

# List A - 6



**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:
  - a. Foreign passport; and
  - b. Form I-94 or Form I-94A that has the following:
    - (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.
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



With

U.S. Customs and Border Protection Securing America's Borders	
Get I-94 Number	I-94 FAQ
<b>Admission (I-94) Number Retrieval</b>	
Admission (I-94) Record Number: 69000888062	
Admit Until Date (MM/DD/YYYY): 10/10/2012	
Details provided on Admission(I-94) form:	
Family Name:	LI
First (Given) Name:	LYDIA
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

I-94

Or

DEPARTMENT OF HOMELAND SECURITY U.S. Customs and Border Protection	
Departure Record	
Admission Number: 123456789 01	
18. Family Name	20. Birth Date (DD/MM/YY)
19. First (Given) Name	21. Country of Citizenship
See Other Side <span style="float: right;">STAPLE HERE</span>	

I-94A

# List A - 6



## 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

▶ **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) John	Middle Initial	Other Last Names Used (if any)
Address (Street Number and Name) 123 E. 456 S.		Apt. Number	City or Town Happy Town
State UT		ZIP Code 84000	
Date of Birth (mm/dd/yyyy) 01/01/1980	U.S. Social Security Number 123-45-6789	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):

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: <u>69000888062</u> OR
3. Foreign Passport Number: Country of Issuance:

QR Code - Section 1  
Do Not Write in This Space

Signature of Employee John Doe Today's Date (mm/dd/yyyy) 01/01/2012

**Preparer and/or Translator Certification (check one):**

I did not use a preparer or translator.  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

## 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

▶ **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) John	Middle Initial	Other Last Names Used (if any)
Address (Street Number and Name) 123 E. 456 S.		Apt. Number	City or Town Happy Town
State UT		ZIP Code 84000	
Date of Birth (mm/dd/yyyy) 01/01/1980	U.S. Social Security Number 123-45-6789	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):

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: <u>69000888062</u> OR
3. Foreign Passport Number: Country of Issuance:

QR Code - Section 1  
Do Not Write in This Space

Signature of Employee Today's Date (mm/dd/yyyy)

**Preparer and/or Translator Certification (check one):**

I did not use a preparer or translator.  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

Employees are required to sign the I-9 form

Employee did not enter the date they completed the I-9 form

# List A - 6



Correct



Incorrect

Start Date:  
01/01/2012

**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) John	M.I.	Citizenship/Immigration Status 4
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List A OR List B AND List C  
Identify and Employment Authorization OR Identify AND Employment Authorization

Document Title Passport	Document Title Passport	Document Title Passport
Issuing Authority Micronesia	Issuing Authority Micronesia	Issuing Authority Micronesia
Document Number 000000000	Document Number 000000000	Document Number 000000000
Expiration Date (if any) (mm/dd/yyyy) 01/01/2020	Expiration Date (if any) (mm/dd/yyyy) 01/01/2020	Expiration Date (if any) (mm/dd/yyyy) 01/01/2020
Document Title I-94	Additional Information	
Issuing Authority U.S. DHS	GR Code - Sections 2 & 3 Do Not Write In This Space	
Document Number 69000888062		
Expiration Date (if any) (mm/dd/yyyy) 10/10/2012		
Document Title		
Issuing Authority		
Document Number		
Expiration Date (if any) (mm/dd/yyyy)		

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): 01/01/2012 (See instructions for exemptions)

Signature of Employer or Authorized Representative Happy Manager	Today's Date (mm/dd/yyyy) 01/01/2012	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 S. 500 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)			B. Date of Rehire (if applicable)		
Last Name (Family Name)	First Name (Given Name)	Middle Initial	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)
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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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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**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) John	M.I.	Citizenship/Immigration Status 4
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List A OR List B AND List C  
Identify and Employment Authorization OR Identify AND Employment Authorization

Document Title Passport	Document Title Passport	Document Title Passport
Issuing Authority Micronesia	Issuing Authority Micronesia	Issuing Authority Micronesia
Document Number 000000000	Document Number 000000000	Document Number 000000000
Expiration Date (if any) (mm/dd/yyyy) 01/01/2020	Expiration Date (if any) (mm/dd/yyyy) 01/01/2020	Expiration Date (if any) (mm/dd/yyyy) 01/01/2020
Document Title I-94	Additional Information	
Issuing Authority USCIS	GR Code - Sections 2 & 3 Do Not Write In This Space	
Document Number 69000888062		
Expiration Date (if any) (mm/dd/yyyy) 10/10/2012		
Document Title		
Issuing Authority		
Document Number		
Expiration Date (if any) (mm/dd/yyyy)		

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): \_\_\_\_\_ (See instructions for exemptions)

Signature of Employer or Authorized Representative Happy Manager	Today's Date (mm/dd/yyyy) 01/01/2012	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 S. 500 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)			B. Date of Rehire (if applicable)		
Last Name (Family Name)	First Name (Given Name)	Middle Initial	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)
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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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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The manager did not enter the employee's first day of employment