Here are a few tips to keep in mind when completing the I-9:

- The Archdiocese requires the I-9 to be completed on the first day of hire. That includes page 2.
  - The federal government says the employee cannot work past the 3rd day of hire if the I-9 is not complete.
  - Allowing an employee to work beyond the 3rd day may result in fines ranging from $230 to $20,130.

- The Social Security Administration will never issue:
  - SSNs starting with the number 9.
  - SSNs beginning with 666 or 000 in positions 1-3.
  - SSNs with the number 00 in positions 4-5.
  - SSNs with the number 0000 in positions 6-9.

- Sometimes, employees will present a "receipt" in place of a List A, B, or C document. An acceptable receipt is valid for a short period of time so you can complete Section 2 or 3 of the I-9.
  - This receipt is valid for 90 days from the date of hire (meaning, first day of work for pay).
  - Within 90 days, the employee must show you the replacement document for which the receipt was given.
  - When your employee provides an acceptable receipt for initial verification, you should:
    - Record the document title in Section 2 under List A, B or C, as applicable.
    - Enter the word “receipt,” the document title and number and the last day that the receipt is valid.
    - After the receipt expires, you should cross out the word “receipt” and any accompanying document number, record the number and other required document information from the actual document presented.
    - Initial and date the change.
Lists of Acceptable Documents

All documents must be UNEXPIRED

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

<table>
<thead>
<tr>
<th>LIST A</th>
<th>Documents that Establish Both Identity and Employment Authorization</th>
<th>LIST B</th>
<th>Documents that Establish Identity</th>
<th>OR</th>
<th>AND</th>
<th>LIST C</th>
<th>Documents that Establish Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</td>
<td></td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(1) NOT VALID FOR EMPLOYMENT</td>
<td></td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
<td></td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
<td></td>
</tr>
<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</td>
<td></td>
</tr>
<tr>
<td>a. Foreign passport; and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</td>
<td></td>
</tr>
<tr>
<td>b. Form I-94 or Form I-94A that has the following:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4. Native American tribal document</td>
<td></td>
</tr>
<tr>
<td>(1) The same name as the passport; and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5. U.S. Citizen ID Card (Form I-197)</td>
<td></td>
</tr>
<tr>
<td>(2) An endorsement of the alien’s nonimmigrant status 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.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
<td></td>
</tr>
<tr>
<td>6. 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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7. Employment authorization document issued by the Department of Homeland Security</td>
<td></td>
</tr>
</tbody>
</table>

For persons under age 18 who are unable to present a document listed above:

| | | | | | | |
|---|---|---|---|---|---|
| 10. School record or report card |
| 11. Clinic, doctor, or hospital record |
| 12. Day-care or nursery school record |

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.
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.

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.)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Last Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smith</td>
<td>John</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>123 Main St</td>
<td></td>
<td>New Orleans</td>
<td>LA</td>
<td>70123</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>Employee's E-mail Address</th>
<th>Employee's Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/22/1979</td>
<td>557-36-9854</td>
<td><a href="mailto:jsmith@gmail.com">jsmith@gmail.com</a></td>
<td>(504) 555-5555</td>
</tr>
</tbody>
</table>

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):

1. A citizen of the United States
2. A noncitizen national of the United States (See instructions)
3. A lawful permanent resident (Alien Registration Number/USCIS Number):
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)

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: __________________________

Signature of Employee: John A. Smith
Today's Date (mm/dd/yyyy): 12/17/18

Preparer and/or Translator Certification (check one):

1. I did not use a preparer or translator.
2. 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): __________________________
### 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.")

<table>
<thead>
<tr>
<th>Employee Info from Section 1</th>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td>Smith</td>
<td></td>
<td>First Name (Given Name)</td>
<td>John</td>
<td>M.I.</td>
</tr>
<tr>
<td>Citizenship/Immigration Status</td>
<td>A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### List A

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Issuing Authority</th>
<th>Document Number</th>
<th>Expiration Date (if any)(mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>US Passport</td>
<td>USA</td>
<td>123456789</td>
<td>08/22/2028</td>
</tr>
</tbody>
</table>

### List B

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Issuing Authority</th>
<th>Document Number</th>
<th>Expiration Date (if any)(mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driver's License</td>
<td>Louisiana</td>
<td>0987654321</td>
<td>8/22/2026</td>
</tr>
</tbody>
</table>

### List C

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Issuing Authority</th>
<th>Document Number</th>
<th>Expiration Date (if any)(mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Card</td>
<td>Social Security administration</td>
<td>867-53-0900</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Additional Information

**This area is only used when you are validating work authorization for a foreign passport.**

**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): **12/17/2018** *(See instructions for exemptions)*

**Signature of Employer or Authorized Representative**

**Mary Brown**

**Last Name of Employer or Authorized Representative**

Brown

**First Name of Employer or Authorized Representative**

Mary

**Employer's Business or Organization Address (Street Number and Name)**

123 South main St

**City or Town**

New Orleans

**State**

LA

**ZIP Code**

70113

### Section 3. Reverification and Rehires

(To be completed and signed by employer or authorized representative.)

**A. New Name (if applicable)**

**Last Name (Family Name)**

John

**First Name (Given Name)**

Smith

**B. Date of Rehire (if applicable)**

**Today's Date (mm/dd/yyyy)**

12/17/2018

**Title of Employer or Authorized Representative**

Human Resources Generalist

**Employer's Business or Organization Name**

St John Church

**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**

Social Security Card

**Issuing Authority**

Social Security administration

**Document Number**

867-53-0900

**Expiration Date (if any)(mm/dd/yyyy)**

N/A

**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)**

12/17/2018

**Name of Employer or Authorized Representative**

Mary Brown

**Employer must sign and date within 1st 3 days of work**

**If you have a rehire or need to re-verify a work authorization then you would use this area.**