


**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: 12/18/2012**

**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.

<b>Location</b>	<b>Current Form I-9</b> (posted on the USCIS Web site, dated 08/07/09).	<b>Location and Proposed Revision</b>
<b>Page 4</b>	<b>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.</b>	<b>Page 7,</b> <b>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.</b>
<b>Page 4</b>	<b>Section 1: Employee Information and Verification</b> <i>(To be completed and signed by employee at the time employment begins.)</i>	<b>Page 7,</b> <b>Section 1: Employee Information and Attestation</b> <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>
<b>Page 4</b>	Print Name: Last  First  Middle Initial	<b>Page 7,</b> Last Name (Family Name)  First Name (Given Name)  Middle Initial

	<p>Address (<i>Street Name and Number</i>)</p> <p>Apt. #</p> <p>City</p> <p>State</p> <p>Zip Code</p> <p>Maiden Name</p> <p>Date of Birth</p> <p>Social Security #</p>	<p>Other Names Used (<i>if any</i>)</p> <p>Address (Street Number and Name)</p> <p>Apt. Number</p> <p>City or Town</p> <p>State</p> <p>Zip Code</p> <p>Date of Birth</p> <p>U.S. Social Security Number</p> <p>E-Mail Address</p> <p>Telephone Number</p>
<p><b>Page 4</b></p>	<p>...</p> <p>A noncitizen national of the United States (see instructions)</p> <p>A lawful permanent resident (Alien #) _____</p>	<p><b>Page 7,</b></p> <p>....</p> <p>A noncitizen national of the United States (<i>See instructions</i>)</p> <p>A lawful permanent resident (Alien Registration Number / USCIS Number) _____</p>
<p><b>Page 4</b></p>	<p>An alien authorized to work (Alien # or Admission #) _____</p> <p>until (expiration date, if applicable – <i>month/day/year</i>) _____</p> <p>Employee’s Signature _____</p> <p>Date (<i>month/day/year</i>) _____</p>	<p><b>Page 7,</b></p> <p>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)</p> <p><i>For aliens authorized to work, list your Alien Registration Number / USCIS Number OR Form I-94 Admission Number:</i></p> <p>1. Alien Registration Number/ USCIS Number: _____</p>

		<p style="text-align: center;"><b>OR</b></p> <p>2. Form I-94 Admission Number: _____</p> <p>If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:</p> <p style="padding-left: 40px;">Foreign Passport Number: _____</p> <p style="padding-left: 40px;">Country of Issuance: _____</p> <p style="padding-left: 40px;">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; width: fit-content; margin: 20px auto; padding: 5px; text-align: center;"> <p><b>3-D Barcode</b> <b>Do Not Write in This Space</b></p> </div> <p>Signature of Employee: _____</p> <p>Date (mm/dd/yyyy): _____</p>
<p>Adobe Acrobat 7 <b>Page 4</b></p>	<p><b>Preparer and/or Translator Certification</b> <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><b>Page 7,</b></p> <p><b>Preparer and/or Translator Certification</b> <i>(To be completed and signed if Section 1 is prepared by a person other than the employee.)</i></p> <p><b>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.</b></p> <p>Signature of Preparer or Translator</p>

	<p>Address (<i>Street Name and Number, City, State, Zip Code</i>)</p> <p>Date (<i>Month/day/year</i>)</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> <p>State</p> <p>Zip Code</p>
		<p><b>Page 7,</b></p>  <p><b><i>Employer Completes Next Page</i></b></p>
<p><b>Page 4</b></p> <p>Please change the first line of text in Section 2</p>	<p><b>Section 2. Employer Review and Verification</b> (<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></p>	<p><b>Page 8,</b></p> <p><b>Section 2. Employer or Authorized Representative Review and Verification</b></p> <p><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></p> <p><b>Employee Last Name, First Name and Middle Initial from Section 1:</b> _____</p> <div data-bbox="1329 1300 1604 1425" style="border: 1px solid black; padding: 5px; text-align: center;"> <p><b>3-D Barcode Do Not Write in This Space</b></p> </div>

<p><b>Page 4, Certification</b></p>	<p><b>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.)</b></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><b>Page 8, Certification</b></p> <p><b>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.</b></p> <p><b>The employee's first day of employment (mm/dd/yyyy):</b> _____ (<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 Business or Organization Address (<i>Street Number and Name</i>)</p> <p>City or Town</p> <p>State</p> <p>Zip Code</p>
<p><b>Page 4,</b></p>	<p><i>(To be completed and signed by employer.)</i></p>	<p><b>Page 8, Section 3, Reverification and Rehires</b> <i>(To be completed</i></p>

<p><b>Section 3. Updating and Reverification Block A</b></p>		<p><i>and signed by employer or authorized representative.)</i></p> <p><b>A.</b> New Name (if applicable) Last Name (<i>Family Name</i>) First Name (<i>Given Name</i>) Middle Initial</p>
<p><b>Page 4, Section 3, Block B</b></p>	<p>B. Date of Rehire (<i>month/day/year</i>) (<i>if applicable</i>)</p>	<p><b>Page 8, Section 3, Block B</b></p> <p><b>B.</b> Date of Rehire (<i>if applicable</i>) (<i>mm/dd/yyyy</i>):</p>
<p><b>Page 4 Section 3, Block C</b></p>	<p>C. If employee’s previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.</p> <p>Document Title: _____  Document # : _____  Expiration Date (<i>if any</i>): _____</p> <p><b>I attest...</b></p> <p>Signature of Employer or Authorized Representative</p> <p>Date (<i>mm/dd/yyyy</i>)</p>	<p><b>Page 8, Section 3, Block C</b></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 employment authorization in the space provided below.</p> <p>Document Title: _____  Document Number : _____  Expiration Date (<i>if any</i>) (<i>mm/dd/yyyy</i>): _____</p> <p><b>I attest...</b></p> <p>Signature of Employer or Authorized Representative:</p> <p>Date (<i>mm/dd/yyyy</i>):</p> <p>Print Name of Employer or Authorized Representative:</p>
<p><b>Page 5</b>  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</p>	<p><b>Page 9,</b>  <b>LISTS OF ACCEPTABLE DOCUMENTS</b></p> <p><b>All documents must be UNEXPIRED</b></p> <p><b>Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.</b></p> <p><b>LIST A...</b></p>

	<p>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>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"> <li>a. Foreign passport and</li> <li>b. Form I-94 or Form I-94A that has the following: <ul style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ul> </li> </ul>
<p>LISTS OF ACCEPTABLE DOCUMENTS LIST C</p>	<p>1. Social Security account number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States</p>	<p><b>Page 9</b> <b>LIST C...</b></p> <p>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</p> <ul style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ul>
<p><b>Page 5</b></p> <p>LISTS OF ACCEPTABLE DOCUMENTS</p>	<p><b>Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)</b></p> <p><b>Refer to the General Instructions section for information about acceptable receipts.</b></p>	<p><b>Page 9,</b> <b>Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).</b></p> <p><b>Refer to Section 2 of the Instructions, titled “Employer or Authorized Representative Review and Verification,” for more information about acceptable receipts.</b></p>