



Employment Eligibility Verification

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

USCIS
Form I-9

OMB No.1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#)

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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) Doe	First Name (Given Name) Jane	Middle Initial (if any) G	Other Last Names Used (if any) Baker		
Address (Street Number and Name) 201 Donaghey		Apt. Number (if any) 	City or Town Conway	State AR	ZIP Code 72035
Date of Birth (mm/dd/yyyy) 04/28/2005	U.S. Social Security Number 000000000	Employee's Email Address jdoe20@uca.edu		Employee's Telephone Number 5014503181	

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

☒ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States (See Instructions.)

☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)

☐ 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)

If you check Item Number 4., enter one of these:

USCIS A-Number OR Form I-94 Admission Number OR Foreign Passport Number and Country of issuance

Signature of Employee
Jane Doe

Today's Date (mm/dd/yyyy)
10/10/2023

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C	
Document Title 1			AR Drivers License		Social Security Card	
Issuing Authority			Arkansas DMV		Social Security Administration	
Document Number (if any)			000000000		000000000	
Expiration Date (if any)			10/15/2027		None	
Document Title 2 (if any)		Additional Information				
Issuing Authority						
Document Number (if any)						
Expiration Date (if any)						
Document Title 3 (if any)						
Issuing Authority						
Document Number (if any)						
Expiration Date (if any)						

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.

First Day of Employment (mm/dd/yyyy):
10/16/2023

Last Name, First Name and Title of Employer or Authorized Representative Baker Debra Employment Manager		Signature of Employer or Authorized Representative Debra Baker		Today's Date (mm/dd/yyyy) 10/10/2023
Employer's Business or Organization Name University of Central Arkansas		Employer's Business or Organization Address, City or Town, State, ZIP Code 201 Donaghey Wingo 106 Conway AR 72035		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole 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. 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 		<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.</p>

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.

For receipt validity dates, see the M-274.

<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>
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*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Supplement A, Preparer and/or Translator Certification for Section 1

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

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name (Family Name) from Section 1 . <input type="text" value="Doe"/>	First Name (Given Name) from Section 1 . <input type="text" value="Jane"/>	Middle initial (if any) from Section 1 . <input type="text" value="G"/>
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator <input type="text"/>		Date (mm/dd/yyyy) <input type="text"/>	
Last Name (Family Name) <input type="text"/>	First Name (Given Name) <input type="text"/>	Middle Initial (if any) <input type="text"/>	
Address (Street Number and Name) <input type="text"/>	City or Town <input type="text"/>	State <input type="text" value="v"/>	ZIP Code <input type="text"/>

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 <input type="text"/>		Date (mm/dd/yyyy) <input type="text"/>	
Last Name (Family Name) <input type="text"/>	First Name (Given Name) <input type="text"/>	Middle Initial (if any) <input type="text"/>	
Address (Street Number and Name) <input type="text"/>	City or Town <input type="text"/>	State <input type="text" value="v"/>	ZIP Code <input type="text"/>

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 <input type="text"/>		Date (mm/dd/yyyy) <input type="text"/>	
Last Name (Family Name) <input type="text"/>	First Name (Given Name) <input type="text"/>	Middle Initial (if any) <input type="text"/>	
Address (Street Number and Name) <input type="text"/>	City or Town <input type="text"/>	State <input type="text" value="v"/>	ZIP Code <input type="text"/>

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 <input type="text"/>		Date (mm/dd/yyyy) <input type="text"/>	
Last Name (Family Name) <input type="text"/>	First Name (Given Name) <input type="text"/>	Middle Initial (if any) <input type="text"/>	
Address (Street Number and Name) <input type="text"/>	City or Town <input type="text"/>	State <input type="text" value="v"/>	ZIP Code <input type="text"/>



Supplement B,
Reverification and Rehire (formerly Section 3)

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

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 07/31/2026

Last Name (Family Name) from Section 1. <div style="border: 1px solid black; padding: 2px; min-height: 20px;">Doe</div>	First Name (Given Name) from Section 1. <div style="border: 1px solid black; padding: 2px; min-height: 20px;">Jane</div>	Middle initial (if any) from Section 1. <div style="border: 1px solid black; padding: 2px; min-height: 20px;">G</div>
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#) [Click here.](#)

Date of Rehire (if applicable)		New Name (if applicable)	
Date (mm/dd/yyyy) <div style="border: 1px solid black; height: 20px;"></div>	Last Name (Family Name) <div style="border: 1px solid black; height: 20px;"></div>	First Name (Given Name) <div style="border: 1px solid black; height: 20px;"></div>	Middle Initial <div style="border: 1px solid black; height: 20px;"></div>
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title <div style="border: 1px solid black; height: 20px;"></div>	Document Number (if any) <div style="border: 1px solid black; height: 20px;"></div>	Expiration Date (if any) (mm/dd/yyyy) <div style="border: 1px solid black; height: 20px;"></div>	
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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative <div style="border: 1px solid black; height: 20px;"></div>	Signature of Employer or Authorized Representative <div style="border: 1px solid black; height: 20px;"></div>	Today's Date (mm/dd/yyyy) <div style="border: 1px solid black; height: 20px;"></div>	
Additional Information (Initial and date each notation.) <div style="border: 1px solid black; height: 20px;"></div>		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire (if applicable)		New Name (if applicable)	
Date (mm/dd/yyyy) <div style="border: 1px solid black; height: 20px;"></div>	Last Name (Family Name) <div style="border: 1px solid black; height: 20px;"></div>	First Name (Given Name) <div style="border: 1px solid black; height: 20px;"></div>	Middle Initial <div style="border: 1px solid black; height: 20px;"></div>
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title <div style="border: 1px solid black; height: 20px;"></div>	Document Number (if any) <div style="border: 1px solid black; height: 20px;"></div>	Expiration Date (if any) (mm/dd/yyyy) <div style="border: 1px solid black; height: 20px;"></div>	
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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative <div style="border: 1px solid black; height: 20px;"></div>	Signature of Employer or Authorized Representative <div style="border: 1px solid black; height: 20px;"></div>	Today's Date (mm/dd/yyyy) <div style="border: 1px solid black; height: 20px;"></div>	
Additional Information (Initial and date each notation.) <div style="border: 1px solid black; height: 20px;"></div>		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.	

Date of Rehire (if applicable)		New Name (if applicable)	
Date (mm/dd/yyyy) <div style="border: 1px solid black; height: 20px;"></div>	Last Name (Family Name) <div style="border: 1px solid black; height: 20px;"></div>	First Name (Given Name) <div style="border: 1px solid black; height: 20px;"></div>	Middle Initial <div style="border: 1px solid black; height: 20px;"></div>
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title <div style="border: 1px solid black; height: 20px;"></div>	Document Number (if any) <div style="border: 1px solid black; height: 20px;"></div>	Expiration Date (if any) (mm/dd/yyyy) <div style="border: 1px solid black; height: 20px;"></div>	
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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative <div style="border: 1px solid black; height: 20px;"></div>	Signature of Employer or Authorized Representative <div style="border: 1px solid black; height: 20px;"></div>	Today's Date (mm/dd/yyyy) <div style="border: 1px solid black; height: 20px;"></div>	
Additional Information (Initial and date each notation.) <div style="border: 1px solid black; height: 20px;"></div>		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.	

Attached Workflow

Conditional W-4/I-9 Workflow

Current Status

Approved

Workflow Steps

1	Approved by Debra Baker on 10/18/2023 at 10:09 AM
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