Section 1: Employee Information

(Box at top of page 1 of I-9 Form, to be completed by employee on or before first day of employment.)

- Last Name (Family Name) Required
- First Name (Given Name) Required
- Middle Initial Required. If no middle initial, must enter N/A.
- Other Last Names Used Required If no other last name used, must enter N/A.
- Address (Street Number and Name) Required

Change with this revision: P.O. Boxes are ALLOWED.

- Apt. Number Required If not applicable, must enter N/A.
- City or Town Required
- State Required
- Zip Code Required
- Date of Birth (mm/dd/yyyy) Required, clear and readable, in correct format.
- U.S. Social Security Number OPTIONAL
- Employee's Email Address OPTIONAL If none, or chooses not to enter, must enter N/A.
- Employee's Telephone Number OPTIONAL. If none, or chooses not to enter, must enter N/A.



Employment Eligibility Verification Department of Homeland Security U.S. Citizenship and Immigration Service

USCIS Form I-9 OMB No. 1615-004 Expires 08/31/2019

ERE: Read instructions carefully before completing this form. The instructions must be available completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is liegal to discriminate against work-authorized individuals. Employers CANNOT specify which it(s) an employee may present to establish employment authorization and identify. The refusal to hire or continue to employ al because the documentation presented has a future expiration date may also cons

Employee information and Attestation (Employees must contain the second sec second sec

Last Name (Family Name)	First Ne	me (Give	n Name))	Middle Initial	Other L	est Nem	es Used (if any)
Address (Street Number and I	Vame)	Apt. Nur	mber	City or Town			State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Sociel Security Nur		Employ	ee's E-mail Add	ress	E	mployee	a Telephone Number

connection with the completion of this form

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

1. A citizen of the United States				
2. A noncitizen national of the United States (See ins	shuctions)			
3. A lawful permanent resident (Alien Registration	Number/USCIS Number():			
4. An alien authorized to work until (expiration date Some aliens may write "N/A" in the expiration date				
Aliens authorized to work must provide only one of the An Alien Registration Number/USCIS Number OR Form			D	QR Code - Section 1 to Not Witte in This Space
1. Alien Registration Number/USCIS Number: OR				
2. Form I-04 Admission Number: OR				
3. Foreign Passport Number:				
Country of Issuance:				
Signature of Employee		Today's Date (mm/dd	199999)	
I did not use a preparer or translator. A prepa (Fields below must be completed and signed when I attest, under penalty of perjury, that I have act knowledge the information is true and correct.		lst an employee in c	completin	g Section 1.)
Signature of Preparer or Translator		Today's I	Date (mm	(111)
Last Name (Family Name)	First Name (G	iven Name)		
Address (Street Number and Name)	City or Town		State	ZIP Code
	Employer Completes Next Page			
Form I-9 07/17/17 N				Page 1 o

Section 1: Employee Attestation

(Box in middle of page 1 of I-9 Form, to be completed by employee on or before first day of employment.)

- Employee must check one of the four boxes provided:
 - 1. A citizen of the United States
 - 2. A noncitizen national of the United States
 - A lawful permanent resident (will have a Permanent Resident Card or Alien Registration Receipt if they check this box). Must also enter Alien Registration Number/USCIS Number.
 - 4. An alien authorized to work... This is what the vast majority of our international students will qualify as—these are F1 visa holders. Must also enter expiration date ("Program End Date" on their I-20 Form) and one of the three numbers below:
 - Alien Registration Number/USCIS
 Number
 - Form I-94 Admission Number
 - Foreign Passport Number and Country
 of Issuance
- Signature of Employee and Date (date signed) in correct format (mm/dd/yyyy)



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 uring completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is liegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identify. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute liegal discrimination.

est Name (Family Name)		First Name (GA	an Name	0	Middle Initial	Other La	st Name	s Used (if any)
ddress (Street Number and N	(ame)	Apt. N	umber	City or Town	h	- 1	State	ZIP Code
ate of Birth (mm/dd/yyyy)		ecurity Number	Employ	ee's E-mail A	ddress	Em	picyee's	Telephone Numb
m aware that federal law nneotion with the comp (flect, under penalty of p] 1. A citizen of the United S] 2. A nondizen national of] 3. A lawful permanent resil] 4. An alien authorized to w Some aliens may write " Some aliens may write" Wens authorized to work mus- to Alien Registration Number OR 2. Form I-04 Admission Num OR	Netion of this perjury, that lates the United Stat dent (Alien R rock until (eq) NVA" in the exp at provide only oUSCIS Number rUSCIS Number	s form. I am (oheok one tes (See instruction legistration Numbe piration date, if appi piration date field. (one of the following or OR Form I-94 A	of the fi sUSCIS I licable, m See instru g docume	Number): m/dd/yyyy/: uctions) nt numbers to	oxes):	-		OR Code - Section 1 Not Write in This Spec
3. Foreign Passport Number Country of Issuance:					Today's Dat	e (mmiddi)	9997)	
eparer andror mana did not use a preparer or the relds below must be comp thect, under penalty of p coviedge the information gradure of Preparer or Trans	nensiator. pieted and sig perjury, that n is true and	A preparer(s) a aned when prepa	ndior trans	lator(s) essis for translato		oyee In co	ind that	g Section 1.) to the best of r
ast Name (Family Name)				First Na	ame (Given Name)			
ddress (Street Number and N	Varroe)		C	ity or Town			State	ZIP Code

Section 1: Preparer and/or Translator Certification

(Gray box at bottom of page 1 of I-9 Form, to be completed by employee on or before first day of employment.)

This is a change with the new revised form!

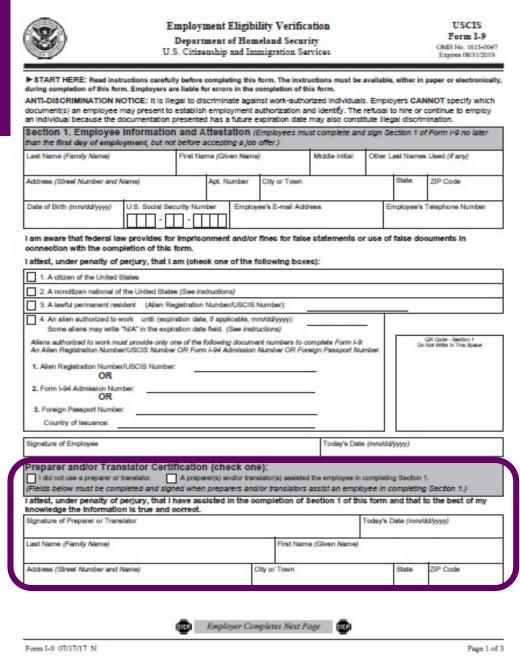
The employee <u>must check</u> one of the two boxes in the gray box indicating whether a Preparer and/or Translator assisted them with completing Section 1.

THIS IS REQUIRED.

Example of a Preparer: Employee is permanently or temporarily disabled and not able to write. Preparer assists them in filling out the form.

Example of a Translator: English is not the employee's first language and an interpreter assists them in completing the form.

If the employee checks the second box indicating a Preparer or Translator assisted them, the Preparer/ Translator must complete the information in the box at the bottom of page 1.



Section 2: Employer or Authorized Representative Review and Verification

(Top of page 2 of I-9 Form, to be completed by employer)

Be sure to enter the employee's Last Name, First Name, and MI in the boxes at the top of page 2, exactly as they are entered on page 1.

New on the revised form!

Please enter the employee's Citizenship/ Immigration Status.

They only want the <u>NUMBER</u> OF THE BOX (1, 2, 3, or 4) that was checked on page 1.

9	De	partment of He	meland Security mmigration Services		Form I-9 OMB No. 1615-0047 Expires 08/31/2019		
	presentative must ument from List A	complete and sign 8 OR e combination o	ection 2 within 3 business de f one document from List B e	eys of the employ and one documen	ee's first day of employment. You t from List C as listed on the "Lists		
mployee Info from Section 1	Last Name (Fa	enily Name)	First Name (Given Na	rte) NLL	Citizenship/Immigration Status		
Identity and Employment Au	thorization		Identity		Employment Authorization		
ocument Title		Document Title		Document Tit	le		
suing Authority	_	Issuing Authority		Issuing Autho	aity		
ocument Number	_	Document Number	10	Document No	umber		
piration Date (If any)(mm/ddly)	(yyyy) Expiration Date		any)(mm/dd9yyyy)	Expiration De	ion Date (if engl(mm/dd/yyyy)		
ocument Title	_						
suing Authority	_	Additional Inform	mation		OR Code - Sections 2.8.3 Do Not Write in This Space		
ocument Number							
piration Date (if any)(mm/dd/y)	000						
ocument Title	_						
suing Authority	_						
ocument Number	_						
cpiration Date (If any)(mm/dd/yy							

A 1711 - 18 1814 - 17 - 10 - 41

ertification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, () 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 mployee is authorized to work in the United States.

first day of amployment (mm)ddhaaa

						are are provided		
Signature of Employer or Authorize	ed Representative	•	Today's Date	e (mm/ddilyyyy)	Title	of Employer	or Autho	rized Representative
Last Name of Employer or Authorized	Representative	First Name of	Employer or A	uthorized Represe	ntative	Employer	's Busines	es or Organization Name
Employer's Business or Organizati	on Address (Stre	et Number an	d Name)	City or Town		-	State	ZIP Code
Section 3. Reverification A. New Name (if applicable)	and Rehires	(To be com	pleted and	signed by emp	-	authorized B. Date of F		
Last Name (Family Name)	First No	ame (Given N	(ame)	Middle In	_	Date (mm/s		
C. If the employee's previous grant continuing employment authorization				provide the infor	mation fo	or the docum	nent or re	ceipt that establishes
Document Title			Documer	nt Number		6	Expiration	Date (if any) (ronskiskysys)
I attest, under penalty of perjur the employee presented docur								
		Today's			-	ployer or Au		

Section 2: Employer or Authorized Representative Review and Verification

(Middle of page 2 of I-9 Form, to be completed by employer)

- As in the past, the employee must present:
 - One document from List A <u>OR</u>
 - One document from List B and one document from List C
 - Documents must be unexpired originals (exception: re-issued birth certificate with official embossed seal). Please photocopy them and staple them to the completed I-9.
- For information about acceptable receipts, see page 6 of the Instructions.
- Documents must be presented within 3 (three) business days after the first day of employment
- Legibly and completely list each document in the appropriate column, with dates in the correct format (mm/dd/yyyy).
- Do not coach employees on which documents to use. Simply provide the List of Acceptable Documents and explain how it works.



Employment Eligibility Verification

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

USCIS Form I-9 OMB No. 1615-0040

OMB No. 1615-004 Expires 08/31/2019

Employee Info from Section 1	Last Name (Fa	mily Name)	First Name (Given N	iame)	MLL	Citizenship/Immigration Status		
List A Identity and Employment Aut	Of	R List		AND		List C Employment Authorization		
Document Title		Document Title		Docum	ent Tit	le		
asuing Authority		Issuing Authority		Issuing	Autho	offy		
Document Number		Document Number			Document Number			
Expiration Date (if any)(mm/dd/yy)	00	Expiration Date (if enyl)	mm/ddlyyyy)	Expire	tion De	te (if any)(mm/dd/yyyy)		
Document Title	_		1000					
ssuing Authority	_	Additional Information	n		٦Г	OR Code - Sections 2.8.3 On Not Write in This Space		
Document Number								
Expiration Date (If any)(mm/dd/yy)	00							
Document Title	_							
ssuing Authority					1L			
Document Number								
Expiration Date (if any)(mm/dd/yy)	99)							

Certification: Faces, ender penacy or parary, end (r) make examined are documentally presented by one accremand 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.

		and a yyy				and a second		anip boaray	
Signature of Employer or Authorize	d Representative	•	Today's Date	(mmultidiliyyyy)	Title	f Employer	or Author	rized Representative	
Last Name of Employer or Authorized F	Representative	First Name of	Employer or Aut	horized Represen	(alive	Employer	's Busines	es or Organization Name	
Employer's Business or Organization	on Address (Stre	et Number an	nd Name) C	ity or Town		-	State	ZIP Code	
Section 3. Reverification : A. New Name (if applicable)	and Rehires	(To be com	pleted and sl	gned by emplo	-	authorized B. Date of R			
Last Name (Family Name)	First No	ame (Given N	(ame)	Middle Init			Date (mm/dd/jyyy)		
C. If the employee's previous grant continuing employment authorizatio				ovide the inform	ation fo	r the docum	nent or re	ceipt that establishes	
Document Title			Document	Number		6	Expiration	Date (if any) (ronvicially yy)	
attest, under penalty of perjur									
the employee presented docum									

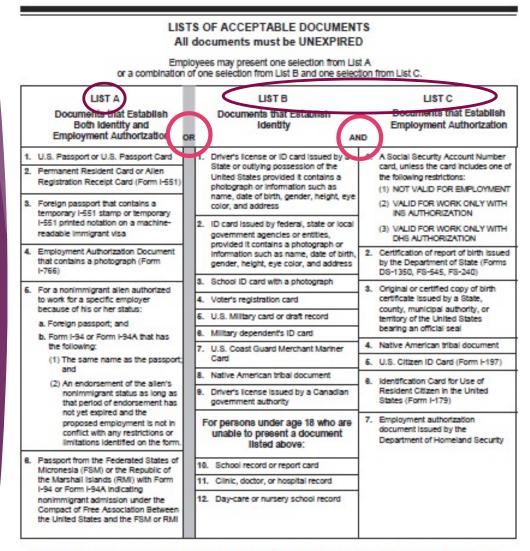
Form I-9 07/17/17 N

Acceptable I-9 Documents

One from List A

OR

One from List B AND one from List C



Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Let's push Pause for a moment for a word about...

International Students

- International Students with F1 visas (Box # 4 "Alien authorized to work") have three documents they must present to complete their I-9s. Since we need all three, we can be direct in coaching them to provide these three documents:
 - 1. Passport from country of origin
 - 2. Form I-94 (Issued by Dept. of Homeland Security)
 - 3. Form I-20 (Issued by Immigration and Naturalization Service)
- Please list each of these under List A, starting with the passport.
- Form I-94 does not have an expiration date.
- The expiration date on Form I-20 is the "Program" Fnd Date."
- If you have any questions about completing an I-9 for any student other than a U.S. Citizen, please call Human Resources at ext. 5060. We are more than happy to help!

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	282

Employment Eligibility Verification

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

USCIS

Form I-9 OMB No. 1615-004 Exercises 08/31/2019

Employee Info from Section 1	e (Family Name)	First Name (C	Siven Name)	MLL	Citizenship/Immigration Status
List A Identity and Employment Authorization	OR	List B Identity	AND		List C Employment Authorization
Document Title	Document Title		Does	ment Ti	5e
Issuing Authority	Issuing Authority		Issui	ng Autho	oity
Document Number	Document Number	8	Doc	ament N	umber
Expiration Date (if any)(mm/tid/yyyy)	Expiration Date (If a	any((mm/dd8/yyyy)	Expl	nation De	ate (if any)(mm/ddlyyyy)
Document Title					
Issuing Authority	Additional Inform	nation		٦Г	GR Code - Sections 2.8.3 Do Not Write in This Space
Document Number					
Expiration Date (if any)(mm/did/yyyy)					
Document Title					
Issuing Authority					

ation; I attest, under penalty of periury, that (1) I have examined the document(s) presented by the above-nar (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 oyee is authorized to work in the United States.

The employee's first day of er	mployment (mm/dd/yyy	W:		6	See in	spucton	s for are	mptions)
Signature of Employer or Authorized	d Representativ	*0	Today's De	ate (mmut	(alyyyy)	Title	f Employe	r or Autho	fized Representative
Last Name of Employer or Authorized R	Representative	First Name of	f Employer or	Authorize	d Represen	lative	Employee	r's Busines	e or Organization Name
Employer's Business or Organizatio	n Address (Str	eet Number e	nd Name)	City or	Town		-	State	ZIP Code
Section 3. Revertification a A. New Name (if applicable)	and Rehires	(To be con	npleted and	d signed	by emplo		authorize B. Date of I		
						_			pprospray
Last Name (Family Name)	First N	First Name (Given Name)			Middle Init	iel	Date (mm/dd/yyyy)		
C. If the employee's previous grant continuing employment authorization				1, provide	the inform	ation fo	r the docur	ment or re	ceipt that establishes
Document Title			Docum	ent Numb	xer			Expiration	Date (if any) (renvicislyayay)
I attest, under penalty of perjury the employee presented docum									
Signature of Employer or Authorized	d Representativ	Today's	a Dete (mm)	(Salyyyy)	Name	of Em	ployer or A	uthorized	Representative

Form I-9 07/17/17 N

We now return to our regularly scheduled programming...

Section 2: Certification

(Bottom/Middle of page 2 of I-9 Form, to be completed by employer)

Be sure to enter the date of the employee's first day of employment [Say it with me! "In the correct format: mm/dd/yyyy"]

Complete the box right before Section 3:

- Signature of Employer or Authorized Representative
- Today's Date (date signed, mm/dd/yyyy)
- Title of Employer or Authorized Representative
- Last Name of Employer or Authorized Representative (printed legibly)
- First Name of Employer or Authorized Representative (printed legibly)
- Employer's Business or Organization Name (Wheaton College)
- Employer's Business or Organization Address (501 College Ave.)
- City or Town (Wheaton)
- State (IL)
- Zip Code (60187)



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

Employee Info from Section 1	Last Name (Fa	amily Name)	First Name (Giver	Name)	MLL	Citiz	enship/mmigration Statu
List A	O		t B tity	AND	_	Emm	List C
Identity and Employment Auth Document Title	onzation	Document Title	itity	Doe	ument Tit		cyment Authorization
	_						
eauing Authority		Issuing Authority		lasu.	ing Autho	anty	
Document Number		Document Number		Doc	ument No	Imper	
Expiration Date (# any)(mm/tid/yyyy	0	Expiration Date (if enyl)	(mm/dd/yyyy)	Exp	ination De	ite (if ei	nyd (menolakallygygy)
ocument Title							the second second
asuing Authority		Additional Information	on		٦Г		Code - Sections 2.8.3 No: Write in This Space
Document Number							
expiration Date (# any)(mm/did/yyy)	0						
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isuing Authority		11					
Document Number	_						
apiration Date (if any)(mm/dd/yyy ertifloation: I attest, under per	naity of perju						
apiration Date (if any)(mm/dd/yyyy ertifiloation: I attest, under per I) the above-listed document(s mployee is authorized to work The employee's first day of er	naity of perju appear to b in the United mployment (e genuine and to relate I States. (mm/dd/yyyy):	to the employee	named, an See instruc	d (3) to t	the be	st of my knowledge th
apiration Date (if any)(mm/dd/yyyy ertifiloation: I attest, under per I) the above-listed document(s mployee is authorized to work The employee's first day of er ignature of Employer or Authorized	nalty of perju appear to b in the United mployment (d Representativ	e genuine and to relate I States. (mm/dd/yyyy):	e to the employee (3 de (mrwiddlyyyy)	named, an See Instruct	d (3) to s	the be or exer Author	st of my knowledge t reptions) zed Representative
ertification Date (if any)(mm/dd/yyy) ertification: I attest, under per) the above-listed document(s mployee is authorized to work the employee's first day of er ignature of Employer or Authorized at Name of Employer or Authorized R	nality of perju e) appear to b in the United mployment (d Representative ispresentative	e genuine and to relate States. imm/did/yyyy/: re Today's Di First Name of Employer or	e to the employee (3 de (mrwiddlyyyy)	named, an See Instruct	d (3) to clions fo ployer or ployer's B	the be or exer Author	st of my knowledge t reptions) zed Representative
opiration Date (if any)/mm/tid/yyyy	nalty of perju appear to b in the United mployment (d Representative impresentative on Address (Str	e genuine and to relate States. ////////////////////////////////////	(5 de (mm/d/93999) Authorized Represent City or Town	named, an See Instruct Title of Emp ative Emp	d (3) to ations fo ployer or ployer's B	Author Author Late	at of my knowledge th reptions) zed Representative a or Organization Name ZIP Code
Expiration Date (if any)(mm/dd/yyy) ertification: I attest, under per () the above-listed document(s mployee is authorized to work The employee's first day of er ignature of Employer or Authorized and Name of Employer or Authorized imployer's Business or Organizatio ection 3. Revertification a . New Name (if applicable)	nalty of perju appear to b in the United inployment (i Representative an Address (Str and Rehires	e genuine and to relate States. mm/dd/yyyy/:	(5 (5) (5) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	named, an See Instruct Title of Emp adve Emp yer or auth B. Dat	d (3) to o ctions fo ployer or ployer's B sorized in te of Reh	the ber of exer Author Rusines Tate	at of my knowledge th reptions) zed Representative a or Organization Name ZIP Code
ertification: I attest, under per the above-listed document(s mployee is authorized to work the employee's first day of er ignature of Employer or Authorized at Name of Employer or Authorized R mployer's Business or Organizatio ection 3. Revertification a . New Name (if applicable)	nalty of perju appear to b in the United inployment (i Representative an Address (Str and Rehires	e genuine and to relate States. ////////////////////////////////////	(5 de (mm/d/93999) Authorized Represent City or Town	named, an See Instruct Title of Emp adve Emp yer or auth B. Dat	d (3) to o celons fo ployer or ployer's B sover's B sorized in	the ber of exer Author Rusines Tate	at of my knowledge t reptions) zed Representative a or Organization Name ZIP Code ntative.)
expiration Date (if any.)(mm/did/yyyy ertification: I attest, under per the above-listed document(is mployee is authorized to work he employee's first day of er ignature of Employer or Authorized at Name of Employer or Authorized R mployer's Business or Organizatio ection 3. Revertification a	nalty of perju appear to be in the United in the United inployment (i d Representative in Address (Str and Rehires First N of employment.	e genuine and to relate States. imm/dd/yyyyy): re Todey's Di First Name of Employer or set Number and Name) 8 (To be completed and Name (Given Name) suthorization has expired	(3 ate (movidal)999) Authorized Represent City or Town d signed by employ Middle init	named, an Gee Instruc Title of Emp ative Emp yetr or auth B. Det al Date (d (3) to i ctions fo ployer or ployer's B sioyer's B S ortzed in te of Reh (movidd)	Authori Author	at of my knowledge t mptions) zed Representative a or Organization Name ZIP Code ntative.) opticative)
ertification: I attest, under per I the above-listed document[s mployee is authorized to work the employee's first day of er ignature of Employer or Authorized and Name of Employer or Authorized R mployer's Business or Organizatio ection 3. Revertification a New Name (Fepticable) ast Name (Fepticable) ist Name (Fernity Name)	nalty of perju appear to be in the United in the United inployment (i d Representative in Address (Str and Rehires First N of employment.	e genuine and to relate States. imm/dd/yyyyy): re Todey's Di First Name of Employer or set Number and Name) (To be completed and Name (Given Name) suthorization has expired provided below.	(3 ate (movidal)999) Authorized Represent City or Town d signed by employ Middle init	named, an Gee Instruc Title of Emp ative Emp yetr or auth B. Det al Date (d (3) to t ations fo ployer or sloyer's B sorized in te of Rah (minidaly documen	Authori Authori Late Eprese Ine (7 e) 1507 Feb	at of my knowledge t mptions) zed Representative a or Organization Name ZIP Code ntative.) opticative)

And finally...

Section 3: Reverification and Rehires (Bottom of page 2 of I-9 Form)

GUESS WHAT –

DO NOT COMPLETE THIS SECTION!

DON'T EVEN SIGN THE BOTTOM LINE!

YOU ARE DONE!

When this is needed, we will handle it in HR!

Send student to HR to reverify their I-9 if:

- Student leaves Wheaton for at least one semester and returns.
- Student has a name change.
- Staple photocopies of ID documents to completed I-9 Form.
- Submit the completed I-9 to Human Resources, paper-clipped with all of the other required student employment paperwork.



Section Employen Nat physi

of Accepta Employee

Identity Document

Document Expiration Document

Document

Document Issuing Au

Document

Employment Eligibility Verification

Department of Homeland Security U.S. Citizenship and Immigration Services USCIS Form I-9 OMB No. 1615-0047

Exerines 08/31/2019

nfo from Section 1	Last Name (Far	nily Name)	R	nst Name (Gi	van Name)	ML	Citizenship/mmigration Statu		
List A and Employment Aut		OR List Iden				-	List C Employment Authorization		
ite		Document Tit	le		Doo	ument Tit	le		
ority		Issuing Authority			hesu	ing Autho	nity		
lumber		Document Nu	mber	Document Nu			utriber		
ate (if any)(mm/sid/yy)	m)	Expiration De	te (if enyijimm	(3(\$55799)	Eq	nation De	te (if eny)(turs/dd/yyyy)		
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ority		Additional	information			٦Г	OR Code - Sections 2 8 3 Do Not Write in This Space		
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ide									
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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.

Last Name of Employer or Authorized Representative Employer's Business or Organization Address (Street Number and Name) City or Town Section 3. Revertification and Rehires (To be completed and signed by employer or A. New Yorks (fearblow) Last Name (Family Yorks 1 First Name (Given Name) Middle Initial C. If the employee's previous grant of employment approximation has expired, provide the information for continuing employment authorization in the space provided barous Document Title	Date of Rehire (if applicable) ate (mm/dd/yyyd)
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	the document or receipt that establishes
	Expiration Date (if any) (mm/dd/yyy
attest, under penalty of perjury, that to the cest of my knowledge, this employee is author he employee presented document(s) the document(s) I have examined appear to be genu	
Signature of Employer - Atthorized Representative Today's Date (mm/dd/yyyy) Name of Emp	over or Authorized Representative

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