

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		USCIS Form I-9	
Department of Homeland Security		OMB No. 1515-0047 Expires 06/31/2019	
<p>▶ START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.</p> <p>ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.</p>			
<p>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.)</p>			
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		Apt. Number	
City or Town		State	
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number	
Employee's E-mail Address		Employee's Telephone Number	
<p>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.</p> <p>I attest, under penalty of perjury, that I am (check one of the following boxes):</p>			
<p><input type="checkbox"/> 1. A citizen of the United States</p> <p><input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)</p> <p><input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____</p> <p><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)</p>			
<p>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.</p>			
<p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>			
<p>Signature of Employee _____ Today's Date (mm/dd/yyyy) _____</p>			
<p>Preparer and/or Translator Certification (check one): <input type="checkbox"/> I did not use a preparer or translator. <input type="checkbox"/> A preparer(s) and/or translator(s) assisted the employee in completing Section 1. (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.) I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.</p>			
<p>Signature of Preparer or Translator _____ Today's Date (mm/dd/yyyy) _____</p>			
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	
State		ZIP Code	

Form I-9 07/17/17 N

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
 3. 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 06/31/2019

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ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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 Last 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		Employee's E-mail Address		Employee's 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 boxes):

<input 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)	

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.

1. Alien Registration Number/USCIS Number: _____
 OR
 2. Form I-94 Admission Number: _____
 OR
 3. Foreign Passport Number: _____
 Country of Issuance: _____

Signature of Employee _____ Today's Date (mm/dd/yyyy) _____

Preparer and/or Translator Certification (check one).

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
 (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator _____		Today's Date (mm/dd/yyyy) _____	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page



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 must check 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.



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

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Form I-9
OMB No. 1615-0047
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ANTI-DISCRIMINATION NOTICE: It is illegal 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 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 Last 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 [][] - [][] - [][][]		Employee's E-mail Address		Employee's 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 boxes):

<input type="checkbox"/> 1. A citizen of the United States
<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)
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.
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____
QR Code - Section 1 Do not write in this space

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

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



Employer Completes Next Page



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 NUMBER OF THE BOX (1, 2, 3, or 4) that was checked on page 1.

Employment Eligibility Verification		USCIS	
Department of Homeland Security		Form I-9	
U.S. Citizenship and Immigration Services		OMB No. 1615-0047 Expires 08/31/2019	
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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")			
Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.
Identity and Employment Authorization		Identity	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	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)			
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		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	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)		B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)
C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.			
Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)	
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		Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative

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
 - OR
 - 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. 1615-0047
Expires 08/31/2019

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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1		Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A
Identity and Employment Authorization

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)
Document Title
Issuing Authority
Document Number
Expiration Date (if any) (mm/dd/yyyy)

OR

List B
Identity

Document Title
Issuing Authority
Document Number
Expiration Date (if any) (mm/dd/yyyy)

AND

List C
Employment Authorization

Document Title
Issuing Authority
Document Number
Expiration Date (if any) (mm/dd/yyyy)

Additional information	<p>QR Code - Sections 2 & 3 Do Not Write in This Space</p>
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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		Today's Date (mm/dd/yyyy)		Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		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		Date of Hire (if applicable) (mm/dd/yyyy)	
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B. Date of Rehire (if applicable)

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		Today's Date (mm/dd/yyyy)		Name of Employer or Authorized Representative	
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Acceptable I-9 Documents

One from List A

OR

One from List B *AND*
one 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 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:		5. U.S. Military card or draft record
a. Foreign passport; and		6. Military dependent's ID card
b. Form I-94 or Form I-94A that has the following:		7. U.S. Coast Guard Merchant Mariner Card
(1) The same name as the passport; and		8. Native American tribal document
(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.		9. Driver's license issued by a Canadian government authority
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		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
		7. Employment authorization document issued by the Department of Homeland Security

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 End 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!



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

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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")				
Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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			Additional Information	
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority			QR Code - Sections 2 & 3 Do Not Write in This Space	
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
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		Today's Date (mm/dd/yyyy)		Title of Employer or Authorized Representative
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative		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)			B. Date of Rehire (if applicable)	
Last Name (Family Name)		First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)
C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.				
Document Title		Document Number		Expiration Date (if any) (mm/dd/yyyy)
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		Today's Date (mm/dd/yyyy)		Name of Employer or Authorized Representative

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
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U.S. Citizenship and Immigration Services

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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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1		Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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		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)					

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		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	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 Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing 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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

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.**

 **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

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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
List A Identity and Employment Authorization				
OR				
List B Identity				
AND				
List C Employment Authorization				

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)

Document Title
Issuing Authority
Document Number
Expiration Date (if any) (mm/dd/yyyy)

Additional Information

OR Code - Sections 2 & 3
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
Today's Date (mm/dd/yyyy)
Title of Employer or Authorized Representative

Last Name of Employer or Authorized Representative
First Name of Employer or Authorized Representative
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. Name (if applicable)
Last Name (Family Name)
First Name (Given Name)
Middle Initial
Date (mm/dd/yyyy)

B. Date of Rehire (if applicable)
Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title
Document Number
Expiration Date (if any) (mm/dd/yyyy)

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
Today's Date (mm/dd/yyyy)
Name of Employer or Authorized Representative