Remote I9 Completion

I-9 INSTRUCTIONS

Completion of the I-9 Form

We are asking you to act as our representative to examine the employment identification papers for a new UNC Greensboro (Greensboro, NC) employee. Because U.S. Citizenship and Immigration Services (USCIS) requires us to verify the right of our employees to work in the U.S., we are asking you to serve as our representative by examining the new hire’s documentation and signing the attached USCIS Form I-9.

Please find attached the I-9 form and the Notary Form. Please verify that the employee has completed section 1 of the I-9 form prior to completing section 2. The employee must present to you a suitable set of identification papers as given on the “List of Acceptable Documents” page.

The employee can present either:

1. Any one document from List A or
2. Two documents, one from List B (identity) and one from List C (eligibility).

The section that we need you (our representative) to complete is “Section 2. Employer Review Verification”. There are spaces to indicate which document, or documents, were presented to you and their associated information. This includes, the Document Title, Issuing Authority, Document Number and Expiration Date (if any). Please note: view only original documents; faxes, photocopies, and laminated social security cards are unacceptable documents.

We also need for you to complete the Certification section of the I-9 form. Please complete the Certification section as follows:

1. Sign the Authorized Representative section.
2. Date the form (enter the date you reviewed the employee’s documents).
3. As a Notary, please place the notary seal on the Notary Form or attach a Notary Certificate to the documents.

Finally, we ask that you complete the attached notary form.

If you have questions, please contact Career & Professional Development at UNC Greensboro at (336) 334-5454. Thank you for your assistance.

EMPLOYEE NEEDS TO MAIL COMPLETED I-9 AND SUPPORTING DOCUMENTS TO:

Student Employment Office
Career & Professional Development
#1 Elliott University Center
P.O. Box 26170
Greensboro, NC
27402-6170
To The UNC Greensboro:

I attest, under penalty of perjury, that I am a Notary Public licensed by
__________________________________________________________

Before me has appeared in person, the individual with the name and address of:
__________________________________________________________
__________________________________________________________
__________________________________________________________

And having a date of birth of ______________________________

In furtherance of UNC Greensboro’s employment eligibility verification requirements under the Immigration Reform and Control Act of 1986, I further attest under the penalty of perjury that the person named above has filled out Section 1 of the attached I-9 Form (Employment Eligibility Verification), I have examined the original(s) of the document(s) presented to me, I have filled in the document title, issuing authority, number and expiration date (if any) in the space provided in Section 2, and the attached copy or copies of document/s presented to me appear on their face to be genuine and to relate to the person presenting them.

Notary Public:
Please print your name and address and affix your seal below:

__________________________________________________________
__________________________________________________________
__________________________________________________________
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):

☐ 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       Today's Date (mm/dd/yyyy)

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
### Section 2. Employer or Authorized Representative Review and Verification

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

#### Employee Info from Section 1

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>M.I.</th>
<th>Citizenship/Immigration Status</th>
</tr>
</thead>
</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>
</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>
</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>
</table>

**Additional Information**

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.)

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

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

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**
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>LIST B</th>
<th>LIST C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents that Establish Both Identity and Employment Authorization</td>
<td>OR</td>
<td>Documents that Establish Employment Authorization</td>
</tr>
<tr>
<td>Documents that Establish Identity AND</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td>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</td>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>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</td>
<td>(1) NOT VALID FOR EMPLOYMENT</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>3. School ID card with a photograph</td>
<td>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>4. Voter's registration card</td>
<td>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
</tr>
<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td>5. U.S. Military card or draft record</td>
<td>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</td>
</tr>
<tr>
<td>a. Foreign passport; and</td>
<td>6. Military dependent's ID card</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>
</tr>
<tr>
<td>b. Form I-94 or Form I-94A that has the following:</td>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
<td>4. Native American tribal document</td>
</tr>
<tr>
<td>(1) The same name as the passport; and</td>
<td>8. Native American tribal document</td>
<td>5. U.S. Citizen ID Card (Form I-197)</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>9. Driver's license issued by a Canadian government authority</td>
<td>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</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>For persons under age 18 who are unable to present a document listed above:</td>
<td>7. Employment authorization document issued by the Department of Homeland Security</td>
</tr>
<tr>
<td></td>
<td>10. School record or report card</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11. Clinic, doctor, or hospital record</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12. Day-care or nursery school record</td>
<td></td>
</tr>
</tbody>
</table>

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

Refer to the instructions for more information about acceptable receipts.