

I-9 Procedure for Notary Public – Step 1

Step 1 of your obligation is to ensure the employee properly completes section 1, as shown below:

- 1 Employee enters full name, including maiden name if applicable
- 2 Employee enters full address on the proper lines
- 3 Employee lists Date of Birth and SS# (SS# required for E-verify)
- 4 Email address and phone number are optional
- 5 Employee must identify citizenship by check and completing the requested information
- 6 Employee must sign AND date section 1. Complete **NOTHING** below signature

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire 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 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	E-mail Address			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):

A citizen of the United States

A noncitizen national of the United States (See Instructions)

A lawful permanent resident (Alien Registration Number/USCIS Number): _____

An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See Instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See Instructions)

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:	Date (mm/dd/yyyy):		
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)			City or Town
			State
			Zip Code

STEP **Employer Completes Next Page** STEP

I-9 Procedure for Notary Public – Step 2

- 1 Record the proper document information on the proper line, coinciding with List A, or List B AND List C
 - If the employee provides a List A document, that is all that is to be recorded
 - If the employee provides List B & List C documents, they must both be recorded in the proper locations
- 2 The Employer will be responsible for entering the start date in the Certification Section
- 3 Sign as the Authorized Representative – this indicates you personally saw the documents provided
- 4 Date the form – this ensures work eligibility was confirmed prior to the employee starting
- 5 Print Name & Print Title (Notary Public) as required – **DO NOT STAMP THE I-9**
- 6 **DO NOT complete Section 3**

Section 2. Employer or Authorized Representative Review and Verification			
<small>(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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)</small>			
Employee Last Name, First Name and Middle Initial from Section 1: _____			
List A	OR	List B	AND
Identify and Employment Authorization		Identify	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: _____		<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> 3-D Barcode Do Not Write in This Space </div>	
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 affect, 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		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative
Last Name (Family Name)		First Name (Given Name)	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.)			
A. New Hire (If applicable) Last Name (Family Name) First Name (Given Name) Middle Initial		B. Date of Rehire (If applicable) (mm/dd/yyyy)	
C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.			
Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)	
I affect, 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		Date (mm/dd/yyyy)	Print Name of Employer or Authorized Representative

I-9 Procedure for Notary Public – Step 3

- 1 On a separate piece of paper, make a copy of the Identification Document(s) provided
- 2 Affix your stamp and/or Seal to this page signifying you have personal seen these documents
- 3 Affix your signature and/or any other required notations to this page

RETURN BOTH THE COMPLETED I-9 AND COPIES OF DOCUMENTS PROVIDED TO THE EMPLOYER



John C. Smith – Notary May 15, 2012