



ARCHDIOCESE OF
NEW ORLEANS

Office of Human Resources

I-9 Tip Sheet

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.



Office of Human Resources

Archdiocese of New Orleans

<https://nolacatholic.org/hr-downloads>

hr@arch-no.org

(504) 310-8792 | 8793 | 8794

September 2019

Employees are allowed to choose the documents they want to bring in as long as these guidelines are followed.

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.

<p>LIST A Documents that Establish Both Identity and Employment Authorization</p>	<p>OR</p>	<p>LIST B Documents that Establish Identity</p>	<p>AND</p>	<p>LIST C Documents that Establish Employment Authorization</p>
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (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. 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 	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">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 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security 		

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.



Must be completed on first day of hire

Employment Eligibility Verification
Department of Homeland Security
J.S. Citizenship and Immigration Services

Check the date. Get the most updated form from USCIS

USCIS Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Employee must sign and date on or before 1st day of work

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.)

Form fields for employee information: Last Name (Smith), First Name (John), Middle Initial (A), Address (123 Main St), City (New Orleans), State (LA), ZIP Code (70123), Date of Birth (08/22/1979), U.S. Social Security Number (557-36-9855), Employee's E-mail Address (jsmith@gmail.com), Employee's Telephone Number ((504) 555-5555)

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):

Attestation options: 1. A citizen of the United States (checked), 2. A noncitizen national of the United States, 3. A lawful permanent resident, 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy). Includes fields for document numbers and country of issuance.

Signature of Employee: John A. Smith, Today's Date: 12/17/18

Preparer and/or Translator Certification (check one): [X] I did not use a preparer or translator. [] A preparer(s) and/or translator(s) assisted the 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, Last Name, First Name, Address, City or Town, State, ZIP Code

STOP! Employer Completes Next Page STOP!



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

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.")

Employee Info from Section 1	Last Name (Family Name) <i>Smith</i>	First Name (Given Name) <i>John</i>	M.I. <i>A</i>	Citizenship/Immigration Status <i>1</i>
-------------------------------------	---	--	------------------	--

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title <i>US Passport</i>		Document Title <i>Driver's License</i>		Document Title <i>Social Security Card</i>
Issuing Authority <i>USA</i>	OR	Issuing Authority <i>Louisiana</i>		Issuing Authority <i>Social Security Administration</i>
Document Number <i>123456789</i>		Document Number <i>0987654321</i>		Document Number <i>867-53-0900</i>
Expiration Date (if any)(mm/dd/yyyy) <i>08/22/2028</i>		Expiration Date (if any)(mm/dd/yyyy) <i>8/22/2026</i>		Expiration Date (if any)(mm/dd/yyyy) <i>N/A</i>
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority		<div style="border: 2px solid red; border-radius: 50%; padding: 10px; text-align: center; color: red;"> This area is only used when you are validating work authorization for a foreign passport. </div>		
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): *12/17/2018* (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Jane Hope</i>	Today's Date (mm/dd/yyyy) <i>12/17/2018</i>	Title of Employer or Authorized Representative <i>Human Resources Generalist</i>	
Last Name of Employer or Authorized Representative <i>Hope</i>	First Name of Employer or Authorized Representative <i>Jane</i>	Employer's Business or Organization Name <i>St John Church</i>	
Employer's Business or Organization Address (Street Number and Name) <i>123 South main St</i>		City or Town <i>New Orleans</i>	State <i>LA</i>
			ZIP Code <i>70113</i>

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)		B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name	Date (mm/dd/yyyy)	
C. If the employee's previous grant of employment continuing employment authorization in the space		Expiration Date (if any) (mm/dd/yyyy)	
Document Title		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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

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