


TABLE OF CHANGES- FORM
Form I-9, Employment Eligibility Verification
OMB No. 1615-0047 (Expires 08/31/2012)
For 30 day public review
Revision date: 07/17/2012

Reason for Revision: Form I-9 is expiring, and needs to be updated to meet agency form standards and to be more customer friendly/clear.

Location	Current Form I-9 (posted on the USCIS Web site, dated 08/07/09).	Location and Proposed Revision
Page 4	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.	Page 7, 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 documentation presented has a future expiration date may also constitute illegal discrimination.
Page 4	Section 1: Employee Information and Verification <i>(To be completed and signed by employee at the time employment begins.)</i>	Page 7, Section 1: Employee Information and Attestation <i>(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.)</i>
Page 4	Print Name: Last First Middle Initial Address <i>(Street Name and Number)</i> Apt. #	Page 7, Last Name (Family Name) First Name (Given Name) Middle Initial Other Names Used <i>(if any)</i> Address (Street Number and Name)

	City State Zip Code Maiden Name Date of Birth Social Security #	Apt. Number City or Town State Zip Code Date of Birth U.S. Social Security Number E-Mail Address Telephone Number
Page 4	... A noncitizen national of the United States (see instructions) A lawful permanent resident (Alien #) _____	Page 7, A noncitizen national of the United States (<i>See instructions</i>) A lawful permanent resident (Alien Registration Number / USCIS Number) _____
Page 4	An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable – <i>month/day/year</i>) _____ Employee’s Signature _____ Date (<i>month/day/year</i>) _____	Page 7, An alien authorized to work until (<i>expiration date, if applicable, mm/dd/yyyy</i>) _____. Some aliens may write “N/A” in this field. (See instructions) <i>For aliens authorized to work, list your Alien Registration Number / USCIS Number OR Form I-94 Admission Number:</i> 1. Alien Registration Number/ USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ If you received your Form I-94 when traveling to the

		<p>United States, include the following:</p> <p>Foreign Passport Number: _____</p> <p>Country of Issuance: _____</p> <p>Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)</p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin: 10px auto; width: fit-content;"> <p>3-D Barcode Do Not Write in This Space</p> </div> <p>Signature of Employee: _____</p> <p>Date (mm/dd/yyyy): _____</p>
<p>Adobe Acrobat 7 Page 4</p>	<p>Preparer and/or Translator Certification <i>(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.</i></p> <p>Preparer's/Translator's Signature</p> <p>Print Name</p> <p>Address <i>(Street Name and Number, City, State, Zip Code)</i></p> <p>Date <i>(Month/day/year)</i></p>	<p>Page 7,</p> <p>Preparer and/or Translator Certification <i>(To be completed and signed if Section 1 is prepared by a person other than the employee.)</i></p> <p>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.</p> <p>Signature of Preparer or Translator</p> <p>Last Name <i>(Family Name)</i></p> <p>First Name <i>(Given Name)</i></p> <p>Address <i>(Street Number and Name)</i></p> <p>City or Town</p>

		State Zip Code
		Page 7,  <i>Employer Completes Next Page</i>
Page 4 Please change the first line of text in Section 2	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 document 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>	Page 8, Section 2. Employer or Authorized Representative Review and Verification <i>(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 examine a combination of one document from List B and one document from List C as listed on the “Lists of Acceptable Documents” on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)</i> Employee Last Name, First Name and Middle Initial from Section 1: _____ <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> 3-D Barcode Do Not Write in This Space </div>
Page 4, 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	Page 8, 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

	<p>knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)</p> <p>Signature of Employer or Authorized Representative</p> <p>Print Name</p> <p>Title</p> <p>Business or Organization Name and Address (<i>Street Name and Number, City, State, Zip Code</i>)</p> <p>Date (<i>month/day/year</i>)</p>	<p>the employee is authorized to work in the United States.</p> <p>The employee's first day of employment (mm/dd/yyyy): _____ . (<i>See instructions for exemptions.</i>)</p> <p>Signature of Employer or Authorized Representative</p> <p>Date (<i>mm/dd/yyyy</i>)</p> <p>Title of Employer or Authorized Representative</p> <p>Last Name (<i>Family Name</i>)</p> <p>First Name (<i>Given Name</i>)</p> <p>Employer's Business or Organization Name</p> <p>Employer's Address (<i>Street Number and Name</i>)</p> <p>City or Town</p> <p>State</p> <p>Zip Code</p>
<p>Page 4, Section 3. Updating and Reverification Block A</p>	<p>(<i>To be completed and signed by employer.</i>)</p>	<p>Page 8, Section 3, Reverification and Rehires (<i>To be completed and signed by employer or authorized representative.</i>)</p> <p>A. New Name (if applicable) Last Name (<i>Family Name</i>) First Name (<i>Given Name</i>) Middle Initial</p>
<p>Page 4, Section 3, Block B</p>	<p>B. Date of Rehire (<i>month/day/year</i>) (<i>if applicable</i>)</p>	<p>Page 8, Section 3, Block B</p> <p>B. Date of Rehire (<i>if applicable</i>) (<i>mm/dd/yyyy</i>):</p>
<p>Page 4 Section 3, Block C</p>	<p>C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment</p>	<p>Page 8, Section 3, Block C</p> <p>C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current</p>

	<p>authorization.</p> <p>Document Title: _____ Document # : _____ Expiration Date (if any): _____</p> <p>I attest...</p> <p>Signature of Employer or Authorized Representative</p> <p>Date (mm/dd/yyyy)</p>	<p>employment authorization in the space provided below.</p> <p>Document Title: _____ Document Number : _____ Expiration Date (if any) (mm/dd/yyyy): _____</p> <p>I attest...</p> <p>Signature of Employer or Authorized Representative:</p> <p>Date (mm/dd/yyyy):</p> <p>Print Name of Employer or Authorized Representative:</p>
<p>Page 5 LISTS OF ACCEPTABLE DOCUMENTS</p> <p>LIST A</p>	<p>All documents must be unexpired...</p> <p>5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form</p>	<p>Page 9, LISTS OF ACCEPTABLE DOCUMENTS</p> <p>All documents must be UNEXPIRED</p> <p>Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.</p> <p>LIST A...</p> <p>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</p> <ul style="list-style-type: none"> a. Foreign passport and b. Form I-94 or Form I-94A that has the following: <ul style="list-style-type: none"> (1) The same name as the passport; and (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.
<p>LISTS OF ACCEPTABLE DOCUMENTS</p> <p>LIST C</p>	<p>1. Social Security account number card other than one that specifies on the face that the issuance of the card</p>	<p>Page 9 LIST C...</p> <p>1. A Social Security Account Number card, unless the card</p>

	does not authorize employment in the United States	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
Page 5 LISTS OF ACCEPTABLE DOCUMENTS	Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274) Refer to the General Instructions section for information about acceptable receipts.	Page 9, Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274). Refer to Section 2 of the Instructions, titled “Employer or Authorized Representative Review and Verification,” for more information about acceptable receipts.