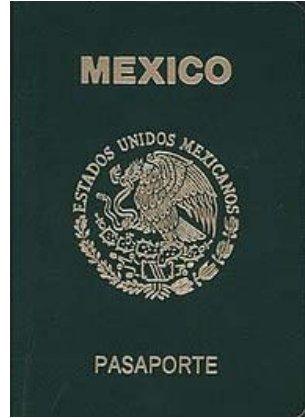


# List A - 5



LIST A Documents that Establish Both Identity and 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-766)
5.	For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                             <ol 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> </ol> </li> </ol>
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



And

U.S. Customs and Border Protection Securing America's Borders	
Get I-94 Number	I947AQ
Admission (I-94) Number Retrieval	
Admission (I-94) Record Number: 6900088062	
Admit Until Date (MM/DD/YYYY): 10/10/2012	
Details provided on Admission(I-94) form:	
Family Name:	LI
First (Given) Name:	LYDA
Birth Date (MM/DD/YYYY):	01/01/1990
Passport Number:	P123123213
Passport Country of Issuance:	Mexico
Date of Entry (MM/DD/YYYY):	04/11/2012
Class of Admission:	B1

With

## 1. Example of Form DS-2019-J-1 Exchange Visitor

U.S. Department of State CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR STATUS (J-NONIMMIGRANT)				CMB APPROVAL NO 1405-0119 EXPIRES: 07-31-2014 ESTIMATED BURDEN TIME: 45 min *See Page 2
1. Surname/Primary Name: DOE		Given Name: JANE		Gender: <b>FEMALE</b>
Date of Birth (mm-dd-yyyy): 09-10-1995	City of Birth: PARIS	Country of Birth: FRANCE	Citizenship Country Code: FR	Citizenship Country: FRANCE
Legal Permanent Residence Country Code: FR		Legal Permanent Residence Country: FRANCE	Position Code: 400	Position: CATEGORY - THE ARTS AND SPORTS
Primary Site of Activity: John and Mary Smith 9650 MAIN ST FAIRFAX, VA 22031-3748				
2. Program Sponsor: ACME AU PAIR			Program Number: P-1-16489	
Participating Program Official Designation: AU PAIR				
Purpose of this form: Replace a DS-2019 form (Damaged)				
3. Form Cover Period: From (mm-dd-yyyy) : 01-10-2016		4. Exchange Visitor Category: AU PAIR		
To (mm-dd-yyyy) : 01-10-2017		Subject/Field Code: 01-0399		
		Subject/Field Code Remarks: subject/field remarks		
5. During the period covered by this form, the total estimated financial support (in U.S. \$) to be provided to the exchange visitor by: Current Program Sponsor Funds = 05,000.00 Personal Funds = 02,500.00 Total = 07,500.00				

# List A - 5



Correct 

Incorrect 



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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 08/31/2019



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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**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, but not before accepting a job offer.)

Last Name (Family Name) Doe		First Name (Given Name) Jane		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name) 9650 Main St		Apt. Number	City or Town Fairfax		State VA	ZIP Code 22031
Date of Birth (mm/dd/yyyy) 09/10/1995	U.S. Social Security Number [1][2][3]-[4][5]-[6][7][8][9]	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 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 boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number)
<input checked="" type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): 01/01/2020 Some aliens may write "N/A" in the expiration date field. (See Instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:  
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: OR
2. Form I-94 Admission Number: OR
3. Foreign Passport Number: P123123213 Country of Issuance: Mexico

QR Code - Section 1  
Do Not Write In This Space

Signature of Employee Jane Doe	Today's Date (mm/dd/yyyy) 01/01/2016
-----------------------------------	---

Preparer and/or Translator Certification (check one):

<input type="checkbox"/> I did not use a preparer or translator. <input type="checkbox"/> 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)	
Address (Street Number and Name)		City or Town	State ZIP Code

 Employer Completes Next Page 



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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**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, but not before accepting a job offer.)

Last Name (Family Name) Doe		First Name (Given Name) Jane		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name) 9650 Main St		Apt. Number	City or Town Fairfax		State VA	ZIP Code 22031
Date of Birth (mm/dd/yyyy) 09/10/1995	U.S. Social Security Number [1][2][3]-[4][5]-[6][7][8][9]	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 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 boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number)
<input checked="" type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): 01/01/2020 Some aliens may write "N/A" in the expiration date field. (See Instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:  
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: OR
2. Form I-94 Admission Number: OR
3. Foreign Passport Number: P123123213 Country of Issuance: Mexico

QR Code - Section 1  
Do Not Write In This Space

Signature of Employee Jane Doe	Today's Date (mm/dd/yyyy) 01/01/2016
-----------------------------------	---

Preparer and/or Translator Certification (check one):

<input type="checkbox"/> I did not use a preparer or translator. <input type="checkbox"/> 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)	
Address (Street Number and Name)		City or Town	State ZIP Code

 Employer Completes Next Page 

# List A - 5



Correct



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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 08/31/2019

### Section 2. Employer or Authorized Representative Review and Verification

(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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name) Doe	First Name (Given Name) Jane	M.I.	Citizenship/Immigration Status 4
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Identify and Employment Authorization

Document Title Passport	Document Title I-94	Document Title J-1 DS2019
Issuing Authority Mexico	Issuing Authority U.S. DHS	Issuing Authority U.S. Dept. of State
Document Number P123123213	Document Number 69000888062	Document Number N0000153549
Expiration Date (if any) (mm/dd/yyyy) 01/01/2020	Expiration Date (if any) (mm/dd/yyyy) 10/10/2012	Expiration Date (if any) (mm/dd/yyyy) 01/10/2017

Additional Information

GR Code - Sections 2 & 3  
Do Not Write In This Space

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.

The employee's first day of employment (mm/dd/yyyy): 01/01/2016 (See instructions for exemptions)

Signature of Employer or Authorized Representative Happy Manager	Today's Date (mm/dd/yyyy) 01/01/2016	Title of Employer or Authorized Representative Manager
Last Name of Employer or Authorized Representative Manager	First Name of Employer or Authorized Representative Happy	Employer's Business or Organization Name ABC Company
Employer's Business or Organization Address (Street Number and Name) 789 N. 123 W.		City or Town Happy City
State UT	ZIP Code 84000	

### Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)  
Last Name (Family Name) First Name (Given Name) Middle Initial

B. Date of Rehire (if applicable)  
Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	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 document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

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

Incorrect



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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 08/31/2019

### Section 2. Employer or Authorized Representative Review and Verification

(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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name) Doe	First Name (Given Name) Jane	M.I.	Citizenship/Immigration Status 4
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Identify and Employment Authorization

Document Title Passport	Document Title I-94	Document Title J-1 DS2019
Issuing Authority Mexico	Issuing Authority U.S. DHS	Issuing Authority Federal Government
Document Number P123123213	Document Number 69000888062	Document Number N0000153549
Expiration Date (if any) (mm/dd/yyyy) 01/01/2020	Expiration Date (if any) (mm/dd/yyyy) 10/10/2012	Expiration Date (if any) (mm/dd/yyyy) 01/10/2017

Additional Information

GR Code - Sections 2 & 3  
Do Not Write In This Space

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.

The employee's first day of employment (mm/dd/yyyy): 01/01/2016 (See instructions for exemptions)

Signature of Employer or Authorized Representative Happy Manager	Today's Date (mm/dd/yyyy) 01/01/2016	Title of Employer or Authorized Representative Manager
Last Name of Employer or Authorized Representative Manager	First Name of Employer or Authorized Representative Happy	Employer's Business or Organization Name ABC Company
Employer's Business or Organization Address (Street Number and Name) 789 N. 123 W.		City or Town Happy City
State UT	ZIP Code 84000	

### Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)  
Last Name (Family Name) First Name (Given Name) Middle Initial

B. Date of Rehire (if applicable)  
Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	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 document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

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

I-94 and J-1 Visa are filled out in the wrong locations. These IDs must be completed under List A only