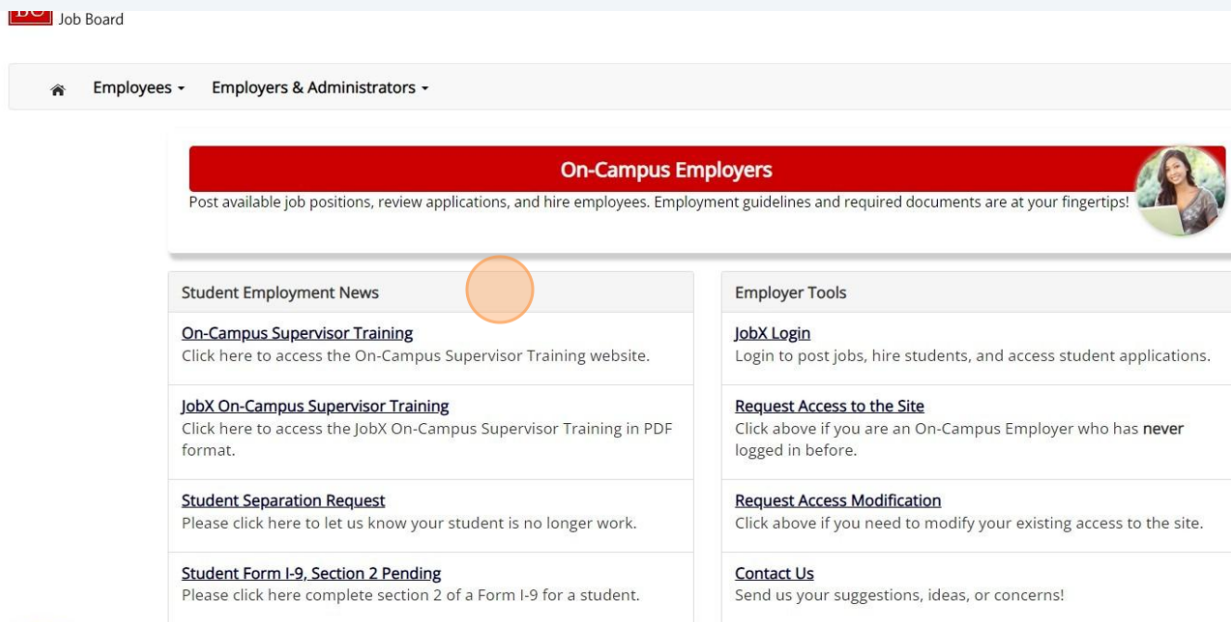


# Completing the Form I-9 Section 2 for Student Employment

This guide provides step-by-step instructions on how to complete Section 2 of the Form I-9 for student employment. It explains how to access the form, verify documentation based on citizenship status, and certifying the form. It also provides tips and alerts to ensure that the process is done correctly. Following this guide will ensure that the Form I-9 is completed accurately and allows the hiring process to proceed smoothly.

## Accessing the Section 2 of the Form I-9

### 1 Navigate to [Student Employment Job Board](#)



## 2 Click "Student Form I-9, Section 2 Pending"

Student Employment News	Employ
<b><u>On-Campus Supervisor Training</u></b> Click here to access the On-Campus Supervisor Training website.	<b><u>JobX Lo</u></b> Login to
<b><u>JobX On-Campus Supervisor Training</u></b> Click here to access the JobX On-Campus Supervisor Training in PDF format.	<b><u>Reques</u></b> Click at logged
<b><u>Student Separation Request</u></b> Please click here to let us know your student is no longer work.	<b><u>Reques</u></b> Click at
<b><u>Student Form I-9, Section 2 Pending</u></b> Please click here complete section 2 of a Form I-9 for a student.	<b><u>Contact</u></b> Send us:

### Tip!

Supervisors tagged to complete section 2 of the Form I-9 for a student will receive an email notifying them that their student has completed section 1 of the Form I-9. The email will say who initiated the I-9 and provide a direct link to Section 2.

Students must supply acceptable identifying documentation to the user completing section 2 in person.

### 3 Locate the appropriate student I-9 and click "Complete Form"

nt Form - 2023 Form I-9 (No SSN required) - JobX Dev  
Forms


Multi Pending 1

Search all statuses.

PDF	Html	Audit		Form Status	School Action	Submit Date ↓	ESign Date
			<input type="checkbox"/>	Multi-Pending	<b>Complete Form</b>	5/1/2024 11:53:21 AM	5/1/2024 11:53:03 AM

### 4 The user will have access to the information the student enters. Confirm the citizenship status entered with the student.

**\* = required**  
**Some content may be updated based on selection**

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

US  
Form  
OMB No.  
Expires 0

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**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, before accepting a job offer.

Last Name (Family Name) * Rogers1	First Name (Given Name) * Roy	Middle Initial (if any)	Other Last Names Used (if any)
Address (Street Number and Name) * 881 Appletree lane		Apt. Number (if any)	City or Town * Boston
State * MA		Zip Code * 02215	
Date of Birth (mm/dd/yyyy) * 01/01/2001	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 the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions)

☒ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States (See instructions.)

☐ 3. A lawful permanent resident (Enter USCIS or A-Number.) \* -- Choose

☐ 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any) \*

## 5 Scroll down to complete section 2 of the form.

NOTE: Documentation necessary to complete section 2 will depend on the citizenship status selection.

[Click here](#) to view a list of Acceptable Documents.



### Alert!

All documentation must be original and valid and viewed in person.

Viewing copies, scans, facsimiles digital images on devices or viewing documents over Video Conferencing application is NOT ACCEPTABLE.

## If the student happens to be a U.S. Citizen

## 6 List A Example

On this form, I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

☐ 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any) i \*

If you check Item Number 4., enter one of these:

USCIS A-Number <span style="border: 1px solid black; padding: 2px;">i</span>	OR	Form I-94 Admission Number <span style="border: 1px solid black; padding: 2px;">i</span>	OR	Foreign Passport Number and Country of <span style="border: 1px solid black; padding: 2px;">i</span>
---	----	---	----	---

Signature of Employee  
*Roy Rogers*

Today's Date (mm/dd/yyyy)  
05/01/2024

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; : Instructions.

	List A	OR	List B	AND	List C
Document Title 1	U.S. Passport	▼			
Issuing Authority	U.S. Department of State				
Document Number (if any)	A12345678				
Expiration Date (if any)	08/31/2025				
Document Title 2 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Additional Information

☐ Check box if you used an alternative procedure authorized by DHS to examine doc



## 7 List B and C Example

Today's Date (mm/dd/yyyy)	
05/01/2024	
Completing Section 1, that person MUST complete the <a href="#">Preparer and/or Translator Certification</a> on Page 3.	
Persons or their authorized representative must complete and sign Section 2 within three business days after the examination, or examine consistent with an alternative procedure authorized by the Secretary of DHS, for documentation from List B and List C. Enter any additional documentation in the Additional Information box; see	
OR	AND
List B	List C
Driver's license issued by state/territory	Social Security Card
Massachusetts	Social Security Administration
S12345678	123-45-6789
02/23/2025	
Additional Information	
<div></div>	
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.	



### Tip!

Other commonly used acceptable combination of documentation for a US DOMESTIC students may be:

List B - Driver's License + List C Birth Certificate

OR

List B - BUID + List C Birth Certificate

OR

List B - BUID + List C - Social Security Card

## If the student happens to be a non-citizen on an F-1 Visa

## 8 List A Example

penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

☐ 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)  <sup>i</sup>

If you check Item Number 4., enter one of these:

USCIS A-Number <input type="text"/>	OR <input type="text"/>	Form I-94 Admission Number <input type="text"/>	OR <input type="text"/>	Foreign Passport Number and Country of Issuance <input type="text"/>
-------------------------------------	-------------------------	---	-------------------------	--

Signature of Employee *Roy Rogers*  Today's Date (mm/dd/yyyy)  05/01/2024

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification on Page 3](#).

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1	Foreign Passport with Form I-94				
Issuing Authority	Denmark				
Document Number (if any)	123456789				
Expiration Date (if any)	04/30/2026				
Document Title 2 (if any)	Form I-94				
Issuing Authority	U.S. Customs and Border Protection				
Document Number (if any)	12345678901				
Expiration Date (if any)					
Document Title 3 (if any)	Form I-20				
Issuing Authority	DHS, US Immigration & Customs				
Document Number (if any)	N0000000001				
Expiration Date (if any)	08/24/2031				

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Please attach all necessary documentation below:



### Alert!

International students must supply both Identification and work eligible documentation.

List A options will fulfill these requirements comprehensively.

The options available in list B and C will NOT capture all the data required.

## If the student happens to be a non-citizen on an J-1 Visa

## 9 List A Example

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
<b>Document Title 1</b> *	Foreign Passport with Form I-94	▼			
<b>Issuing Authority</b> *	Dominican Republic	▼			
<b>Document Number (if any)</b>	123456789				
<b>Expiration Date (if any)</b>	09/30/2025	📅			
<b>Document Title 2 (if any)</b> *	Form I-94	▼	<b>Additional Information</b>		
<b>Issuing Authority</b> *	U.S. Customs and Border Protection	▼			
<b>Document Number (if any)</b>	12345678901				
<b>Expiration Date (if any)</b>		📅			
<b>Document Title 3 (if any)</b> *	Form DS-2019	▼			
<b>Issuing Authority</b> *	Department Of State				
<b>Document Number (if any)</b>	N1234567890				
<b>Expiration Date (if any)</b>	08/25/2024	📅			

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Please attach all necessary documentation below:



### Alert!

International students must supply both Identification and work eligible documentation.

List A options will fulfill these requirements comprehensively.

The options available in list B and C will NOT capture all the data required.

## Certifying the Form I-9

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Enter the "Last Name, First Name and Title of Employer." Then click the "click o sign' field.

Document Title 2 (if any)		Additional Information	
Issuing Authority			
Document Number (if any)			
Expiration Date (if any)			
Document Title 3 (if any)			
Issuing Authority			
Document Number (if any)			
Expiration Date (if any)		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine doc	

Please attach all necessary documentation below:

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, First Name and Title of Employer or Authorized Representative: 
 (click to sign)

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

Employer's Business or Organization Name: 
 Employer's Business or Organization Address, City or Town, State, ZIP Code:

\*Boston University
 \*881 Commonwealth Avenue Boston MA, 02215

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

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Enter your name exactly as displays and click "Sign Electronically."

Document Number (if any)	A12345678	By typing your name exactly as it appears below signifies you are completing this form using an electronic signature. By signing electronically, you are certifying that you have read and understand the Disclosure/Consent and agree to electronically sign. You also agree to receive required disclosures or other communications related to this transaction electronically.
Expiration Date (if any)	08/31/2025	
Document Title 2 (if any)		
Issuing Authority		
Document Number (if any)		
Expiration Date (if any)		
Document Title 3 (if any)		To continue with the electronic signature process, please enter your name and click the "Sign Electronically" button to save your information and submit your electronic signature.
Issuing Authority		
Document Number (if any)		
Expiration Date (if any)		
Document Title 3 (if any)		
Issuing Authority		
Document Number (if any)		If you would like to opt out of electronic signature, please click the "Opt out and print" link below to save your information and print a local copy for your signature.
Expiration Date (if any)		
Document Title 3 (if any)		
Issuing Authority		
Document Number (if any)		
Expiration Date (if any)		
Please attach all necessary documentation below:		procedure authorized by DHS to examine doc
<input type="button" value="Attach File"/>		
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, First Name and Title of Employer or Authorized Representative: <input type="text"/>		
Signature of Employer or Authorized Representative: <input type="text"/>		
Today's Date (mm/dd/yyyy): <input type="text"/>		
Employer's Business or Organization Name: <input type="text"/>		<input type="button" value="Attach File"/>
Employer's Business or Organization Address, City or Town, State, ZIP Code: <input type="text"/>		
*Boston University		
*881 Commonwealth Avenue Boston MA, 02215		
For reverification or rehire, complete <a href="#">Supplement B, Reverification and Rehire</a> on Page 4.		
Form I-9 Edition 08/01/23		

## 12 Enter the "First Day of Employment"

Expiration Date (if any)	08/31/2025		
Document Title 2 (if any)	Additional Information		
Issuing Authority			
Document Number (if any)			
Expiration Date (if any)			
Document Title 3 (if any)			
Issuing Authority			
Document Number (if any)			
Expiration Date (if any)			
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			
Please attach all necessary documentation below:			
File	Attach File	Attach File	Attach File
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.			First Day of Employment (mm/dd/yyyy): 05/05/2024 <b>This field is required.</b>
Name and Title of Employer or Authorized Representative		...3832383932	
Associate Director		<i>Jim Rivera</i> Signature of Employer or Authorized Representative	05/05/2024 Today's Date (mm/dd/yyyy)
Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code	
University		881 Commonwealth Avenue Boston MA, 02215	
For reverification or rehire, complete <a href="#">Supplement B, Reverification and Rehire</a> on Page 4.			
Expiration Date (if any)		Page 1 of 4	
08/01/23			

## 13 Once section 2 is complete, click "Next."

Expiration Date (if any)	08/31/2025		
Document Title 2 (if any)	Additional Information		
Issuing Authority			
Document Number (if any)			
Expiration Date (if any)			
Document Title 3 (if any)			
Issuing Authority			
Document Number (if any)			
Expiration Date (if any)			
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			
Please attach all necessary documentation below:			
Attach File	Attach File	Attach File	Attach File
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.			First Day of Employment (mm/dd/yyyy): 05/06/2024 <b>This field is required.</b>
Last Name, First Name and Title of Employer or Authorized Representative		...3832383932	
Rivera, Jim Associate Director		<i>Jim Rivera</i> Signature of Employer or Authorized Representative	05/05/2024 Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code	
Boston University		881 Commonwealth Avenue Boston MA, 02215	
For reverification or rehire, complete <a href="#">Supplement B, Reverification and Rehire</a> on Page 4.			
Form I-9 Edition 08/01/23			
<a href="#">Next</a>			



14 On next page, scroll to bottom and click "Next."

**LISTS OF ACCEPTABLE DOCUMENTS**  
All documents containing an expiration date must be unexpired.  
 \* Documents extended by the issuing authority are considered unexpired.  
 Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.  
 Examples of many of these documents appear in the Handbook for Employers (M-274).

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 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-795) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status or parole: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the individual's status or parole 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. 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	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 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. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <b>For persons under age 18 who are unable to present a document listed above:</b> 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record	1. 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 (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-245) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <b>For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-8-central.</b> <b>The Form I-795, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</b>

**Acceptable Receipts**  
 May be presented in lieu of a document listed above for a temporary period.  
 For receipt validity dates, see the M-274.

• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	• Receipt for a replacement of a lost, stolen, or damaged List B document. • Receipt for a replacement of a lost, stolen, or damaged List C document.
--	----	--

\*Refer to the Employment Authorization Extensions page on I-8 Central for more information.

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Previous **Next**

15 On next page, scroll to bottom and click "Next."

**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**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) *	Middle Initial (If Any)	
Address (Street Number and Name)	City or Town	State	Zip Code
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) *	Middle Initial (If Any)	
Address (Street Number and Name)	City or Town	State	Zip Code
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) *	Middle Initial (If Any)	
Address (Street Number and Name)	City or Town	State	Zip Code
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) *	Middle Initial (If Any)	
Address (Street Number and Name)	City or Town	State	Zip Code
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) *	Middle Initial (If Any)	
Address (Street Number and Name)	City or Town	State	Zip Code

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16 On 4th and final page, scroll to bottom and click "Submit Form."

**Reverification and Rehire (formerly Section 3)**  
Department of Homeland Security  
U.S. Citizenship and Immigration Services

Form I-9  
Supplement B  
03/25/19 (1812-0047)  
Expires 07/31/2026

Last Name (Family Name) from Section 1: \_\_\_\_\_ First Name (Given Name) from Section 1: \_\_\_\_\_ Middle Initial (if any) from Section 1: \_\_\_\_\_

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers, Guidance for Completing Form I-9 (M-174).

Date of Rehire (if applicable) (mm/dd/yyyy): \_\_\_\_\_ New Name (if applicable) (Last Name (Family Name): \_\_\_\_\_ First Name (Given Name): \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title: \_\_\_\_\_ Document Number (if any): \_\_\_\_\_ 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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

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

Additional Information (initial and date each notation.): \_\_\_\_\_ ☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (if applicable) (mm/dd/yyyy): \_\_\_\_\_ New Name (if applicable) (Last Name (Family Name): \_\_\_\_\_ First Name (Given Name): \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title: \_\_\_\_\_ Document Number (if any): \_\_\_\_\_ 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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

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

Additional Information (initial and date each notation.): \_\_\_\_\_ ☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (if applicable) (mm/dd/yyyy): \_\_\_\_\_ New Name (if applicable) (Last Name (Family Name): \_\_\_\_\_ First Name (Given Name): \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title: \_\_\_\_\_ Document Number (if any): \_\_\_\_\_ 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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

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

Additional Information (initial and date each notation.): \_\_\_\_\_ ☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

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Previous **Submit Form**

17 Click "Yes" to confirm your submission

Document Number (if any): \_\_\_\_\_ Expiration Date (if any) (mm/dd/yyyy): \_\_\_\_\_

knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Signature of Employer or Authorized Representative: \_\_\_\_\_ Today's Date (mm/dd/yyyy): \_\_\_\_\_

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

First Name (Given Name): \_\_\_\_\_ Middle Initial: \_\_\_\_\_

employee can choose to present any acceptable List A or List C documentation to show continued employment authorization in the spaces below.

Document Number (if any): \_\_\_\_\_ Expiration Date (if any) (mm/dd/yyyy): \_\_\_\_\_

knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Signature of Employer or Authorized Representative: \_\_\_\_\_ Today's Date (mm/dd/yyyy): \_\_\_\_\_

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

First Name (Given Name): \_\_\_\_\_ Middle Initial: \_\_\_\_\_

employee can choose to present any acceptable List A or List C documentation to show continued employment authorization in the spaces below.

Document Number (if any): \_\_\_\_\_ Expiration Date (if any) (mm/dd/yyyy): \_\_\_\_\_

knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Confirm form submission

You are about to submit your I-9 form. Please confirm you are completing your Form I-9.

No, go back **Yes**

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Once the Form I-9 is completed, you may proceed with the hiring process as long as the student met all employment form requirements.