

LISTS OF ACCEPTABLE DOCUMENTS FOR I-9 EMPLOYMENT ELIGIBILITY VERIFICATION

List A Documents that establish BOTH Identity and Employment Eligibility	List B Documents that establish Identity	List C Documents that establish Employment Eligibility
1. U.S. Passport (unexpired or expired)	1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	1. U.S. Social Security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. An unexpired foreign passport with a temporary I-551 stamp	3. School ID card with a photograph	3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. An unexpired Employment Authorization Document that contains a photograph (Form I-766, I-688, I-688A, I-688B)	4. Voter's registration card	4. Native American tribal document
5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer	5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)
	6. Military dependent's ID card	6. ID Card for use of Resident Citizen in the United States (Form I-179)
	7. U.S. Coast Guard Merchant Mariner Card	7. Unexpired employment authorization document issued by DHS (other than those listed under <i>List A</i>)
	8. Native American tribal document	
	9. Driver's license issued by a Canadian government authority	
	10. School record or report card	
	11. Clinic, doctor or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

Section 2. Employer or Authorized Representative Review and Verification

(Employer 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 provide a combination of one document from List B and one document from List C selected 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: Jones, Bob J

List A Identify and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: <u>Passport</u>		Document Title:		Document Title:
Issuing Authority: <u>US Gov</u>		Issuing Authority:		Issuing Authority:
Document Number: <u>P977888 2</u>		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy): <u>9-14-21</u>		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="font-size: 4em; font-family: cursive;">EXAMPLE</div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> 3-D Barcode Do Not Write in This Space </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
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 <u>Sally Porter</u>		Date (mm/dd/yyyy) <u>6-7-13</u>	Title of Employer or Authorized Representative <u>Notary</u>	
Last Name (Family Name) <u>Porter</u>		First Name (Given Name) <u>Sally</u>		Employer's Business or Organization Name
Employer's Business or Organization Address (Street Number and Name) <u>233 Flagstaff Ave</u>		City or Town <u>Smellton</u>	State <u>OH</u>	Zip Code <u>39460</u>

Section 3. Reverification and Rehire (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) (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 (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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:

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 A 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: Jones, Bob J

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: <u>Drivers Lic</u>		Document Title: <u>SS Card</u>
Issuing Authority:		Issuing Authority: <u>Ohio</u>		Issuing Authority: <u>US Gov</u>
Document Number:		Document Number: <u>B2369857</u>		Document Number: <u>767-67-7676</u>
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>9-14-16</u>		Expiration Date (if any)(mm/dd/yyyy): <u>NA</u>
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

EXAMPLE

3-D Barcode
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): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Sally Porter</u>		Date (mm/dd/yyyy) <u>6-7-13</u>	Title of Employer or Authorized Representative <u>Notary</u>	
Last Name (Family Name) <u>Porter</u>		First Name (Given Name) <u>Sally</u>	Employer's Business or Organization Name <u>Porter Book Keeping</u>	
Employer's Business or Organization Address (Street Number and Name) <u>233 Flagstaff Ave</u>		City or Town <u>Smallton</u>	State <u>OH</u>	Zip Code <u>39460</u>

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) (mm/dd/yyyy):
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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 (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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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INSTRUCTION TO NOTARY:

Law pertaining to Document I-9

From the: **Handbook for Employers**

Instructions for Completing Form I-9

(Employment Eligibility Verification Form)

U.S. Citizenship and Immigration Services

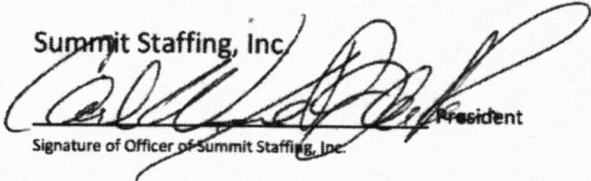
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41.Q. As an employer, do I have to fill out all the Forms I-9 myself?

A. No. You may designate someone to fill out Forms I-9 for you, such as a personnel officer, foreman, agent or anyone else acting in your interest, such as a notary public. Please note that if someone else fills out Form I-9 on your behalf, they must carry out full Form I-9 Responsibilities. For example, it is not acceptable for a notary public to view employment authorization and identity documents, but leave Section 2 for you to complete. The person who views an employee's employment authorization documents should also complete and sign Section 2 on your behalf.

Therefore, Summit Staffing, Inc, a corporation primarily located in the State of Texas, is authorizing a legally appointed Notary Public of any state in the United States to act in ours and our applicant's behalf in fulfilling our obligations concerning the Form I-9.

Summit Staffing, Inc.


Signature of Officer of Summit Staffing, Inc.

President