



Protecting the Borders Against Illicit Trade, Travel, and Finance

Homeland Security Investigations

IMAGE Form I-9 Training

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The Employment Eligibility Verification Form I-9 (Form I-9)

Immigration Reform and Control Act of 1986

Requires employers to utilize the Form I-9 to verify the identity and work authorization of all employees hired after November 6, 1986.

- A Form I-9 is required for all employees except for:
 - Casual domestic work in a private home on a sporadic, irregular, or intermittent basis
 - Independent contract work
- ICE HSI, Department of Justice, Office of Special Counsel for Immigration-Related Unfair Employment Practices, and the Department of Labor have authority to inspect Forms I-9.



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The Form I-9

Employers are required to utilize the current version of the Form I-9 for all new hires. (Current revision date 03/8/2013)

The employer may delegate the responsibilities for completion of the Form I-9, however the employer retains liability for any errors.

Instructions (pages 1 – 6)

Form I-9 (pages 7 – 9)

- Section 1 – Employee Information and Attestation
- Section 2 – Employer or Authorized Representative Review and Verification
- Section 3 – Reverification and Rehires
- Lists of Acceptable Documents



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Form I-9 – Section 1

To be completed by employee at **time of hire**

- **Employee** must complete Section 1
- Employee does not have to provide social security number unless the company/employer uses E-Verify
- Employee does not have to provide an email address or telephone number
- **Employer** must ensure that Section 1 is properly completed in a timely manner



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Form I-9 - Section 1

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>				
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Other Names Used (if any)	
Doe	John	A	N/A	
Address (Street Number and Name)	Apt. Number	City or Town	State	Zip Code
No P.O. Box allowed	1	Phoenix	AZ <input type="button" value="v"/>	20000
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	E-mail Address	Telephone Number	
01/01/1965	<input type="text" value="Optional- unless E-Verify"/>	optional	Optional	



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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):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (See instructions)
- ☒ A lawful permanent resident (Alien Registration Number/USCIS Number): 0 2 2 3 4 4 1 2 3
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) . Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number:

OR

2. Form I-94 Admission Number:

3-D Barcode
Do Not Write in This Space

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number:

Country of Issuance:

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: *John A. Doe*

Date (mm/dd/yyyy): 08/13/2013



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I attest, under penalty of perjury, that I am (check one of the following):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (See instructions)
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- ☒ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) 2/28/2015. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: 1 2 3 4 5 6 7 8 9

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

3-D Barcode
Do Not Write in This Space

Signature of Employee:

John A. Doe

Date (mm/dd/yyyy): 08/30/2013



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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):

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (See instructions)
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- ☒ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) 10/16/2015. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: 8 1 3 1 0 6 6 6 3 2

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: LA01010444

Country of Issuance: Argentina

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

3-D Barcode
Do Not Write in This Space

Signature of Employee:

John A. Doe

Date (mm/dd/yyyy):

08/30/2013



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Form I-9 - Section 1

Preparer and/or Translator Certification (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.

Signature of Preparer or Translator: <i>Jane Smith</i>		Date (mm/dd/yyyy): 07/30/2013	
Last Name (Family Name) Smith		First Name (Given Name) Jane	
Address (Street Number and Name) 123 Main Street	City or Town Phoenix	State AZ	Zip Code 20000



Employer Completes Next Page



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Form I-9 - Section 2

- To be completed by the **employer** within 3 days of hire. *If employment is to last less than 3 days- Section 2 must be completed at time of hire.*
- Employee may present a List A document that establishes both identity and employment authorization (e.g, U.S. Passport, Permanent Resident Card or Alien Registration Receipt Card (Form I-551)) **or**
- Employee may present a combination of a List B document that establishes identity and a List C document that establishes employment authorization (e.g., a Driver's license/ID card and a Social Security Account Number card)



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Form I-9 - Section 2

- Employee must present required documents within 3 business days of hire. *If employment is to last less than 3 days, Section 2 must be completed at time of hire.*
- The employer must physically examine the documentation presented to ensure that the documents appear genuine and relate to the individual and complete the employer certification attesting to such
- Employers may, but are not required to, photocopy the document(s) presented. If copies are made, they should be made for ALL new hires and reverifications
- Expired documents are NOT acceptable



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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 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.)

Employee Last Name, First Name and Middle Initial from Section 1: Doe, Jane O

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: Passport		Document Title: [Redacted]		Document Title: [Redacted]
Issuing Authority: Micronesia		Issuing Authority: [Redacted]		Issuing Authority: [Redacted]
Document Number: G123456		Document Number: [Redacted]		Document Number: [Redacted]
Expiration Date (if any)(mm/dd/yyyy): 09/09/2020		Expiration Date (if any)(mm/dd/yyyy): [Redacted]		Expiration Date (if any)(mm/dd/yyyy): [Redacted]
Document Title: Form I-94				<div style="border: 1px solid black; padding: 10px; text-align: center;"> <p>3-D Barcode</p> <p>Do Not Write in This Space</p> </div>
Issuing Authority: DHS				
Document Number: 0000000000000000				
Expiration Date (if any)(mm/dd/yyyy): [Redacted]				
Document Title: [Redacted]				
Issuing Authority: [Redacted]				
Document Number: [Redacted]				
Expiration Date (if any)(mm/dd/yyyy): [Redacted]				



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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 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.)

Employee Last Name, First Name and Middle Initial from Section 1: Doe, Jane O

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: <input type="text"/>		Document Title: <input type="text" value="Driver's License"/>		Document Title: <input type="text" value="Birth Certificate"/>
Issuing Authority: <input type="text"/>		Issuing Authority: <input type="text" value="California"/>		Issuing Authority: <input type="text" value="State of California"/>
Document Number: <input type="text"/>		Document Number: <input type="text" value="C1234567"/>		Document Number: <input type="text" value="123-45-6789"/>
Expiration Date (if any)(mm/dd/yyyy): <input type="text"/>		Expiration Date (if any)(mm/dd/yyyy): <input type="text" value="01/01/2020"/>		Expiration Date (if any)(mm/dd/yyyy): <input type="text" value="N/A"/>
Document Title: <input type="text"/>		<div>3-D Barcode Do Not Write in This Space</div>		
Issuing Authority: <input type="text"/>				
Document Number: <input type="text"/>				
Expiration Date (if any)(mm/dd/yyyy): <input type="text"/>				
Document Title: <input type="text"/>				
Issuing Authority: <input type="text"/>				
Document Number: <input type="text"/>				
Expiration Date (if any)(mm/dd/yyyy): <input type="text"/>				



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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): 03/11/2013 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <i>Sarah Smith</i>		Date (mm/dd/yyyy) 03/13/2013	Title of Employer or Authorized Representative HR Administrator	
Last Name (Family Name) Smith		First Name (Given Name) Sarah		Employer's Business or Organization Name Pizza Shop
Employer's Business or Organization Address (Street Number and Name) 1234 West Lane		City or Town Phoenix		State AZ
				Zip Code 90210



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Form I-9 – Section 3

Section 3. Reverification and Rehires <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):	
<input type="text"/>		<input type="text"/>	
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):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
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:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Used for

- Reverification of employment authorization and rehiring employees
- An employer may utilize the original Form I-9 if it is the current version
- If the original Form I-9 is not the current version, the employer should complete Section 3 of the current form and attach to the original I-9 or complete a new I-9 for re-hires



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Section 3 - Reverification

Do NOT Reverify:

- U.S. Passport or Passport Card
- Permanent Resident Card (Form I-551)
- List B Documents (found on page 9)

DO Reverify:

- Employment authorization documents that have an expiration date



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Electronic Forms I-9

- Electronically retained – when an employer scans and stores a manually completed Form I-9
- Electronically generated – system used to generate the Form I-9 electronically
- Electronically generated, signed, and retained – a system created to generate, sign electronically, and retain the Form I-9
- Production of information for inspection is the same regardless of how the Form I-9 is completed. (Service of NOI with inspection 3 business days later)



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Electronic Forms I-9

- Employers may use paper, or electronic systems, or a combination of paper and electronic systems
- At the time of inspection, the employer must:
 - Retrieve and reproduce the Forms I-9 electronically maintained
 - Provide appropriate hardware, software, personnel, and documentation necessary to locate, retrieve, read, and reproduce the electronically stored Forms I-9
 - Provide reasonably available summary files to include an index system



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Electronically Generated – Forms I-9

- HSI inspects Forms I-9, not the vendor/software used to create the Form
 - HSI does not endorse or approve vendors/software
- If a paper Form I-9 is completed, that form may be scanned and stored. Upon scanning and electronic storage, the original paper Form I-9 may be destroyed and the scanned copy may be presented as the original



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Self-Audits

- HSI encourages self-audits prior to the service of a Notice of Inspection
- Employers are encouraged to correct errors uncovered during a Self-audit
- For technical violations that reasonably cannot be corrected, the employer or recruiter or referrer for a fee must provide ICE an explanation in writing of why the violations reasonably cannot be corrected.



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How to Correct the Form I-9 Section 1

- If the employer, recruiter, or referrer for a fee (“employer”) discovers an error in Section 1 of an employee’s Form I-9, the employer should ask the employee to correct the error.
- When correcting Section 1, the employee should:
 - Draw a line through the incorrect information
 - Enter the correct information
 - Initial and date the correction



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How to Correct the Form I-9 Section 1 Using a Preparer / Translator

- Employees needing assistance to correct Section 1 can have a preparer and/or translator help with the correction.
- The preparer and/or translator should:
 - Make the correction or help the employee make the correction by drawing a line through the incorrect information and entering the correct information
 - Have the employee initial and date the correction
 - Initial and date the correction next to the employee's initials



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How to Correct the Form I-9 Section 1 Using a Preparer / Translator

- If the preparer and/or translator who helps with the correction completed the preparer and/or translator certification block when the employee initially completed Form I-9, he or she should not complete the certification block again.
- If the preparer and/or translator did not previously complete the preparer and/or translator certification block, he or she should:
 - Complete the certification block; or
 - If the certification block was previously completed by a different preparer and/or translator:
 - Draw a line through the previous preparer and/or translator information
 - Enter the new preparer and/or translator information



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How to Correct the Form I-9 Section 2

- Employers and/or their authorized representative may only correct errors made in Sections 2 or Section 3 of Form I-9.
- When correcting Sections 2 or 3, the employer should:
 - Draw a line through the incorrect information
 - Enter the correct information
 - Initial and date the correction

Should an employer's internal policies uniformly call to correct these deficiencies using a new Form I-9, the uncorrected (original) Form I-9 must be attached to the updated Form I-9.



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Retention – Form I-9

- Forms I-9 should be kept in the same manner as the other personnel forms
- The employer can keep the Forms I-9 in a separate file or in another appropriate file
- If an employer retains copies of documents related to the Form I-9, they should be stored and presented with the Form I-9



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Retention – Form I-9

- Employer must retain a Form I-9 for all current employees
- Employers must also retain the Form I-9 for some terminated employees (i.e. 3 years from the date of hire or 1 year from the date of termination, whichever is longer)
- The Form I-9 can be retained in:
 - Paper
 - Microfilm
 - Microfiche
 - Electronically



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Retention – Form I-9 Example

How long is an employer required to retain a terminated employee's Form I-9?

- Date the employee began work for pay: 4/26/2013
 - *Add three years:* **4/26/2016**
- Date employment was terminated: 5/10/2013
 - *Add one year to the date:* **5/10/2014**
- Which date is later? 4/26/2016

The employer must retain the Form I-9 until 4/26/2016.



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Additional Resources

- Form I-9, Employment Eligibility Verification <http://www.uscis.gov/I-9Central>
- Form M-274, Handbook for Employers, Guidance for Completing Form I-9 (Employment Eligibility Verification Form) <http://www.uscis.gov/files/form/m-274.pdf>
- Worksite Enforcement Fact Sheet <http://www.ice.gov/worksite/factsheets.htm>



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Questions / Comments

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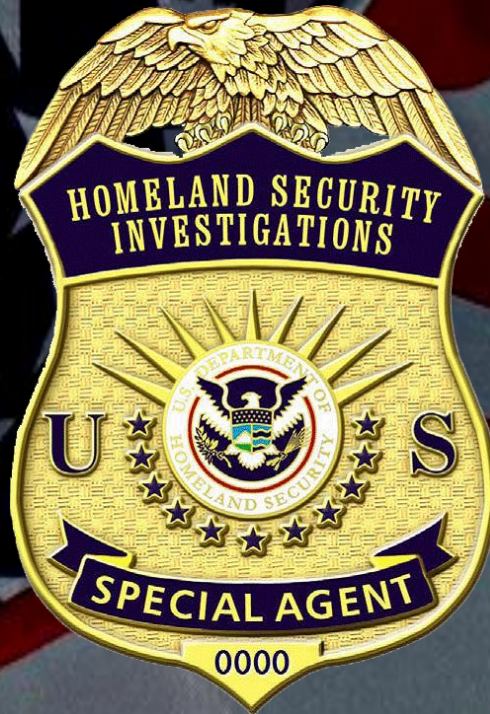
417-865-7359, ext 222



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