

I-9 Procedure

Purpose

This procedure is meant to help you complete the I-9 form correctly and completely. If you do not complete the I-9 form correctly it will delay your ability to start working.

Procedure

The I-9 form is to be completed by both the **Employee/Applicant** and the **Support Manager/Authorized Provider**.

Section 1. Employee Information and Verification

1. The **Employee/Applicant** must record a complete name and address.
2. The **Employee/Applicant** must enter a Social Security Number and birth date.
3. The **Employee/Applicant** must sign and date Section 1.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)			
Print Name: Last	First	Middle Initial	Maiden Name
Doe	John	S	
Address (Street Name and Number)		Apt #	Date of Birth (month/day/year)
123 Your Street			01-02-03
City	State	Zip Code	Social Security #
Yourcity	state	Zip	123-45-6789
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following):	
		<input checked="" type="checkbox"/> A citizen of the United States <input type="checkbox"/> A noncitizen national of the United States (see instructions) <input type="checkbox"/> A lawful permanent resident (Alien #) _____ <input type="checkbox"/> An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year) _____	
Employee's Signature	Date (month/day/year)		
John Doe	01-02-03		
Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.			
Preparer's/Translator's Signature	Print Name		
Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)	

Section 2. Employer Review and Verification

1. The **Employee/Applicant** must present at least one original document from attached List A **OR** one original document from List B **AND** one original document from List C.
2. The **Support Manager/Authorized Provider** must review the presented documents.

3. The **Support Manager/Authorized Provider** must copy the presented documents.
4. The **Support Manager/Authorized Provider** must record the document information here in Section 2 of the I-9 form.
5. The **Support Manager/Authorized Provider** must sign and date the bottom of Section 2.

Support Manager/ Authorized Representative review the presented documents and enter the information here.	Section 2. Employer Review and Verification <i>(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)</i>		
	List A	OR	List B AND List C
	Document title: <u>Passport</u>		
	Issuing authority: <u>USA</u>		
	Document #: <u>123456</u>		
Expiration Date (if any): <u>11/11/11</u>			
Document #:			
Expiration Date (if any):			
CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on _____ (month/day/year) and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)			
Signature of Employer or Authorized Representative: <u>Support Manager</u>	Print Name: <u>Support Manager</u>	Title: <u>Support Manager</u>	
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code): <u>Lifeworks Services, Inc.</u>		Date (month/day/year): <u>11/11/11</u>	