

# FA Employer Agent Program

## Form I-9 Instructions

### Employee Steps:

- 1.) Complete Section 1
  - a. Name (Last, First, Middle Initial, and Other Name(s), if applicable)
  - b. Address (Street – no PO Boxes, City, State, and Zip Code)
  - c. Date of Birth
  - d. Social Security Card
  - e. E-mail Address
  - f. Telephone Number
- 2.) Answer citizen status question by checking the box that applies to you, the employee.
- 3.) Sign and date.

**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) SAMPLE		First Name (Given Name) SALLY		Middle Initial L.	Other Last Names Used (if any)	
Address (Street Number and Name) 124 W. HOLUM STREET			Apt. Number	City or Town DEFOREST		State WI
Date of Birth (mm/dd/yyyy) 05/01/1970		U.S. Social Security Number 1 2 3 - 4 5 - 6 7 8 9		Employee's E-mail Address sally.sample@gmail.com		Employee's Telephone Number (608) 846-1234

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): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)	
<p>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.</p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	<p>QR Code - Section 1 Do Not Write In This Space</p>

Signature of Employee <i>Sally L. Sample</i>	Today's Date (mm/dd/yyyy) 08/01/2019
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**Employer Steps:**

**\*\*The below steps must be completed by the employer or a representative of the employer. They cannot be completed by the employee\*\***

- 1.) Complete Section 2
  - a. Enter the employee's name under the Section 2 heading.
  - b. Employer must physically examine employee documents and print details under appropriate list(s).
    - i. One document from List A OR (Ex. Passport or Permanent Resident Card)
    - ii. One document from both List B and List C.  
(Ex. of list B = **Photo ID AND** List C = **SS Card or Birth Certificate**)
  - c. Sign your name, date, enter your title (Employer), and print your name and address.

**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.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name) SAMPLE	First Name (Given Name) SALLY	M.I. L.	Citizenship/Immigration Status CITIZEN
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**\*PASSPORT** **List A** **OR** **\*PHOTO ID** **List B** **AND** **\*SS CARD** **List C** **OR BIRTH**  
**Identity and Employment Authorization** **Identity** **Employment Authorization** **CERT.**

Document Title	Document Title DRIVER LICENSE	Document Title SOCIAL SECURITY CARD
Issuing Authority	Issuing Authority WISCONSIN	Issuing Authority SOCIAL SECURITY ADMIN.
Document Number	Document Number S522-9876-5662-05	Document Number 123-45-6789
Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy) 05/01/2020	Expiration Date (if any)(mm/dd/yyyy)
Document Title	Additional Information	
Issuing Authority		
Document Number		
Expiration Date (if any)(mm/dd/yyyy)		
Document Title	QR Code - Sections 2 & 3 Do Not Write In This Space	
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 <i>Member Murphy</i>		Today's Date (mm/dd/yyyy) 08/01/2020	Title of Employer or Authorized Representative EMPLOYER/GUARDIAN/POA/PARENT	
Last Name of Employer or Authorized Representative MURPHY		First Name of Employer or Authorized Representative MEMBER	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name) 123 MAIN STREET		City or Town DEFOREST	State WI	ZIP Code 53532