

DRIVER'S License / Social Security Card

OMB No. 1615-0047; Expires 06/30/09

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

Form I-9, Employment Eligibility Verification

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

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

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last <u>Smith</u>		First <u>Name</u>	Middle Initial	Maiden Name
Address (Street Name and Number) <u>123 Street address</u>		Apt. #	Date of Birth (month/day/year) <u>11/6/1982</u>	
City <u>Provo</u>	State <u>UT</u>	Zip Code <u>84602</u>	Social Security # <u>000-00-0000</u>	

EMPLOYEE ONLY

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):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year) _____

Employee's Signature
xxx

Date (month/day/year)
current date

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 (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).)

EMPLOYER ONLY

List A	OR	List B	AND	List C
Document title: _____		<u>DRIVERS License</u>		<u>Social Security Card</u>
Issuing authority: _____		<u>State of Utah</u>		<u>Social Security Administration</u>
Document #: _____		<u>12345678</u>		<u>000-00-0000</u>
Expiration Date (if any): _____		<u>August 1, 2009</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) LEAVE BLANK 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>Full Time CES Employee / Efy Office Staff ONLY</u>	Print Name <u>Institute Secretary</u>	Title <u>Institute Secretary</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>CES, Street City, State, Zip Code</u>		Date (month/day/year) <u>current date</u>

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

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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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	Date (month/day/year)
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Passport

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Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last <u>Smith</u>	First <u>Name</u>	Middle Initial _____	Maiden Name _____
Address (Street Name and Number) <u>123 Street address</u>		Apt. # _____	Date of Birth (month/day/year) <u>1/6/1982</u>
City <u>City</u>	State <u>State</u>	Zip Code <u>Zip</u>	Social Security # <u>000-00-0000</u>

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):

A citizen of the United States

A noncitizen national of the United States (see instructions)

A lawful permanent resident (Alien #) _____

An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year) _____

Employee's Signature Name Smith Date (month/day/year) Current Date

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

List A	OR	List B	AND	List C
Document title: <u>United States Passport</u>	OR	_____	_____	_____
Issuing authority: <u>United States Government</u>		_____	_____	_____
Document #: <u>1234451098</u>		_____	_____	_____
Expiration Date (if any): <u>03/23/2011</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) LEAVE BLANK 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>Full Time CES Employee / EFLY Office Staff ONLY</u>	Print Name _____	Title <u>Position</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>CES Street Address, City, State, Zip Code</u>		Date (month/day/year) <u>Current Date</u>

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

A. New Name (if applicable) _____	B. Date of Rehire (month/day/year) (if applicable) _____
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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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) have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative _____	Date (month/day/year) _____
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SECT. 1: EMPLOYEE ONLY

SECT. 2: EMPLOYER ONLY

DRIVER'S License / BIRTH certificate

OMB No. 1615-0047; Expires 06/30/09

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Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last Smith	First Name	Middle Initial _____	Maiden Name _____
Address (Street Name and Number) 123 Street address		Apt. # _____	Date of Birth (month/day/year) 1/16/1982
City PROVO	State UT	Zip Code 84602	Social Security # 000-00-0000

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):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year) _____

Employee's Signature Name Smith	Date (month/day/year) Current Date
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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 (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		DRIVERS License		BIRTH certificate
Issuing authority: _____		State of Utah		State of BIRTH
Document #: _____		12345678		File Number
Expiration Date (if any): _____		August 1, 2009		_____
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) **LEAVE BLANK** 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 Full Time CES Employee / EFL Office Staff ONLY	Print Name _____	Title Position Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) CES, Street, City, State, Zip Code		Date (month/day/year) Current Date

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

A. New Name (if applicable) _____	B. Date of Rehire (month/day/year) (if applicable) _____
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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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 _____	Date (month/day/year) _____
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Sect. 1: EMPLOYEE ONLY

Sect. 2: EMPLOYER ONLY