when processing your application for employment, or at any time during your employment period, or in connection with providing independent contractor services, volunteer services, and/or any association capable of impacting the safety of personnel and/or University property, on the property of, or in the facilities of The University of Texas at El Paso (UTEP). The report may include information as to your criminal record history. Should an investigative consumer report be requested, you will have the right to obtain a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act. To obtain a Summary of Your Rights under the Fair Credit Reporting Act, access the document at: <a href="http://www.ftc.gov/os/2004/11/041119factaappf.pdf">http://www.ftc.gov/os/2004/11/041119factaappf.pdf</a>.

With few exceptions, you are entitled on your request to be informed about the information UTEP collects about you. Under Sections 552.021 and 552.023 of the *Texas Government Code*, you are entitled to receive and review the information. Under Section 559,004 of the *Texas Government Code*, you are entitled to have UTEP correct information about you that is held by the University in accordance with the procedures set forth in UTS 139. The information that UTEP collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the *Texas Government Code*) and rules. Different types of information are kept for different periods of time. Disclosure of your social security number (SSN) is required of you in order for UTEP to conduct a criminal background investigation as mandated by *Texas Government Code*, Sections 411.094 and 411.086. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the *Texas Government Code*) and other applicable law.

Section A: To Be Completed B	y Hiring Department								
Select ALL That Apply									
Staff	Faculty		Studen	nt	Youth	Camp	s [	Affiliates/Other	
		1							
Department Name Positi			itle				Job Code		
Job Opening ID (Staff & Faculty Only)							Position #	Position # (Staff & Faculty Only)	
Supervisor's Name	Preparer's	Preparer's Name				Extension	Extension		
***Signature Authorization – REQUIRED PRIOR TO SUBMITTING  Cost Center/this request)				/Project ID (The account number specified below will be charged all applicable fees for processing *SALARY ACCOUNTS AND WAGES ACCOUNTS CANNOT BE USED TO CHARGE THESE FEES.					
Section B: To Be Completed By See UTEP Handbook of Operating F Please print and complete all infolacement, and any actions based	Procedures, Section V, Chrormation requested. For on it. The information p	apter 12, "Criminal Falsification or om provided herein, to	l Backgro	ound Checks") of any information o	n this form will	rty of Th	e University of Tex	ployment and /or your as at El Paso.	
Last Name	First	Name	ame Mid			me Maiden Name			
List Any Former Names									
Physical Address (Do not use P.	.O. Box address)		City		St	ate	Zip Code		
Date of Birth (MM/DD/YYY	VI I	Social Socurity	Numb			ender			
Date of Birth (WIWI/DD/1111)		Social Security	cial Security Number			ender	Male   Female		
Driver's License No.				Driver's Licens	se State		_] IVIAIC	Птеннане	
Priver o bioerioe ivor				Differ 3 Election	oc otate				
	igh School/GED  //asters	Associates PHD		School or Colleg	e/University	Name	Phone N	lumber	
Did you graduate?			-	Country State		City			
Yes No				•					
Major				Dates Attended:		Fror	n (MM/YYYY)	To (MM/YYYY)	
			(	This Space Intention	ally Left Empty)		•		
Did you have a maiden or other name while attending?				If you answered YES to having a maiden/other name while attending, list name in area provided below.					
Yes No									

### Section C: Residency Record- To Be Completed Only By Youth Camps Participants. All others proceed to Section D.

List ALL residency information since the age of 14- dates of residency, city, and state, beginning with your most current. Please account for out of country residency as well. If additional space is needed, please attach a separate sheet.

From (M	M/YY)	To (MM	/YY) (	City	State		Country
		-					
		,					
ection D: Crin	ninal Convi	ction Record- T	o Be Completed By Staf	f & Faculty/Studen	ts/Youth Cam	Participants/A	Affiliates
or these reason ny deferred adj acancy, all conv	ns, all job ap udications w victions will t	plicants must pro here the final disp be reviewed for so	vide and certify their compl position is still pending (i.e.	etely adult criminal co the original charge ha everity, relatedness to	nviction record. is not been judio	This includes any ially dismissed).	ry and to protect the property of UT EI Paso y convictions for the age of 17 until now an Before an applicant is hired for a specific jour pplicant may not be hired. However, a crim
nission(s), wer	e made by tl	ne applicant on hi		iction record and/or tl	is document, th	en his or her appl	how that false statements, including ication for employment, as well as any action
			eferred adjudications from	-		Yes No	D he most recent. For additional space, pleas
quest an additi	onal form or	include and sepa	arate attachment.		14		
Mark t Misdemeanor	he Appropr Felony	Deferred Adjudication	Date of Conviction (MM/YY)	City & State of Conviction	Name o	f Court	Nature of Conviction
		Adjudication					
П							
ormation when minal backgroud primation, from polication wheth aission of information whether the port in writing man Resource	making dec und check. I all liability re per on this fo mation shall ng any charg es. If circums	isions regarding hereby release to esulting from the arm or not, are tru void my application ges or conviction, stances require the	my employment, service, a JTEP, and all its agents and furnishing of this information e, complete, and correct to contain and be grounds for refuse excluding misdemeanor of the at an offer or placement be	nd/or placement at U  d employees, the law  n to UTEP. I certify the  the best of my knowle  al to hire or placement  fenses punishable on  made before comple	TEP. I consent to enforcement ag eat the statement edge and belief of, or if hired or p by by fine, occun tion of an invest	providing my fing ency and all empl ts made by me or and I understand i laced, shall be gr ing after the date igation, the offer i	I further authorize UTEP to consider that gerprints if required in connection with the oyees of law enforcement agencies furnish this form and in connection with my that any misstatement, falsification, or counds for termination thereof. I certify that of this application to the UTEP Office of s contingent on the completion of a mployment and/or placement and any actions.
	Student//	Youth Camp F	Participant/Affiliate/Ot	her Signature		Date	
aff/Faculty/			Participant/Affiliate/Ot	_	ntal or legal gu	Date Date	proval is required.
aff/Faculty/	s of age at t	he time of the cr	•	_	ntal or legal gua	ardian written ap	proval is required.
aff/Faculty/sunder 18 years	of age at t	he time of the cr	iminal background check	_	ntal or legal gu:		proval is required.
aff/Faculty/sunder 18 years	s of age at t ian Signa Be Compl	he time of the cr	iminal background check	is conducted, pare	age Request	Date	proval is required.  Package Submitted
aff/Faculty/sunder 18 years arent/Guard	s of age at t ian Signa Be Compl	he time of the cr	nly	is conducted, pare	age Requesi k one	Date	

Staff

2

03/30/2015

Affiliates/Other

Faculty

🔲 Youth Camp 🔲 Student



# Instructions for Employment Eligibility Verification

USCIS Form 1-9

OMB No. 1615-0047 Expires 03/31/2016

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

#### Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. 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. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit <a href="https://www.justice.gov/crt/about/osc">www.justice.gov/crt/about/osc</a>.

### What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

### **General Instructions**

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

#### Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 no later than the first day of employment. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

Name: Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

Other names used: Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

Address: Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

**Date of Birth:** Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

**U.S. Social Security Number:** Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

E-mail Address and Telephone Number (Optional): You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.

All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

#### 1. A citizen of the United States

- 2. A noncitizen national of the United States: Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.
- 3. A lawful permanent resident: A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.
- 4. An alien authorized to work: If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

- a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.
- b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).
  - (1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).
  - (2) If you obtained your admission number from USCIS within the United States, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

#### Preparer and/or Translator Certification

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

#### Minors and Certain Employees with Disabilities (Special Placement)

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on <a href="https://www.uscis.gov/">www.uscis.gov/</a>
1-9Central before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include (1) the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and (2) the employer writing "minor under age 18" or "special placement" under List B in Section 2.

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

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A OR a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should **not** present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

- 1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.
- Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and
  expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused
  fields.

If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:

- a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); and the program end date from Form I-20 or DS-2019.
- Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.
- 4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.
- 5. Sign and date the attestation on the date Section 2 is completed.
- 6. Record the employer's business name and address.
- 7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for **ALL** new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.

#### **Unexpired Documents**

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* or I-9 Central (www.uscis.gov/I-9Central) for examples.

#### Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

- 1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.
- 2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.
- 3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

- 1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.
- 2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

- 1. Cross out the word "receipt" and any accompanying document number and expiration date.
- 2. Record the number and other required document information from the actual document presented.
- 3. Initial and date the change.

See the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* at www.uscis.gov/I-9Central for more information on receipts.

# 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 3 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. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, 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.

Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form 1-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

- 1. U.S. citizens and noncitizen nationals; or
- 2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

- 1. Complete Block A if an employee's name has changed at the time you complete Section 3.
- 2. Complete Block B with the date of rehire if you rehire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.
- 3. Complete Block C if:
  - a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
  - b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:

- a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
- b. Record the document title, document number, and expiration date (if any).
- 4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

# What Is the Filing Fee?

There is no fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the "USCIS Privacy Act Statement" below.

#### **USCIS Forms and Information**

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)*.

You can also obtain information about Form I-9 from the USCIS Web site at <a href="www.uscis.gov/l-9Central">www.uscis.gov/l-9Central</a>, by e-mailing USCIS at <a href="J-9Central@dhs.gov">J-9Central@dhs.gov</a>, or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

To obtain USCIS forms or the *Handbook for Employers*, you can download them from the USCIS Web site at <a href="https://www.uscis.gov/forms">www.uscis.gov/forms</a>. You may order USCIS forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by contacting the USCIS National Customer Service Center at 1-800-375-5283. For TDD (hearing impaired), call 1-800-767-1833.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from the USCIS Web site at <a href="https://www.dhs.gov/E-Verify">www.dhs.gov/E-Verify</a>, by e-mailing USCIS at <a href="https://www.dhs.gov/e-Verify">E-Verify</a>@dhs.gov or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling 1-888-897-7781. For TDD (hearing impaired), call 1-877-875-6028.

# Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

Form I-9 may be signed and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR 274a.2.

# **USCIS Privacy Act Statement**

**AUTHORITIES:** The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a).

**PURPOSE:** This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

**DISCLOSURE:** Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

**ROUTINE USES:** This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The employer will keep this form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

#### Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.** 

# 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 O	LIST B  Documents that Establish Identity  R	LIST C Documents that Establish Employment Authorization
2.	U.S. Passport or U.S. Passport Card  Permanent Resident Card or Alien Registration Receipt Card (Form I-551)  Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-	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      ID card issued by federal, state or local	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
4.	Employment Authorization Document that contains a photograph (Form I-766)	government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	<ul> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> </ul>
5.	For a nonimmigrant alien authorized to work for a specific employer because of his or her status:	School ID card with a photograph     Voter's registration card	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
	<ul> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:</li> <li>(1) The same name as the passport;</li> </ul>	U.S. Military card or draft record     Military dependent's ID card     U.S. Coast Guard Merchant Mariner Card	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
	and (2) An endorsement of the alien's nonimmigrant status as long as	9 Driver's license issued by a Canadian	Native American tribal document
	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.	government authority	<ol> <li>U.S. Citizen ID Card (Form I-197)</li> <li>Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> </ol>
	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		Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.