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# SAN JOAQUIN COUNTY WORKNET EMPLOYMENT AND ECONOMIC DEVELOPMENT DEPARTMENT POLICIES AND PROCEDURES DIRECTIVE

DIRECTIVE NO.	EFFECTIVE DATE	APPLICABILITY	PAGE
D-45	July 1, 2016	CMD, EPD, EMD	1 of 5
SUBJECT: <b>COMPLETION OF THE I-9 FORM</b>			

## I. PURPOSE

The purpose of this directive is to establish policies and procedures for the completion of a Form I-9 for employment eligibility verification.

## II. GENERAL INFORMATION

Federal laws require that every employer who recruits, refers for a fee or hires an individual for employment in the United States must complete a Form I-9 (Attachment 1), Employment Eligibility Verification. Form I-9 will help you verify your employee's identity and employment authorization.

## III. POLICY

It is the policy of the EEDD to complete and sign the Form I-9 Employment Eligibility Verification for any new hire on their first day of employment (the actual commencement of employment of an employee for wages or other remuneration referred to as date of hire in the Department of Homeland Security regulations) or before the first day of hire, if you have offered the individual a job and if they have accepted the offer.

## IV. PROCEDURE

The procedure for the completion of the Form I-9 by the respective employer is as follows:

### **Employee Responsibilities for the Completion of Section 1 of Form I-9**

The respective employee must enter the following information on the Form I-9:

- Full legal name

- If the employee has two last names (family names), include both. If the employee has two first names (given names), include both.
- If the employee only has one name, enter it in the Last Name field, then enter "Unknown" in the First Name field.
- If the employee hyphenates his or her first or last names, include the hyphen (-) between the names.
- Include their **middle initial**, if the employee has a middle name.
- Other names used, if applicable (such as a maiden name).
- Current address, including street name and number, city, state and ZIP Code. Include the apartment number or letter if applicable.
- Date of birth

**Additionally, Employees May Provide Their:**

- Social Security number (this is optional unless the employer uses E-Verify)
- E-mail address (for the employee to receive email notifications if the employer uses E-Verify)
- Telephone number
- Check mark next to the appropriate box to indicate whether they are a U.S. citizen or noncitizen national, lawful permanent resident of the U.S., or an alien authorized to work in the U.S.
- Alien Number/USCIS Number, Form I-94 admission number, or foreign passport number (including country of issuance), and the date employment authorization expires (if applicable)
- Signature and the date

**Preparer and/or Translator Certification Section:**

Employees must sign the form even if a preparer or translator helps them. The preparer or translator who helps your employee must provide his or her name and address and must sign and date the certification on the form. If more than one preparer or translator is used, you may use Form I-9 Supplement, Section 1 Preparer and/or Translator Certification (Attachment 2), to document each preparer and/or translator assisting an employee in completing Section 1 of Form I-9.

If one or more preparers and/or translators assists the employee in completing the form using a computer, then select the number of certification areas needed from

the dropdown provided. Any additional certification areas generated will result in an additional page.

Each preparer or translator must complete, sign and date a separate certification area. You must retain completed supplement sheets with the employee's completed Form I-9.

The date your employee enters next to his or her signature should match the date the preparer/translator signed the form.

If no Preparer and/or Translator was used, the employee must check the box marked "I did not use a Preparer or Translator".

### **Employer Responsibilities for the Completion of Section 1 of Form I-9**

#### **You Must:**

- Review the information your employee provided in Section 1.
- Ensure that your employee provided information in all required fields.
- Ensure your employee signed and dated the form.
- Ensure the Preparer/Translator section has been completed, signed, and dated if your employee used a preparer/translator.

### **Employee Responsibilities for the Completion of Section 2 of Form I-9**

Employees must present unexpired original documentation that shows the employer their identity and employment authorization. Your employees choose which documentation to present.

#### **Employees Must Present:**

- One document from List A; or
- One document from List B in combination with one document from List C

#### Note:

- List A contains documents that show both identity and employment authorization
- List B documents only show identity only
- List C documents only show employment authorization only

In certain circumstances, your employee may present an acceptable receipt in place of a List A, B, or C document. Receipts only temporarily satisfy the document presentation requirement for Section 2. If you participate in E-Verify, you may only accept List B documents that contain a photo.

### **Employer** Responsibilities for the Completion of Section 2 of Form I-9

An employer or an authorized representative of the employer completes Section 2. Employers or their authorized representatives must physically examine the documentation presented by the employee and sign the form.

#### **The Employer or Authorized Representative Must:**

- Enter the employee's last name, first name, middle initial and select the correct citizenship/immigration number in the "Employee Information from Section 1" area at the top of Section 2.
- Ensure that any document your employee presents is original and on the Lists of Acceptable Documents or is an acceptable receipt.
- Physically examine each document to determine if it reasonably appears to be genuine and to relate to your employee presenting it. If you determine the document does not reasonably appear to be genuine and relate to your employee, allow your employee to present other documentation from the Lists of Acceptable Documents.
- Enter your employee's Last Name, First Name and Middle Initial (if provided) from Section 1.
- Enter the document title, issuing authority, number(s) and expiration date (if any) from the original document(s) your employee presented.
- Enter the date your employee began or will begin work for pay.
- Enter the first and last name, signature and title of the person completing Section 2, as well as the date he or she completed Section 2.
- Enter the employer's business name and address. If your company has multiple locations, use the most appropriate address that identifies the location of the employer with respect to the employee and his or her Form I-9 completion (for example, the address where Form I-9 is completed).
- Return the documentation presented back to your employee.

#### **Entering Dates in Section 2**

##### **Section 2 Includes Two Spaces That Require Dates. These Spaces Are For:**

- Your employee's first day of employment ("date of hire" which means the commencement of employment of an employee for wages or other remuneration).
- The date you examined the documentation your employee presented to show identity and employment authorization.

**Employer** Responsibilities for the Completion of Section 3 of Form I-9:  
Reverification or Rehires

- You should note whether your employees indicated in Section 1 that their employment authorization will expire.
- You may need to reverify your employee's authorization when it expires. You may want to remind your employees at least 90 days before the expiration date that they will need to present a List A or List C document to show continued employment authorization for reverification purposes. Employees must present these documents on or before the date their current employment authorization expires.
- Note that the expiration date for employment authorization provided by your employee in Section 1 may or may not match the expiration date of the List A or List C document your employee presents for Section 2, Employer Review and Attestation. The earlier date should be used for reverification purposes.

V. QUESTIONS REGARDING THIS DIRECTIVE

May be referred to the Executive Director of EEDD via Managers or designee.

VI. UPDATE RESPONSIBILITY

The Executive Director of EEDD and/or designee shall be responsible for updating this directive, as appropriate.

VII. APPROVED



JOHN M. SOLIS  
EXECUTIVE DIRECTOR

JMS:pm

Attachment 1: Form I-9

Attachment 2: Form I-9 Supplement, Section 1 Preparer and/or Translator  
Certification



**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

▶ **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.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ] - [ ][ ] - [ ][ ][ ][ ]		Employee's E-mail Address			Employee's Telephone Number	

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 type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<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. <i>(See instructions)</i>	
<p><i>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.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**

I did not use a preparer or translator.     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)		
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	ZIP Code



*Employer Completes Next Page*





**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.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
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		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

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

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

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	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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## 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.

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"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:                             <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                                     <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:                             <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**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.**





# Form I-9 Supplement, Section 1 Preparer and/or Translator Certification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

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

<b>Employee Name:</b>	Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )	Middle Initial
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**Instructions:** This supplement may be used if extra spaces are required to document more than one preparer and/or translator assisting an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided. Each preparer or translator must complete, sign and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**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 ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )	
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**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 ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )	
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

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Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )	
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code