

# UMass Internal I-9 Job Aid

## Required Fields for New Employees, Section 1

When reviewing an I-9 for competition the highlighted fields are required, and depending on what box they have selected additional information may be required. See Below



**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

**I-9 Instructions indicate that no field in Sections 1 or 2 can be blank any field that is not used must be marked N/A.**

▶ **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.

<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>					
Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)
Address (Street Number and Name)			Apt. Number	City or Town	State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's E-mail Address		Employee's Telephone Number	
		Optional Fields – if not provided must be marked N/A			

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 checked="" 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): <u>REQUIRED FOR BOX 3</u>
<input type="checkbox"/>	4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): <u>REQUIRED FOR BOX 4</u> 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: \_\_\_\_\_  
 Country of Issuance: \_\_\_\_\_

IF BOX 4 IS SELECTED #1, #2, OR #3 MUST BE COMPLETED

QR Code - Section 1  
 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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The only instances that allow for N/A in the expiration date field is Refugees, Granted Asylees and Certain citizens of Micronesia, the Marshall Islands and Palau

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

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

Should be completed **ONLY** if the employee requires assistant to complete Section 1 (i.e. translator, someone other than the employee fills out the information blocks, or someone with a disability who needs additional assistance) **If a translator was not used these fields can be left blank**

STCPI *Employer Completes Next Page* STCPI

1. A Citizen of the United States - **No additional information is needed**
2. A Non Citizen National – Persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands and certain children of non citizen nationals born abroad - **No additional information is needed**
3. A Lawful Permanent Resident – Green Card holder. **#/USCIS Number is Required**
4. An Alien Authorized to Work – Temporary Work Authorized, **An Expiration Date is required and Question 1, 2, or 3 MUST be answered**

# I-9 Required fields for Employer, Section 2

Before completing Section 2, the employer must ensure that section 1 is completed properly and one time. The Employee must present acceptable documents within 3 business days of first day of work. Employers cannot specify which documents they will accept. **The Employer is required to complete the highlighted fields.**



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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)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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These will auto populate on the online form, to use smart form functionality in section 2, you must select the number that corresponds with box selected in section 1

LIST A	OR	LIST B	AND	LIST C
Identity and Employment Authorization		Identity	Employment Authorization	
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write in This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | 1. A citizen of the United States             |
| <input type="checkbox"/> | 2. A noncitizen national of the United States |
| <input type="checkbox"/> | 3. A lawful permanent resident                |
| <input type="checkbox"/> | 4. An alien authorized to work                |

The Employee can present one selection from List A or a combination of documents from List B and C. Record the documents in the proper column. **Add N/A to any field that was not used.**

**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	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

If the employee is Temporary Work Authorized please review the Temporary Work Authorized Acceptable documents list.

**ONLY Photocopy and attach the documents that were required to complete this I-9 to the completed form.**

**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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Exemptions are only for external recruiters or temporary staffing agencies.

When reviewing the documents provided please check the box that was marked in the attestation in Section 1. The documents must match the type of box checked. If they checked a lawful permanent resident, they should be presenting a copy of their green card as a list A documents, or a List B and List C document.

If they checked that they are an alien eligible to work they should be presenting acceptable documents as per the list. **If you are using the online smart form, it will limit what documents are acceptable based on the individuals selection in part 1.**

## I-9 Required fields for Employer, Section 3 Reverification

When an employees temporary work authorization expires you must re-verify their employment authorization documents no later than the date their current temporary work authorization expires. You can use Section 3 of their current I-9 or if that section was already used, you can print a new I-9. If you use a new I-9 please print the individuals name on the top of section 2 and only complete section 3. The highlighted fields below are required to complete section 3 for reverification. You are only required to reverify work authorization with a List A or List C document, you do not need to reverify identity (List B document).

<b>Section 3. Reverification and Rehires</b> <i>(To be completed and signed by employer or authorized representative.)</i>		
A. New Name <i>(if applicable)</i> Last Name <i>(Family Name)</i> First Name <i>(Given Name)</i> Middle Initial		B. Date of Rehire <i>(if applicable)</i> (mm/dd/yyyy):
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.		
Document Title:	Document Number:	Expiration Date <i>(if any)</i> (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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:

You DO NOT need to reverify U.S. Citizens, Non Citizen Nationals, U.S. Permanent Residents, Refugees EAD Code (a)(4), or individuals who have been granted Asylum, EAD Code (a)(5).

## I-9 Required fields for Employer, Section 3 Re-Hires

Complete Section 3, or the employee can complete a new if the rehire is within the prior three years and the old I-9 is still available. If you choose to complete section 3, verify that the form is the current version, if not you may attach the page from the new I-9 that contain Section 3.

<b>Section 3. Reverification and Rehires</b> <i>(To be completed and signed by employer or authorized representative.)</i>		
A. New Name <i>(if applicable)</i> Last Name <i>(Family Name)</i> First Name <i>(Given Name)</i> Middle Initial		B. Date of Rehire <i>(if applicable)</i> (mm/dd/yyyy):
Complete if there has been a name change since the original I-9 was completed		
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.		
Document Title:	Document Number:	Expiration Date <i>(if any)</i> (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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:

Complete Box C if the documents provided with the original I-9, evidencing employment eligibility have expired.