



New Hire Example

Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

► **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) SMITH		First Name (Given Name) JOHN		Middle Initial J	Other Names Used (if any) N/A	
Address (Street Number and Name) 123 PARK STREET		Apt. Number 21	City or Town COLLEGE STATION		State TX	Zip Code 77845
Date of Birth (mm/dd/yyyy) 01/18/1955	U.S. Social Security Number 123-45-6789		E-mail Address johnsmith@gmail.com			Telephone Number (979) 456-1212

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

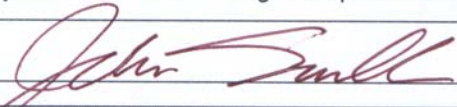
2. Form I-94 Admission Number: _____

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): 09/26/2012
--	-------------------------------

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



Employer Completes Next Page



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 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.)

Employee Last Name, First Name and Middle Initial from Section 1: SMITH, JOHN J

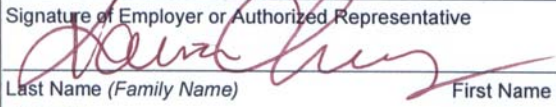
List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

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): 09/26/2012 (See instructions for exemptions.)

Signature of Employer or Authorized Representative	Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
	09/26/2012	ASSISTANT PAYROLL DIRECTOR	
Last Name (Family Name)	First Name (Given Name)	Employer's Business or Organization Name	
CHERRY	KARISA	TEXAS A&M AGRILIFE EXTENSION	
Employer's Business or Organization Address (Street Number and Name)	City or Town	State	Zip Code
2147 TAMU	COLLEGE STATION	TX	77845

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

A. New Name (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 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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--



USA Passport Example

Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

► **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) TRAVELER		First Name (Given Name) HAPPY		Middle Initial A	Other Names Used (if any) N/A
Address (Street Number and Name) 123 PARK STREET		Apt. Number	City or Town COLLEGE STATION		State TX Zip Code 77845
Date of Birth (mm/dd/yyyy) 07/04/1967	U.S. Social Security Number 1 2 3 - 4 5 - 6 7 8 9		E-mail Address HAPPYTRAVELER@GMAIL.COM		Telephone Number (979) 456-1234

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: <i>Happy Traveler</i>	Date (mm/dd/yyyy): 09/26/2012
--	-------------------------------

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



Employer Completes Next Page



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 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.)

Employee Last Name, First Name and Middle Initial from Section 1: TRAVELER, HAPPY A

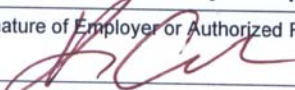
List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: PASSPORT		Document Title:		Document Title:
Issuing Authority: USA		Issuing Authority:		Issuing Authority:
Document Number: 340007237		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy): 08/07/2016		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

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): 09/26/2012 (See instructions for exemptions.)

Signature of Employer or Authorized Representative 		Date (mm/dd/yyyy) 09/26/2012	Title of Employer or Authorized Representative ASSISTANT PAYROLL DIRECTOR	
Last Name (Family Name) CHERRY		First Name (Given Name) KARISA	Employer's Business or Organization Name TEXAS A&M AGRILIFE EXTENSION	
Employer's Business or Organization Address (Street Number and Name) 2147 TAMU		City or Town COLLEGE STATION	State TX	Zip Code 77845

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

A. New Name (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 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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--

The
it d
vali

Old
data





New Hire w/ Perm Resident Card

Employment Eligibility Verification

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

USCIS
Form I-9

OMB No. 1615-0047
Expires 03/31/2016

▶ **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) CRITTENDEN		First Name (Given Name) LEE	Middle Initial W	Other Names Used (if any) N/A	
Address (Street Number and Name) 123 PARK STREET		Apt. Number	City or Town COLLEGE STATION	State TX	Zip Code 77845
Date of Birth (mm/dd/yyyy) 10/04/1949	U.S. Social Security Number 1 2 3 - 4 5 - 6 7 8 9	E-mail Address CRITTENDEN@GMAIL.COM			Telephone Number (979) 456-1234

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): 0 2 2 3 4 5 6 7 9
- ☐ 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: <i>Lee Crittenden</i>	Date (mm/dd/yyyy): 09/26/2012
--	-------------------------------

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



Employer Completes Next Page



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 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.)

Employee Last Name, First Name and Middle Initial from Section 1: CRITTENDEN, LEE W

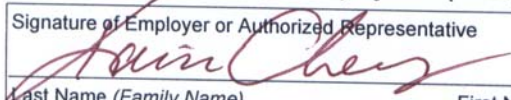
List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: PERMANENT RESIDENT CARD		Document Title:		Document Title:
Issuing Authority: USA OR DHS		Issuing Authority:		Issuing Authority:
Document Number: 022345679		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy): 11/01/2014		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

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): 09/26/2012 (See instructions for exemptions.)

Signature of Employer or Authorized Representative 		Date (mm/dd/yyyy) 09/26/2012	Title of Employer or Authorized Representative ASSISTANT PAYROLL DIRECTOR	
Last Name (Family Name) CHERRY		First Name (Given Name) KARISA	Employer's Business or Organization Name TEXAS A&M AGRILIFE EXTENSION	
Employer's Business or Organization Address (Street Number and Name) 2147 TAMU		City or Town COLLEGE STATION	State TX	Zip Code 77845

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

A. New Name (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 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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--

NAME CRITTENDEN, LEE W.

Birthdate	Category	Sex
10/02/68	P25	M

Courtesy of Smithsonian
Cartagena

CARD EXPIRES 11/01/14
Resident Since 11/01/97



C1USA0223456791EAC9730053465<<
4910040M9411014CAN<<<<<<<<<<9
CRITTENDEN<LEE<W<<<<<<<<<<<<<<

Form I-551 (1997)



New Hire EAD card Example

Employment Eligibility Verification

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

USCIS
Form I-9

OMB No. 1615-0047
Expires 03/31/2016

► **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) VOID	First Name (Given Name) VOID	Middle Initial V	Other Names Used (if any) N/A	
Address (Street Number and Name) 123 PARK STREET		Apt. Number	City or Town COLLEGE STATION	State TX
Zip Code 77845		Date of Birth (mm/dd/yyyy) 01/01/2000		U.S. Social Security Number 1 2 3 - 4 5 - 6 7 8 9
E-mail Address VOID@GMAIL.COM		Telephone Number (979) 123-4567		

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) 01/01/2050. 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: 0 0 0 0 0 0 0 0 0 0

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): 09/26/2012
--	-------------------------------

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



Employer Completes Next Page



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 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.)

Employee Last Name, First Name and Middle Initial from Section 1: VOID, VOID V

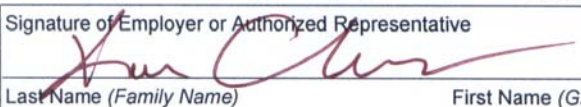
List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: EMPLOYMENT AUTHORIZATION CARD		Document Title:		Document Title:
Issuing Authority: DHS		Issuing Authority:		Issuing Authority:
Document Number: 000000000		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy): 01/01/2050		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

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): 09/26/2012 (See instructions for exemptions.)

Signature of Employer or Authorized Representative 		Date (mm/dd/yyyy) 09/26/2012	Title of Employer or Authorized Representative ASSISTANT PAYROLL DIRECTOR	
Last Name (Family Name) CHERRY		First Name (Given Name) KARISA	Employer's Business or Organization Name TEXAS A&M AGRILIFE EXTENSION	
Employer's Business or Organization Address (Street Number and Name) 2147 TAMU		City or Town COLLEGE STATION	State TX	Zip Code 77845

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

A. New Name (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 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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:

U.S. DEPARTMENT OF HOMELAND SECURITY, U.S. Citizenship and Immigration Services
EMPLOYMENT AUTHORIZATION CARD

The person identified is authorized to work in the U.S. for the validity of this card.

NAME VOID, VOID V

Signature



AP 000-000-000
CARD # WAC000000000
Birthdate 01/01/50
Country T
E1S
Terms of Conditions
None

SEX
M



NOT VALID FOR REENTRY TO U.S.

CARD VALID FROM 01/01/50 EXPIRES 01/01/50



New Hire F-1 Example

Employment Eligibility Verification

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

USCIS

Form I-9

OMB No. 1615-0047

Expires 03/31/2016

► **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) STUDENT	First Name (Given Name) IMA	Middle Initial	Other Names Used (if any) N/A	
Address (Street Number and Name) 123 PARK STREET		Apt. Number	City or Town COLLEGE STATION	State TX
Zip Code 77845		Date of Birth (mm/dd/yyyy) 01/01/1970		U.S. Social Security Number 1 2 3 - 4 5 - 6 7 8 9
E-mail Address STUDENT@GMAIL.COM		Telephone Number (979) 123-4567		

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) 08/06/2020. 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: 0 0 0 0 0 0 0 0 0 0 0 0

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

Foreign Passport Number: 00123456789

Country of Issuance: India

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): <u>09/26/2012</u>
------------------------	--------------------------------------

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



Employer Completes Next Page



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 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.)

Employee Last Name, First Name and Middle Initial from Section 1: STUDENT, IMA

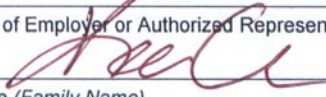
List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: PASSPORT		Document Title:		Document Title:
Issuing Authority: INDIA		Issuing Authority:		Issuing Authority:
Document Number: 00123456789		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy): 06/14/2017		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title: I94				
Issuing Authority: DHS				
Document Number: 00000000000				
Expiration Date (if any)(mm/dd/yyyy): D/S				
Document Title: I20				
Issuing Authority: DHS				
Document Number: N0000000000				
Expiration Date (if any)(mm/dd/yyyy): 08/06/2020				

3-D Barcode
Do Not Write in This Space

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): 09/26/2012 (See instructions for exemptions.)

Signature of Employer or Authorized Representative 		Date (mm/dd/yyyy) 09/26/2012	Title of Employer or Authorized Representative ASSISTANT PAYROLL DIRECTOR	
Last Name (Family Name) CHERRY		First Name (Given Name) KARISA	Employer's Business or Organization Name TEXAS A&M AGRILIFE EXTENSION	
Employer's Business or Organization Address (Street Number and Name) 2147 TAMU		City or Town COLLEGE STATION	State TX	Zip Code 77845

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

A. New Name (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 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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--

Departure Number

OMB No. 1651-0111

0000000000 00

Sample

I-94
Departure RecordF-1
D/S

14. Family Name	
S T U D E N T	
15. First (Given) Name	16. Birth Date (Day/Mo/Yr)
I M A	0 1 / 0 1 / 0 1
17. Country of Citizenship	
A N Y C O U N T R Y	

See Other Side

CBP Form I-94 (10/04)
STAPLE HEREU.S. Department of Justice
Immigration and Naturalization ServiceCertificate of Eligibility for Nonimmigrant (F-1) Student
Status - For Academic and Language Students (OMB NO. 1545-0051)

Page 1

Please read Instructions on Page 2

This page must be completed and signed in the U.S. by a designated school official.

1. Parent Name (required)

Parent Name (required)	
Johanna Maria	
Country of birth	Date of birth (month/year)
INDIA	
Country of citizenship	Address (street)
INDIA	

2. School/Student name:

University of Pennsylvania
University of PennsylvaniaSchool Official to be located at school:
Alan Johnson
SEVIS Coordinator and TSOSchool address (include zip code):
3735 Chestnut Street
Suite 2W

Philadelphia, PA 19104-3399

School code (including 3-digit suffix, if received and applied):
PHI224F00151000

Application No. 01/21/2003

3. This certificate is issued to the student named above for
Unlimited attendance at U.S. schools.4. Level of education the student is pursuing in the United States:
DOCTORATE5. The student named above has been accepted for a full course of study at this
school, majoring in Business Administration and Management.
The student is expected to report to the school no later than 08/06/2003. The normal length of
study is 3 years.

6. English proficiency:

This school certifies that
the student has the necessary7. This school certifies the student
a. (up to 12) months to be

a. Tuition and fees \$ 4,344.00

b. Living expenses \$ 12,500.00

c. Expenses of dependents (if any) \$ 0.00

d. Other (specify): Summer expenses \$ 1,000.00

(Total) \$ 17,844.00

8. School Certification: I certify under penalty of perjury that all information provided above in items 1 through 9 was completed before I signed this form
and is true and correct. I executed this form in the United States after review and examination of the United States by me or other officials of the school of
the student's application, transcripts, or other records of course work and proof of financial responsibility, which were received at the school prior to the
execution of this form; the school has determined that the above named student's qualifications meet all standards for admission to the school; the student
will be required to pursue a full course of study as defined by 8 CFR 214.2(b)(1); I am a designated official of the above named school and am authorized
to issue this form.

Alan Johnson

Signature of Designated School Official

05/07/2003

Philadelphia, PA

Name of School Official

Signature of Designated School Official

Date

Date Issued

Place Issued (city and state)

11. Student Certification: I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay as specified on
page 2. I certify that all information provided on this form reflects accurately to me and is true and correct to the best of my knowledge. I certify that I
will seek to enter or return to the United States to resume my studies and to abide by the conditions of my admission and those of any extension of stay as specified on
page 2. I also authorize the school to provide information to the U.S. Department of Homeland Security as required by the DHS pursuant to 8 CFR 214.3(g) to determine
my nonimmigrant status.

Name of Student

Date

Name of parent or guardian

Signature of parent or guardian

Address (city)

(State or Province) (Country)

(Date)

If student under 18

Form I-20 A-1 (Rev. 04/27/00)

For Official Use Only
State/Other Index Number



New Hire J-1 Example

Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **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) STUDENT		First Name (Given Name) IMA		Middle Initial	Other Names Used (if any) N/A	
Address (Street Number and Name) 123 PARK STREET		Apt. Number	City or Town COLLEGE STATION		State TX	Zip Code 77845
Date of Birth (mm/dd/yyyy) 10/17/1981	U.S. Social Security Number 1 2 3 - 4 5 - 6 7 8 9		E-mail Address STUDENT@GMAIL.COM			Telephone Number (979) 123-4567

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) 02/02/2020. 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: 0 0 0 0 0 0 0 0 0 0 0 0

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

Foreign Passport Number: 00123456789

Country of Issuance: Korea, South

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

3-D Barcode
Do Not Write in This Space

Signature of Employee:	Date (mm/dd/yyyy): 09/26/2012
------------------------	-------------------------------

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



Employer Completes Next Page



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 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.)

Employee Last Name, First Name and Middle Initial from Section 1: STUDENT, IMA

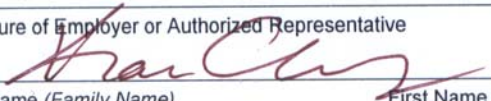
List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: PASSPORT		Document Title:		Document Title:
Issuing Authority: SOUTH KOREA		Issuing Authority:		Issuing Authority:
Document Number: 00123456789		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy): 06/14/2017		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title: I94				
Issuing Authority: DHS				
Document Number: 00000000000				
Expiration Date (if any)(mm/dd/yyyy): D/S				
Document Title: DS2019				
Issuing Authority: DHS				
Document Number: N0000000000				
Expiration Date (if any)(mm/dd/yyyy): 02/02/2020				

3-D Barcode
Do Not Write in This Space

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): 09/26/2012 (See instructions for exemptions.)

Signature of Employer or Authorized Representative 	Date (mm/dd/yyyy) 09/26/2012	Title of Employer or Authorized Representative ASSISTANT PAYROLL DIRECTOR	
Last Name (Family Name) CHERRY	First Name (Given Name) KARISA	Employer's Business or Organization Name TEXAS A&M AGRILIFE EXTENSION	
Employer's Business or Organization Address (Street Number and Name) 2147 TAMU	City or Town COLLEGE STATION	State TX	Zip Code 77845

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

A. New Name (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 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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--

DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection

Departure Record

Admission Number

[illegible]

12/2012
J-1
D/S

18. Family Name
STUDENT

19. First (Given) Name
LEMA

20. Birth Date (DD/MM/YY)
17/10/21

21. Country of Citizenship
SOUTH KOREIA

CBP Form I-94 (05/08)

STAPLE HERE

See Other Side

U. S. Department of State
CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR(J-1) STATUS

Form Name: Form 100		Page 1 of 2	
Field of Study/Program:	City of Birth:	Country of Birth:	Country of Study:
		KOREA, SOUTH	KOREA, SOUTH
Legal Permanent Resident Status Code: 25		Exchange Status Code: 213	Exchange Status Code: 213
Education Office of International Programs 1701 Chestnut Street, 8th Floor Philadelphia, PA 19104-1199		UNIVERSITY TEACHING STAFF INCLUDING RESEARCHERS	
1. Program/Office: University of Kentucky		Exchange Status Program Number: P 1 0018	
2. Exchange Program Official Name: PROFESSOR, RESEARCH		ASSOCIATE, STUDENT BACHELORS:	
STUDENT BACHELORS: 2			
Purpose of this form: Continue Program Participation.			
1. Term Dates Period: From year (date): 06-04-2003		2. Exchange Status Code: RESEARCH, BACHELORS	
To year (date): 02-02-2004		3. Exchange Status Code: 21.1401	
		4. Exchange Status Code Description: Medical Scientist (MD, PhD)	
5. During the period covered by this form, the total estimated threshold separation (in days) for the exchange status is: Current Exchange Separation Period: 100,000.00 Total: 100,000.00			
6. US DEPARTMENT OF STATE/USDA AND ORIGINATING AGENCY BY EXCHANGE/EXCHANGE STATUS AND/OR EXCHANGE STATUS CODE, (EXCHANGE STATUS PROVIDED TO THE US DEPARTMENT OF STATE/USDA/USDA/USDA)		7. Alternate Responsible Officer:	
		Name: 215-498-4161	
		Address: 06-03-2003	
		Phone: 06-03-2003	
		Fax: 06-03-2003	
8. Exchange Status Code: 21.1401			
9. Exchange Status Code Description: Medical Scientist (MD, PhD)			
10. Exchange Status Code: 21.1401			
11. Exchange Status Code Description: Medical Scientist (MD, PhD)			
12. Exchange Status Code: 21.1401			
13. Exchange Status Code Description: Medical Scientist (MD, PhD)			
14. Exchange Status Code: 21.1401			
15. Exchange Status Code Description: Medical Scientist (MD, PhD)			
16. Exchange Status Code: 21.1401			
17. Exchange Status Code Description: Medical Scientist (MD, PhD)			
18. Exchange Status Code: 21.1401			
19. Exchange Status Code Description: Medical Scientist (MD, PhD)			
20. Exchange Status Code: 21.1401			
21. Exchange Status Code Description: Medical Scientist (MD, PhD)			
22. Exchange Status Code: 21.1401			
23. Exchange Status Code Description: Medical Scientist (MD, PhD)			
24. Exchange Status Code: 21.1401			
25. Exchange Status Code Description: Medical Scientist (MD, PhD)			
26. Exchange Status Code: 21.1401			
27. Exchange Status Code Description: Medical Scientist (MD, PhD)			
28. Exchange Status Code: 21.1401			
29. Exchange Status Code Description: Medical Scientist (MD, PhD)			
30. Exchange Status Code: 21.1401			
31. Exchange Status Code Description: Medical Scientist (MD, PhD)			
32. Exchange Status Code: 21.1401			
33. Exchange Status Code Description: Medical Scientist (MD, PhD)			
34. Exchange Status Code: 21.1401			
35. Exchange Status Code Description: Medical Scientist (MD, PhD)			
36. Exchange Status Code: 21.1401			
37. Exchange Status Code Description: Medical Scientist (MD, PhD)			
38. Exchange Status Code: 21.1401			
39. Exchange Status Code Description: Medical Scientist (MD, PhD)			
40. Exchange Status Code: 21.1401			
41. Exchange Status Code Description: Medical Scientist (MD, PhD)			
42. Exchange Status Code: 21.1401			
43. Exchange Status Code Description: Medical Scientist (MD, PhD)			
44. Exchange Status Code: 21.1401			
45. Exchange Status Code Description: Medical Scientist (MD, PhD)			
46. Exchange Status Code: 21.1401			
47. Exchange Status Code Description: Medical Scientist (MD, PhD)			
48. Exchange Status Code: 21.1401			
49. Exchange Status Code Description: Medical Scientist (MD, PhD)			
50. Exchange Status Code: 21.1401			
51. Exchange Status Code Description: Medical Scientist (MD, PhD)			
52. Exchange Status Code: 21.1401			
53. Exchange Status Code Description: Medical Scientist (MD, PhD)			
54. Exchange Status Code: 21.1401			
55. Exchange Status Code Description: Medical Scientist (MD, PhD)			
56. Exchange Status Code: 21.1401			
57. Exchange Status Code Description: Medical Scientist (MD, PhD)			
58. Exchange Status Code: 21.1401			
59. Exchange Status Code Description: Medical Scientist (MD, PhD)			
60. Exchange Status Code: 21.1401			
61. Exchange Status Code Description: Medical Scientist (MD, PhD)			
62. Exchange Status Code: 21.1401			
63. Exchange Status Code Description: Medical Scientist (MD, PhD)			
64. Exchange Status Code: 21.1401			
65. Exchange Status Code Description: Medical Scientist (MD, PhD)			
66. Exchange Status Code: 21.1401			
67. Exchange Status Code Description: Medical Scientist (MD, PhD)			
68. Exchange Status Code: 21.1401			
69. Exchange Status Code Description: Medical Scientist (MD, PhD)			
70. Exchange Status Code: 21.1401			
71. Exchange Status Code Description: Medical Scientist (MD, PhD)			
72. Exchange Status Code: 21.1401			
73. Exchange Status Code Description: Medical Scientist (MD, PhD)			
74. Exchange Status Code: 21.1401			
75. Exchange Status Code Description: Medical Scientist (MD, PhD)			
76. Exchange Status Code: 21.1401			
77. Exchange Status Code Description: Medical Scientist (MD, PhD)			
78. Exchange Status Code: 21.1401			
79. Exchange Status Code Description: Medical Scientist (MD, PhD)			
80. Exchange Status Code: 21.1401			
81. Exchange Status Code Description: Medical Scientist (MD, PhD)			
82. Exchange Status Code: 21.1401			
83. Exchange Status Code Description: Medical Scientist (MD, PhD)			
84. Exchange Status Code: 21.1401			
85. Exchange Status Code Description: Medical Scientist (MD, PhD)			
86. Exchange Status Code: 21.1401			
87. Exchange Status Code Description: Medical Scientist (MD, PhD)			
88. Exchange Status Code: 21.1401			
89. Exchange Status Code Description: Medical Scientist (MD, PhD)			
90. Exchange Status Code: 21.1401			
91. Exchange Status Code Description: Medical Scientist (MD, PhD)			
92. Exchange Status Code: 21.1401			
93. Exchange Status Code Description: Medical Scientist (MD, PhD)			
94. Exchange Status Code: 21.1401			
95. Exchange Status Code Description: Medical Scientist (MD, PhD)			
96. Exchange Status Code: 21.1401			



New Hire H-1B Example

Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **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) STUDENT		First Name (Given Name) IMA		Middle Initial	Other Names Used (if any) N/A	
Address (Street Number and Name) 123 PARK STREET		Apt. Number	City or Town COLLEGE STATION		State TX	Zip Code 77845
Date of Birth (mm/dd/yyyy) 11/01/1964	U.S. Social Security Number 1 2 3 - 4 5 - 6 7 8 9		E-mail Address STUDENT@GMAIL.COM			Telephone Number (979) 123-4567

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) 03/31/2015. 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: 7 2 1 2 3 4 5 6 7 8 9

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

Foreign Passport Number: 00123456789

Country of Issuance: China

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): 09/26/2012
--	-------------------------------

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



Employer Completes Next Page



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 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.)

Employee Last Name, First Name and Middle Initial from Section 1: STUDENT, IMA

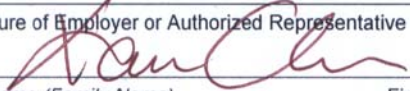
List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: PASSPORT		Document Title:		Document Title:
Issuing Authority: CHINA		Issuing Authority:		Issuing Authority:
Document Number: 00123456789		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy): 06/14/2017		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title: I 94				
Issuing Authority: DHS				
Document Number: 72123456789				
Expiration Date (if any)(mm/dd/yyyy): 03/31/2015				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

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): 09/26/2012 (See instructions for exemptions.)

Signature of Employer or Authorized Representative 	Date (mm/dd/yyyy) 09/26/2012	Title of Employer or Authorized Representative ASSISTANT PAYROLL DIRECTOR	
Last Name (Family Name) CHERRY	First Name (Given Name) KARISA	Employer's Business or Organization Name TEXAS A&M AGRILIFE EXTENSION	
Employer's Business or Organization Address (Street Number and Name) 2147 TAMU	City or Town COLLEGE STATION	State TX	Zip Code 77845

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

A. New Name (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 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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--

THE UNITED STATES OF AMERICA

RECEIPT NUMBER WAC-00-000-00000		CASE TYPE
RECEIPT DATE March 22, 2012	PRIORITY DATE	PETITIONER TX AGRILIFE
NOTICE DATE April 2, 2012	PAGE 1 of 2	BENEFICIARY
TX AGRILIFE 2147 TAMU COLLEGE STATION TX 77843-2147		Notice Type: Approval Notice Class: H1B Valid from 04/01/2012 to 03/31/2015 Consulate:

The above petition and change of status have been approved. The status of the named foreign worker(s) in this classification is valid as indicated above. The foreign worker(s) can work for the petitioner, but only as detailed in the petition and for the period authorized. Changes in employment or training may require you to file a new Form I-129 petition. Since this employment or training authorization stems from the filing of this petition, separate employment or training authorization documentation is not required. Please contact the IRS with any questions about tax withholding.

The petitioner should keep the upper portion of this notice. The lower portion should be given to the worker. He or she should keep the right part with his or her Form I-94, *Arrival-Departure Record*. The I-94 portion should be given to the U.S. Customs and Border Patrol when he or she leaves the United States. The left part is for his or her records. A person granted a change of status who leaves the U.S. must normally obtain a visa in the new classification before returning. The left part can be used in applying for the new visa. If a visa is not required, he or she should present it, along with any other required documentation, when applying for reentry in this new classification at a port of entry or pre-flight inspection station. The petitioner may also file Form I-824, *Application for Action on an Approved Application or Petition*, to request that we notify a consulate, port of entry, or pre-flight inspection office of this approval.

The approval of this visa petition does not in itself grant any immigration status and does not guarantee that the alien beneficiary will subsequently be found to be eligible for a visa, for admission to the United States, or for an extension, change, or adjustment of status.

THIS FORM IS NOT A VISA NOR MAY IT BE USED IN PLACE OF A VISA.

The Small Business Regulatory Enforcement and Fairness Act established the Office of the National Ombudsman (ONO)

Please see the additional information on the back. You will be notified separately about any other cases you filed.

U.S. CITIZENSHIP & IMMIGRATION SVC

CALIFORNIA SERVICE CENTER

P. O. BOX 30111

LAGUNA NIGUEL CA 92607-0111

Customer Service Telephone: (800) 375-5283

Form I-797A (Rev. 10/31/05)N



PLEASE TEAR OFF FORM I-94 PRINTED BELOW, AND STAPLE TO ORIGINAL I-94 IF AVAILABLE

Detach This Half for Personal Records

Receipt# WAC-00-000-00000

I-94# 72 123456789

NAME

CLASS H1B

VALID FROM 04/01/2012 UNTIL 03/31/2015

PETITIONER: TX AGRILIFE RESEARCH PART OF TAMU

2147 TAMU

COLLEGE STATION TX 77843-2147

72 123456789

Receipt Number WAC-00-000-00000
United States Citizenship and Immigration
Services

I-94

Departure Record

Petitioner: TX AGRILIFE RES

14. Family Name

15. First (Given) Name

16. Date of Birth
11/01/1964

17. Country of Citizenship

CHINA, PEOPLE'S REPUBLIC OF



Permanent Resident Card Reentry
Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS

Form I-9

OMB No. 1615-0047

Expires 03/31/2016

▶ **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) CRITTENDEN		First Name (Given Name) LEE	Middle Initial W	Other Names Used (if any) N/A	
Address (Street Number and Name) 123 PARK STREET		Apt. Number	City or Town COLLEGE STATION	State TX	Zip Code 77845
Date of Birth (mm/dd/yyyy) 10/04/1949	U.S. Social Security Number 1 2 3 - 4 5 - 6 7 8 9		E-mail Address LEECRITTENDEN@GMAIL.COM		Telephone Number (979) 123-4567

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): 0 2 2 3 4 5 6 7 9
- ☐ 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)

3-D Barcode
Do Not Write in This Space

Signature of Employee:	Date (mm/dd/yyyy): 09/26/2012
------------------------	-------------------------------

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



Employer Completes Next Page



Permanent Resident Card Reverify Example

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 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.)

Employee Last Name, First Name and Middle Initial from Section 1: CRITTENDEN, LEE W

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:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

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		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

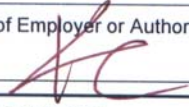
Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (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: PERMANENT RESIDENT CARD	Document Number: 022345679	Expiration Date (if any)(mm/dd/yyyy): 11/01/2014
--	-------------------------------	---

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: 	Date (mm/dd/yyyy): 09/26/2012	Print Name of Employer or Authorized Representative: KARISA CHERRY
--	----------------------------------	---

H-1B Reverify Example

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 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.)

Employee Last Name, First Name and Middle Initial from Section 1: FOREIGN, NATIONAL A

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:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

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		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 Name (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: I 94	Document Number: 72123456789	Expiration Date (if any)(mm/dd/yyyy): 03/31/2015
-------------------------	---------------------------------	---

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: 	Date (mm/dd/yyyy): 09/26/2012	Print Name of Employer or Authorized Representative: KARISA CHERRY
--	----------------------------------	---

F-1 Reverify Example

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 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.)

Employee Last Name, First Name and Middle Initial from Section 1: FOREIGN, NATIONAL A

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:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 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 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		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 Name (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: I 20	Document Number: N0000000000	Expiration Date (if any)(mm/dd/yyyy): 08/20/2019

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: 	Date (mm/dd/yyyy): 09/26/2012	Print Name of Employer or Authorized Representative: KARISA CHERRY
---	----------------------------------	---

FI Reverify Example

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 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.)

Employee Last Name, First Name and Middle Initial from Section 1: FOREIGN, NATIONAL A

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:		<div style="border: 1px solid black; padding: 10px; 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 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		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 Name (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: DS2019	Document Number: N0000000000	Expiration Date (if any)(mm/dd/yyyy): 02/02/2020
---------------------------	---------------------------------	---

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: 	Date (mm/dd/yyyy): 09/26/2012	Print Name of Employer or Authorized Representative: KARISA CHERRY
---	----------------------------------	---

EAD Card Reverify Example

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 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.)

Employee Last Name, First Name and Middle Initial from Section 1: FOREIGN, NATIONAL A

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:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 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 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		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 Name (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: EAD CARD	Document Number: 123456789	Expiration Date (if any)(mm/dd/yyyy): 04/24/2014

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: 	Date (mm/dd/yyyy): 09/26/2012	Print Name of Employer or Authorized Representative: KARISA CHERRY
---	----------------------------------	---