How to Fill Out the I-9: Page 1 - New Employee

- **On your form:** complete all fields indicated here by a paw print (if it applies to you).
- **If new to ISU:** IT will send your ISU email address to the email address provided here.
- **If using an Authorized Representative,** mail original I-9 (both pages) and copies of IDs to:
  Idaho State University, HR Stop 8107, 921 S 8th Ave., Pocatello ID 83209

- For **additional information,** visit uscis.gov/i-9, and click on “Instructions for Form I-9.”

---

**Employment Eligibility Verification**

**Department of Homeland Security**

**U.S. Citizenship and Immigration Services**

**FORM I-9**

**USCIS**

**OMB No. 1615-0047**

**Expires 10/31/2022**

**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.)

<table>
<thead>
<tr>
<th>Field Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Last Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (Street Number and Name)</td>
<td>Apl. Number</td>
<td>City or Town</td>
<td>State ZIP Code</td>
</tr>
<tr>
<td>Date of Birth (mm/dd/yyyy)</td>
<td>U.S. Social Security Number</td>
<td>Employee’s E-mail Address</td>
<td>Employee’s Telephone Number</td>
</tr>
</tbody>
</table>

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): [IF APPLICABLE]
- 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): [IF APPLICABLE, EXPIRATION ON I-20]

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:

1. Alien Registration Number/USCIS Number: [IF APPLICABLE]
2. Form I-94 Admission Number or Foreign Passport Number: [IF APPLICABLE]
3. Foreign Passport Number: [IF APPLICABLE]

<table>
<thead>
<tr>
<th>Field Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Last Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address (Street Number and Name)</td>
<td>Apl. Number</td>
<td>City or Town</td>
<td>State ZIP Code</td>
</tr>
<tr>
<td>Date of Birth (mm/dd/yyyy)</td>
<td>U.S. Social Security Number</td>
<td>Employee’s E-mail Address</td>
<td>Employee’s Telephone Number</td>
</tr>
</tbody>
</table>

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 to the best of my knowledge the information is true and correct.

Signature of Preparer and Translator: ________________________________ Today’s Date (mm/dd/yyyy): ________________________________

Leave this section blank unless completed by a preparer or translator.

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State ZIP Code</th>
</tr>
</thead>
</table>

---

Call HR at 208-282-2517 or email hr@isu.edu if you have any questions.
How to Fill Out the I-9: Page 2 - Authorized Representative

- This page can only be filled out by the Employer or an Authorized Representative. An Authorized Representative can be anyone except the employee. Even a friend or family member can be an Authorized Representative.
- The Authorized Representative will need to:
  - **View the employee’s IDs** (see page 3 of the I-9 or “List of Acceptable Documents”).
    - The IDs must be unexpired originals or certified copies.
  - **Complete the applicable fields on the employee’s form**, indicated here by a paw print.
    - Record one item from List A, OR one item from List B AND one item from List C.
    - For the title, write “Authorized Representative.” Use ISU’s information for business and address.

### Employment Eligibility Verification

**Department of Homeland Security**

**U.S. Citizenship and Immigration Services**

**FORM I-9**

*OMB No. 1615-0047*  
*Expires 10/31/2022*

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

(employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee’s first day of employment. You must physically examine one document from List A or a combination of one document from List B and one document from List C as listed on the “Lists of Acceptable Documents.”)

<table>
<thead>
<tr>
<th>List A</th>
<th>List B</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title: (ex.) Passport</td>
<td>Document Title: (ex.) Driver's License</td>
<td>Document Title: SSN</td>
</tr>
<tr>
<td>Document Number: (ex.) A4567890</td>
<td>Document Number: (ex.) AA000000A</td>
<td>Document Number: (ex.) SSN-55-5555</td>
</tr>
<tr>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
</tr>
</tbody>
</table>

**Additional Information**

If a Social Security Card is used for List C, write the name on their card here.

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): [paw print]  
(see instructions for exemptions)

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

Leave this section blank.

Call HR at 208-282-2517 or email hr@isu.edu if you have any questions.