

Form I-9 Employment Eligibility Verification

Important to read this section

SECTION 1

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

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

Form I-9, Employment Eligibility Verification

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

Make sure Employee's name is legible and matches what is on their supporting documents

| | | | |
|---|------------------------|---|---|
| Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.) | | | |
| Print Name: Last Bear | First Smokey | Middle Initial T | Maiden Name N/A |
| Address (Street Name and Number) 118 W Smokey Bear Blvd | | Apt. # | Date of Birth (month/day/year) 08/09/1944 |
| City Capitan | State NM | Zip Code 88316 | Social Security # 123-45-6789 |
| 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): | |
| | | <input checked="" type="checkbox"/> A citizen of the United States <input type="checkbox"/> A noncitizen national of the United States (see instructions) <input type="checkbox"/> A lawful permanent resident (Alien #) _____ <input type="checkbox"/> An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year) | |
| Employee's Signature Smokey T Bear | | Date (month/day/year) 01/16/2010 | |

Make sure SSN is legible and matches SSN card, if used for Documentation

Make sure one of the boxes for citizenship is marked.

Make sure the employee signs and dates this form no later than first day of hire (signature date/not birth date).

Use this Section, when applicable

| | |
|---|------------|
| Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct. | |
| Preparer's/Translator's Signature | Print Name |
| Address (Street Name and Number, City, State, Zip Code) | |
| Date (month/day/year) | |

Remember the Anti-discrimination Notice at the top of Section 1. Employees may provide original documents from the "List of Acceptable Documents" provided with this form.

SECTION 2

See the list of acceptable documents for each List on page 3.

| | | | | |
|---|----|---------------------|-----|-----------------------|
| Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).) | | | | |
| List A | OR | List B | AND | List C |
| Document title: | | Driver's License | | Social Security Card |
| Issuing authority: | | State of New Mexico | | Social Security Admin |
| Document #: | | AB0008801 | | 123-45-6789 |
| Expiration Date (if any): | | 08-09-2011 | | N/A |
| Document #: | | | | |
| Expiration Date (if any): | | | | |

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) **03/14/2010**, and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

| | | |
|--|-------------------------------|---|
| Signature of Employer or Authorized Representative Ray Bell | Print Name Ray Bell | Title Human Resource Spec. |
| Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) NPS, 5025 150th Ave NW, Auburn, WA 98092 | | Date (month/day/year) 3/14/2010 |

Very important—the employer signature date must be no more than 3 days after the certification date!

SECTION 3

Use Section 3, if applicable

| | | |
|--|-------------|--|
| Section 3. Updating and Reverification (To be completed and signed by employer.) | | |
| A. New Name (if applicable) | | B. Date of Rehire (month/day/year) (if applicable) |
| C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization. | | |
| Document Title: | Document #: | Expiration Date (if any): |
| I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual. | | |
| Signature of Employer or Authorized Representative | | Date (month/day/year) |

NOTE: You may also fill out a new form in lieu of filling out this section.

Form I-9 Employment Eligibility Verification

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SECTION 1

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

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

**Form I-9, Employment
Eligibility Verification**

Make sure Employee's name is legible and matches what is on their supporting documents

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

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

| Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.) | | | |
|---|-----------------------|--|---|
| Print Name: Last Bear | First Smoky | Middle Initial T | Maiden Name N/A |
| Address (Street Name and Number) 118 W Smokey Bear Blvd | | Apt. # | Date of Birth (month/day/year) 08/09/1944 |
| City Capitan | State NM | Zip Code 88316 | Social Security # 123-45-6789 |
| 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): <input checked="" type="checkbox"/> A citizen of the United States <input type="checkbox"/> A noncitizen national of the United States (see instructions) <input type="checkbox"/> A lawful permanent resident (Alien #) <input type="checkbox"/> An alien authorized to work (Alien # or Admission #) until (expiration date, if applicable - month/day/year) | |
| Employee's Signature Smoky T. Bear | | Date (month/day/year) 01/16/2010 | |

Make sure SSN is legible and matches SSN card, if used for Documentation

Make sure one of the boxes for citizenship is marked.

Make sure the employee signs and dates this form no later than first day of hire (signature date/not birth date).

Use this Section, when applicable

| Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct. | |
|---|------------|
| Preparer's/Translator's Signature | Print Name |
| Address (Street Name and Number, City, State, Zip Code) | |
| Date (month/day/year) | |

SECTION 2 Remember the Anti-discrimination Notice at the top of Section 1. Employees may provide original documents from the "List of Acceptable Documents" provided with this form.

See the list of acceptable documents for each List on page 3.

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

| List A | OR | List B | AND | List C |
|---|----|--------|-----|--------|
| Document title: US Passport | | | | |
| Issuing authority: US Dept of State | | | | |
| Document #: 321586588 | | | | |
| Expiration Date (if any): 12/06/2011 | | | | |
| Document #: | | | | |
| Expiration Date (if any): | | | | |

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) **3/14/2010** and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

| | | |
|--|-------------------------------|--|
| Signature of Employer or Authorized Representative Ray Bell | Print Name Ray Bell | Title Human Resource Specialist |
| Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) National Park Service, 5025 150th Ave NW, Auburn, WA 98092 | | Date (month/day/year) 03/17/2010 |

Very important—the employer signature date must be no more than 3 days after the certification date!

SECTION 3

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

A. New Name (if applicable)

B. Date of Rehire (month/day/year) (if applicable)

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

Document Title: _____ Document #: _____ Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative

Date (month/day/year)

NOTE: You may also fill out a new form in lieu of filling out this section.

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Use Section 3, if applicable

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

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**

| | | |
|---|--|---|
| <p>1. U.S. Passport or U.S. Passport Card</p> <p>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</p> <p>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</p> <p>4. Employment Authorization Document that contains a photograph (Form I-766)</p> <p>5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form</p> <p>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</p> | <p>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</p> <p>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</p> <p>3. School ID card with a photograph</p> <p>4. Voter's registration card</p> <p>5. U.S. Military card or draft record</p> <p>6. Military dependent's ID card</p> <p>7. U.S. Coast Guard Merchant Mariner Card</p> <p>8. Native American tribal document</p> <p>9. Driver's license issued by a Canadian government authority</p> <p>For persons under age 18 who are unable to present a document listed above:</p> <p>10. School record or report card</p> <p>11. Clinic, doctor, or hospital record</p> <p>12. Day-care or nursery school record</p> | <p>1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States</p> <p>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</p> <p>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</p> <p>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</p> <p>5. Native American tribal document</p> <p>6. U.S. Citizen ID Card (Form I-197)</p> <p>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</p> <p>8. Employment authorization document issued by the Department of Homeland Security</p> |
|---|--|---|

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

Examples of Supporting Documents from “List of Accepted Documents”

All documents must be unexpired

List A



Front

List B



List C

