



Human Resources



1-9 Training



December 11, 2025

I-9 Presentation

This presentation offers essential guidance regarding the rules and responsibilities involved in the employment eligibility verification process. Please note that this guidance is subject to change. For the latest information, visit the [USCIS I-9 Central Website](#).

Federal law mandates that every employer who recruits, refers for a fee, or hires an individual for employment in the U.S. must complete Form I-9, Employment Eligibility Verification. This form assists you in confirming your employee's identity and employment authorization.

All employers are required to complete and retain Form I-9, Employment Eligibility Verification for every individual they hire after November 6, 1986, in the U.S. This requirement holds as long as the person is compensated for their work or receives any form of payment.



Completing Form I-9

Form I-9, Employment Eligibility Verification consists of two sections and two supplements:

- Section One: Employee Information and Attestation
 - Completed by employees
- Section Two: Employer or Authorized Representative Review and Verification
 - Completed by employers
- Supplement A: Preparer and/or Translator Certification for Section 1
 - Completed by individuals who assist employees in completing or translating Section 1
- Supplement B: Reverification and Rehires
 - Completed by employers for employees who are rehired or whose employment authorization requires reverification

I-9 Timeline

To ensure compliance, we should follow the following timeline:



Employee **accepts offer** for employment



Employee **completes Section 1** of the form no later than first day of work for pay



Employee **gives documents and form** to employer



Employer **completes Section 2** of the form no later than 3rd business day employee starts work for pay



If Employee's work authorization expires, **complete Supplement B**



Please note, along with the I-9 Form we are also required to provide the employee the List of Acceptable Documents as well

I-9 Documentation

Section 1 - Employee Information and Attestation

| 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) | First Name (Given Name) | Middle Initial (if any) | Other Last Names Used (if any) | | | | |
| Address (Street Number and Name) | | Apt. Number (if any) | City or Town | State | ZIP Code | | |
| Date of Birth (mm/dd/yyyy) | U.S. Social Security Number | Employee's Email Address | | Employee's Telephone Number | | | |
| I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct. | Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.): | | | | | | |
| | <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 (Enter USCIS or A-Number.) | | | | | | |
| <input type="checkbox"/> 4. An alien authorized to work until (exp. date, if any) | | | | | | | |
| If you check Item Number 4., enter one of these: | | | | | | | |
| USCIS A-Number | | OR | Form I-94 Admission Number | | OR | Foreign Passport Number and Country of Issuance | |
| Signature of Employee | | | Today's Date (mm/dd/yyyy) | | | | |

- ✓ Employee completes no later than **first day of work for pay**
- ✓ Social Security Number is required for E-Verify
- ✓ Email address is optional for employee, if provided it **MUST** be entered in E-Verify
- ✓ Make sure Employee signs and dates Attestation

I-9 Documentation

Section 2 - Employer Certification and Document Review

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

| | List A | OR | List B | AND | List C |
|--|------------------------|--|--------|---------------------------|---------------------------------------|
| Document Title 1 | | | | | |
| Issuing Authority | | | | | |
| Document Number (if any) | | | | | |
| Expiration Date (if any) | | | | | |
| Document Title 2 (if any) | Additional Information | | | | |
| Issuing Authority | | | | | |
| Document Number (if any) | | | | | |
| Expiration Date (if any) | | | | | |
| Document Title 3 (if any) | | | | | |
| Issuing Authority | | | | | |
| Document Number (if any) | | | | | |
| Expiration Date (if any) | | | | | |
| Expiration Date (if any) | | | | | |
| <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. | | | | | |
| Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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. | | | | | First Day of Employment (mm/dd/yyyy): |
| Last Name, First Name and Title of Employer or Authorized Representative | | Signature of Employer or Authorized Representative | | Today's Date (mm/dd/yyyy) | |
| Employer's Business or Organization Name | | Employer's Business or Organization Address, City or Town, State, ZIP Code | | | |

- Employer completes Section 2 no later than **3 business days** after the employee begins work for pay
- The person that examines the **original, unexpired** documents in the presence of the employee **MUST** fill out, sign and date Section 2
- Date Fields
 - First Day of Employment
 - This should be the first day the employee works for pay
 - Today's date

I-9 Documentation

Section 2 - Employer Certification and Document Review

You must accept a document presented by an employee if it reasonably appears to be:

- Genuine
- Relates to the individual presenting it

The document must be original - photocopies are NOT acceptable, except for a **certified** copy of a birth certificate

When signing Section 2 of the I-9 Form, we are certifying that we have physically examined the documentation presented by the named employee



Lists of Acceptable Documents

Form I-9 Acceptable Documents



LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

| LIST A Documents that Establish Both Identity and Employment Authorization | OR | LIST B Documents that Establish Identity | AND | LIST C Documents that Establish Employment Authorization |
|---|----|--|-----|---|
| <ol style="list-style-type: none"> U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa Employment Authorization Document that contains a photograph (Form I-766) For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> Foreign passport; and Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> The same name as the passport; and An endorsement of the individual's status or parole 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. 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 | | <ol style="list-style-type: none"> 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, sex, height, eye color, and address 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, sex, height, eye color, and address School ID card with a photograph Voter's registration card U.S. Military card or draft record Military dependent's ID card U.S. Coast Guard Merchant Mariner Card Native American tribal document Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: School record or report card Clinic, doctor, or hospital record Day-care or nursery school record | | <ol style="list-style-type: none"> A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> NOT VALID FOR EMPLOYMENT VALID FOR WORK ONLY WITH INS AUTHORIZATION VALID FOR WORK ONLY WITH DHS AUTHORIZATION Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal Native American tribal document U.S. Citizen ID Card (Form I-197) Identification Card for Use of Resident Citizen in the United States (Form I-179) Employment authorization document issued by the Department of Homeland Security <p>For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p>The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p> |
| Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274. | | | | |
| <ul style="list-style-type: none"> Receipt for a replacement of a lost, stolen, or damaged List A document. Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. Form I-94 with "RE" notation or refugee stamp issued to a refugee. | OR | <ul style="list-style-type: none"> Receipt for a replacement of a lost, stolen, or damaged List B document. | | <ul style="list-style-type: none"> Receipt for a replacement of a lost, stolen, or damaged List C document. |

I-9 Documentation

List A Documents

United States Passport / Passport Card

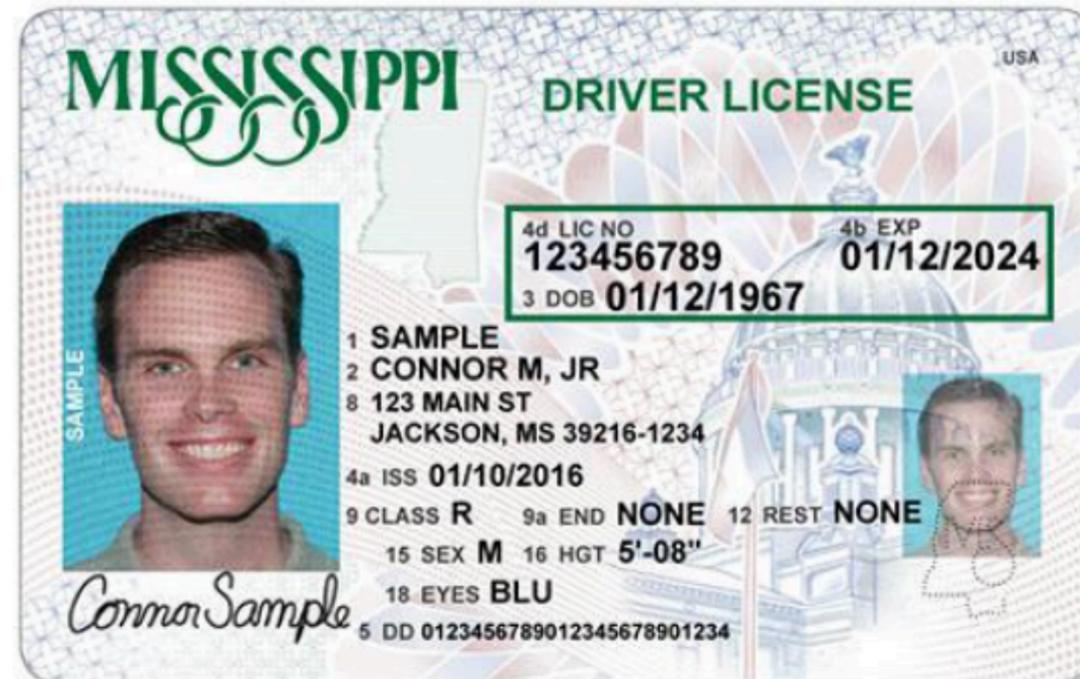
- ✓ Issuing Authority: Department of State
- ✓ Document Number: Also referred to as the passport number, located in the top right corner on the front of the document
- ✓ Document Expiration: Found at the bottom of the document, under or to the right of Issue Date



I-9 Documentation

List B Documents Establishes Identity

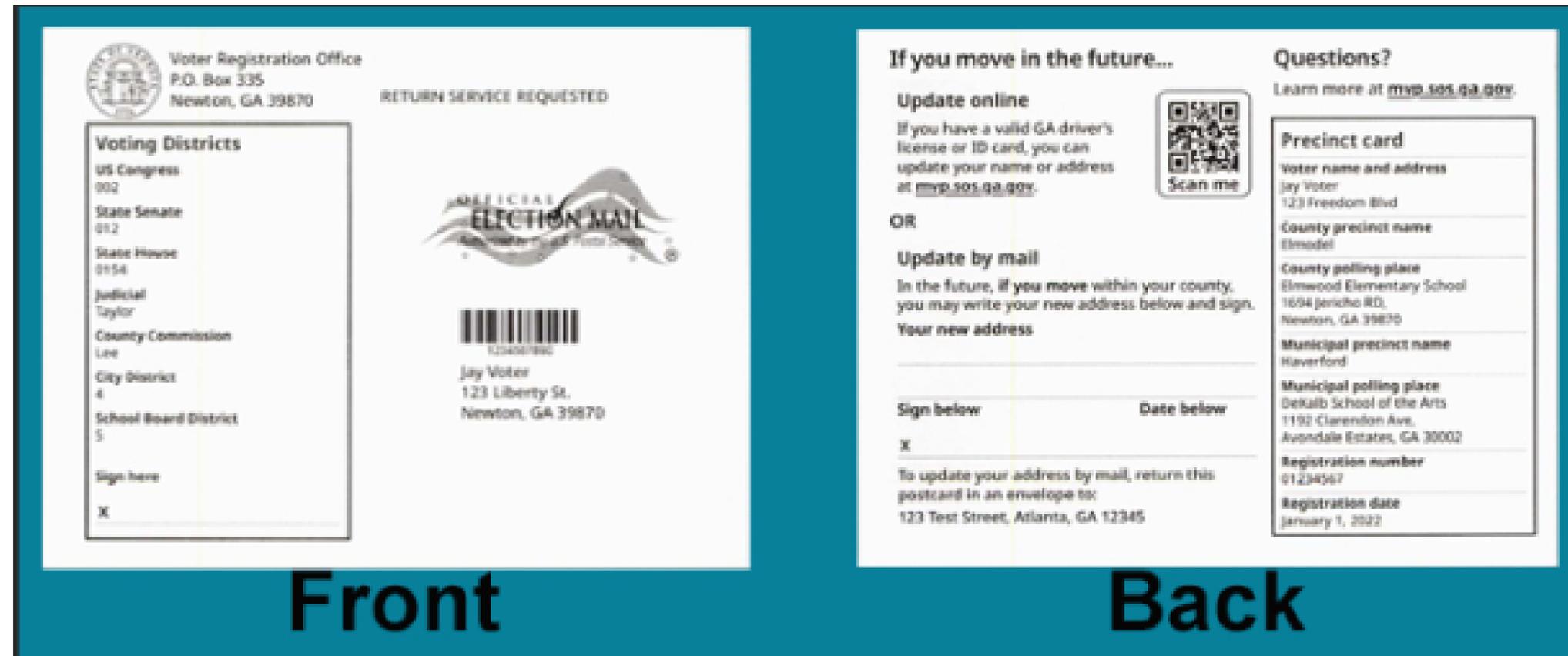
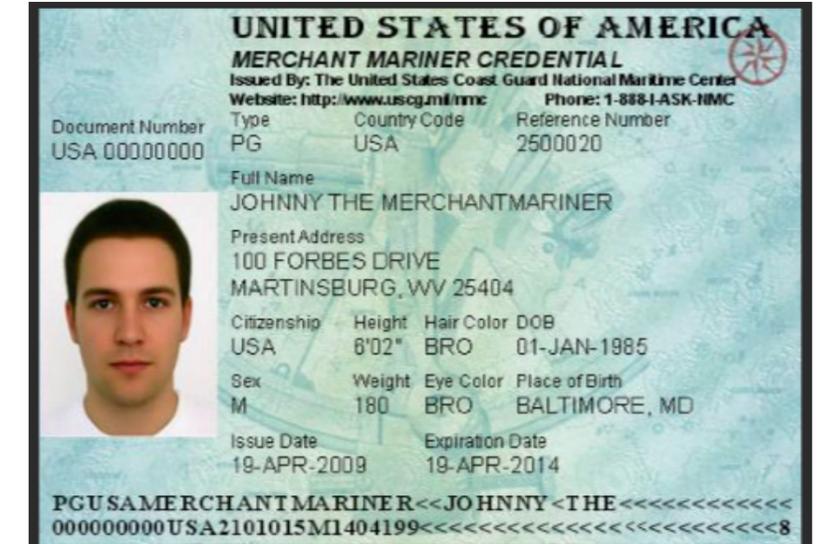
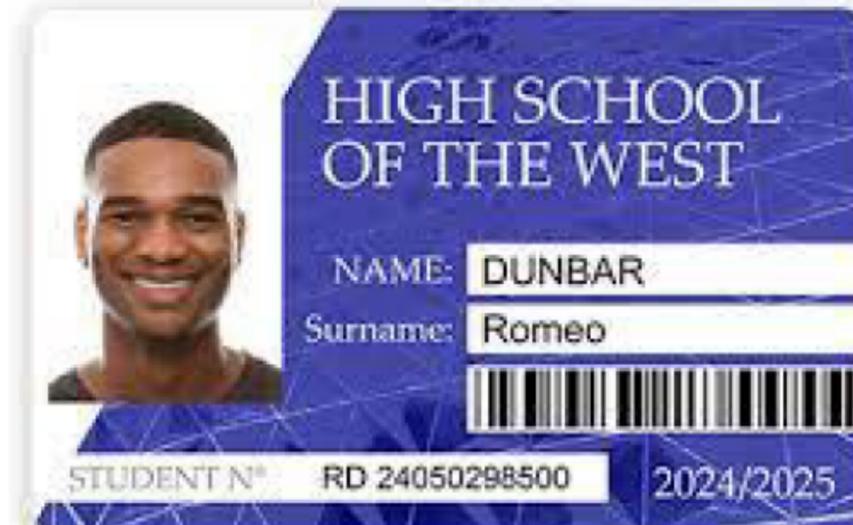
- ✓ Driver's License or Identification Card issued by a state or outlying territory of the U.S.
- ✓ ID card issued by federal, state, or local government agencies or entities
- ✓ These documents must contain a photograph or information such as name, date of birth, gender, height, eye color and address



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List B Documents Establishes Identity (Cont'd)

- School ID card with a photograph
- Voter's registration card
- U.S. Military card or draft record
- Military dependent's ID card
- U.S. Coast Guard Merchant Mariner Document (MMD) card
- Native American tribal document
- Driver's license issued by a Canadian government authority



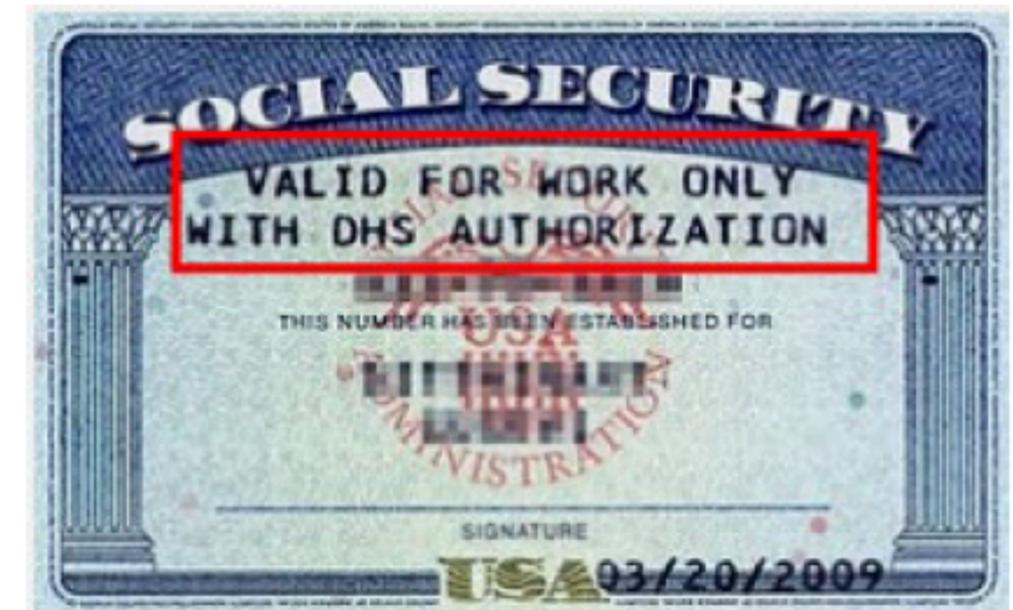
Front

Back

I-9 Documentation

List C Documents Establishes Employment Authorization

- Issuing Authority:** Social Security Administration
- Document Number:** Also known as the Social Security Number, consists of nine digits and is located on the front of the card
- Expiration Date:** No expiration
- Restrictions:** A card that includes any of the following restrictive wording is not an acceptable List C document:
 - NOT VALID FOR EMPLOYMENT
 - VALID FOR WORK ONLY WITH INS AUTHORIZATION
 - VALID FOR WORK ONLY WITH DHS AUTHORIZATION



I-9 Documentation

List C Documents Establishes Employment Authorization

- ✓ Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying territory of the United States bearing an official seal
- ✓ Certification of Birth Abroad/Report of Birth (FS-545/DS-1350)
- ✓ Consular Report of Birth Abroad (FS-240)
- ✓ Native American Tribal Document
- ✓ Identification Card for Use of Residence Citizen in the United States (I-179)



For examples of other List C documents visit the [I-9 Central Website](#)

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD
COUNTY OF LOS ANGELES • REGISTRAR-RECORDER/COUNTY CLERK

CERTIFICATE OF LIVE BIRTH
STATE OF CALIFORNIA
11999190

| | | | |
|--|--|---|-------------------------------------|
| STATE FILE NUMBER | | LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER | |
| 1A. NAME OF CHILD — FIRST GIVEN | | 1B. MIDDLE | 1C. LAST (FAMILY) |
| 2. SEX FEMALE | | 3A. THE BIRTH (MARRIAGE, DIVORCE, ETC.) | 3B. DATE OF BIRTH — YEAR/MONTH/DAY |
| 4A. PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY | | 4B. STREET ADDRESS — STREET, NUMBER, OR LOCATION | |
| 5A. NAME OF FATHER — FIRST GIVEN | | 5B. MIDDLE | 5C. LAST (FAMILY) |
| 6A. NAME OF MOTHER — FIRST GIVEN | | 6B. MIDDLE | 6C. LAST (FAMILY) |
| 7. STATE OF BIRTH | | 8. DATE OF BIRTH | 9. HOUR — OF HOUR (CLOCK TIME) |
| 10. RELATIONSHIP TO CHILD | | 11. DATE SIGNED | 12. DATE SIGNED |
| 13. TYPE, NAME, TITLE AND MAILING ADDRESS OF ATTENDANT | | 14. TYPE, NAME AND TITLE OF OFFICER IF OTHER THAN ATTENDANT | |
| 15A. DATE OF DEATH | | 15B. LOCAL REGISTRATION NUMBER | 15C. DATE ACCEPTED FOR REGISTRATION |

DEAN C. LOGAN
DEAN C. LOGAN
Registrar-Recorder/County Clerk

JAN 13

08/17/1999

I-9 Documentation

Receipt Rule



You may accept a receipt showing that your employee has applied to replace a document that was **lost, stolen** or **damaged**:

- The receipt must be issued by the originating agency
- Employee must present original replacement document or another acceptable document(s) within 90 days of the hire date
- Receipts are never acceptable if employment will last less than three business days
- E-Verify cases should be delayed until the replacement document is provided

I-9 Documentation

Supplement A - Preparer / Translator

- Please refer to the [USCIS website](#) for guidance on Supplement A

Supplement B - Reverification and Rehires

- Employers **MUST** reverify an employee using Form I-9, Supplement B, if their temporary employment authorization status or temporary employment authorization document has expired

- You **may** also complete Supplement B if you:
 - **Rehire** the employee within 3 years of the date you first completed Form I-9*

OR

 - Update the employee's **biographic information**

* Do not create a new E-Verify case for an existing employee you are reverifying

Supplement B,
Reverification and Rehire (formerly Section 3)
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 08/31/2016

| | | | | |
|---|--|---|--|---|
| Last Name (Family Name) from Section 1. | | First Name (Given Name) from Section 1. | | Middle Initial (If any) from Section 1. |
|---|--|---|--|---|

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

| Date of Rehire (If applicable) | | New Name (If applicable) | | |
|--------------------------------|-------------------------|--------------------------|----------------|--|
| Date (mm/dd/yyyy) | Last Name (Family Name) | First Name (Given Name) | Middle Initial | |
| | | | | |

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

| | | |
|----------------|--------------------------|---------------------------------------|
| Document Title | Document Number (if any) | 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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

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

Additional Information (Initial and date each notation.)

| |
|--|
| <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |
|--|

I-9 Documentation

Common Errors:

- Employee fails to fill in all information in Section 1
- Employee signs and dates the form **AFTER** their first day of work for pay
- First day of Employment is wrong
- Department accepts a picture of an Acceptable Document
- Document Number is incorrect
- Department lists incorrect documentation



I-9 Resources

Please visit the following I-9 Resources for additional guidance:

[I-9 Central](#)

[Employment Eligibility Webinars](#)

[I-9 Central Questions & Answers](#)



Errors

correct.

Signature of Employee _____ Today's Date (mm/dd/yyyy) **12/02/2025**

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

| List A | OR | List B | AND | List C |
|---------------------------|--|--------------|-----|--------|
| Document Title 1 | | CDL# | | SSC |
| Issuing Authority | | | | |
| Document Number (if any) | | exp: 5/31/30 | | |
| Expiration Date (if any) | | | | |
| Document Title 2 (if any) | Additional Information | | | |
| Issuing Authority | | | | |
| Document Number (if any) | | | | |
| Expiration Date (if any) | | | | |
| Document Title 3 (if any) | | | | |
| Issuing Authority | | | | |
| Document Number (if any) | | | | |
| Expiration Date (if any) | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. | | | |

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.

First Day of Employment (mm/dd/yyyy): **12/01/25**

Start date below indicates 12/01/2025; if employee attended NEO on 12/01/2025, this was signed after first day of work for pay

All information should be filled in:
 Document Title: Driver's license
 Issuing Authority: State of CA
 Document #: X123456
 Expiration Date: 05/31/2030

Document Title: Social Security Card
 Issuing Authority: SS Administration
 Document #: 123-45-6789