Form I-9 Completion Training Instructions

General Information

The I-9 form is required by federal law to verify identity and eligibility for employment. Student supervisors or another designated employee for each department will be required to complete the Form I-9 with each new hire in person on the student’s first day of employment. Section 1 of the I-9 must be completed by no later than the first day of employment. Section 2 must be completed within 3 days. In order to complete Section 2, the student must show original (scans/photocopies are not accepted), unexpired identification documents. Examples of acceptable ID documents are listed below. Please see page 3 of the I-9 form for the entire list of acceptable documents. It is recommended that supervisors remind new student employees to come prepared on their first day with appropriate ID documents.

Examples of acceptable ID documents

Passport  OR
Photo ID & Social Security Card   OR
Photo ID & Birth Certificate

Please note, if your new student employee has worked on campus previously, they do not need to submit the I-9 form again.


Submit completed I-9 forms to the Student Employment Office

Completed paper Form I-9 forms should be scanned and must be returned securely to the Student Employment Office via the Secure Document Upload system at: http://www.messiah.edu/upload_stuempl. At no time should I-9’s be returned through e-mail due to forms containing confidential and sensitive information. Upon confirmation of receipt by the Student Employment Office, the original paper Form I-9 should be shredded.

Sample Form I-9’s

Sample Form I-9’s to assist you in reviewing and completing the Form are appended to the end of this document.

Revised 6/14/21
Directions

Section 1 (COMPLETED BY STUDENT)

- Black pen must be used.
- Completed by the student by no later than the first day of employment.
- All fields must be completed. Any fields that are not applicable (e.g., Other Last Names Used, Apt. Number”, etc.) should have ‘N/A’ entered.
- Ensure the form is properly signed & dated. A common error is when the student incorrectly switches today’s date and birthdate information.
- Ensure the student marks one of the boxes in the ‘Preparer and/or Translator Certification’ section.
- For the “Preparer and/or Translator” Certification information, only the check box is populated if preparer/translator was NOT used. If one was used, ensure the subsequent “I attest…” items are all completed.

Section 2 (COMPLETED BY EMPLOYER/SUPERVISOR)

- Black pen must be used.
- Completed by the employer or authorized department representative. No information may be entered by the student employee.
- Please put the employee last name, first name, middle initial, and citizenship status (enter 1, 2, 3, or 4 based on citizenship selected in Section 1) at top of form. This information should be the same as it appears in Section 1.
- For the “Identity and Employment Authorization” information, ONLY original, unexpired documents only are accepted. Photocopies (including electronic scanned copies) are not acceptable.
- The student must show you one item from list A OR one item from BOTH lists B & C.
- Common List A document = Passport.
- Common List B documents = Driver’s license or School ID or other government-issued ID that contains a photo.
- Common List C documents = Social Security card or Birth Certificate (original or certified copy)
- A more complete list of acceptable I-9 documents is available at: https://www.uscis.gov/i-9-central/form-i-9-acceptable-documents.
- Complete the appropriate List A or List B & C items, entering the appropriate document title, issuing authority, document number and expiration date (if any)
- Complete the “Certification” information
  o Please enter the employee’s first day of employment
  o Please be sure to sign form and complete the current date, title, and employer information sections.
    The Employer Information should be:
      ▪ Messiah University, One University Avenue, Mechanicsburg, PA  17055

Section 3:  No entry should be made in any fields under Section 3.

Questions

Questions on reviewing Section 1 of the Form I-9 or completing Section 2 of the Form I-9 should be directed to Belinda Conrad, Student Employment Coordinator at 717-796-1800 x.2900 or via e-mail at studentemployment@messiah.edu. If unable to reach Belinda and immediate assistance is needed, please contact either Don Lerew at 717-796-1800 x.2030 or dlerew@messiah.edu or Karen Blair at 717-796-1800 x.2289 or kblair@messiah.edu.

Revised 6/14/21
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>Last 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>Sample</td>
<td>Student</td>
<td>A.</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>One Main Street</td>
<td>N/A</td>
<td>Anytown</td>
<td>AZ</td>
<td>11123</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>Employee's E-mail Address</th>
<th>Employee's Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/01/2001</td>
<td>1111·22·3333</td>
<td><a href="mailto:student1@messiah.edu">student1@messiah.edu</a></td>
<td>7177661111</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):

- [X] 1. A citizen of the United States
- [ ] 2. A noncitizen national of the United States (See instructions)
- [ ] 3. A lawful permanent resident (Alien Registration Number/USCIS Number):
- [ ] 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):

Some aliens may write "N/A" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

- [ ] 1. Alien Registration Number/USCIS Number: ________________
- [ ] OR
- [ ] 2. Form I-94 Admission Number: ________________
- [ ] OR
- [ ] 3. Foreign Passport Number: ________________

Country of Issuance: ________________

Signature of Employee

Sample Student

Today's Date (mm/dd/yyyy)

08/25/2020

Preparer and/or Translator Certification (check one):

- [X] I did not use a preparer or translator.
- [ ] A preparer(s) and/or translator(s) assisted the employee in completing Section 1. (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

Signature of Preparer or Translator

Today's Date (mm/dd/yyyy)

Last Name (Family Name)

First Name (Given Name)

Address (Street Number and Name)

City or Town

State

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

(form employers or their authorized representatives 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>Employee Info from Section 1</th>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td>Sample</td>
<td></td>
<td>First Name (Given Name)</td>
<td>Student</td>
<td></td>
</tr>
<tr>
<td>M.I.</td>
<td></td>
<td></td>
<td>Citizenship/Immigration Status</td>
<td>A.</td>
<td>1</td>
</tr>
</tbody>
</table>

### List A

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Issuing Authority</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passport</td>
<td>US Department of State</td>
<td>12345678911</td>
<td>11/22/2026</td>
</tr>
</tbody>
</table>

### List B AND List C

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

### Additional Information

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 08/25/2020

(see instructions for exemptions)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample Supervisor/ Sample</td>
<td>08/25/2020</td>
<td>Admin Assistant, Music Dept.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name of Employer or Authorized Representative</th>
<th>First Name of Employer or Authorized Representative</th>
<th>Employer's Business or Organization Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample</td>
<td></td>
<td>Messiah University</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer's Business or Organization Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>One University Avenue</td>
<td>Mechanicsburg</td>
<td>PA</td>
<td>17055</td>
</tr>
</tbody>
</table>

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

A. New Name (if applicable)  B. Date of Rehire (if applicable)

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

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

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

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Name of Employer or Authorized Representative</th>
</tr>
</thead>
</table>
LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

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

<table>
<thead>
<tr>
<th>LIST A</th>
<th>Documents that Establish Both Identity and Employment Authorization</th>
<th>OR</th>
<th>LIST B</th>
<th>Documents that Establish Identity</th>
<th>AND</th>
<th>LIST C</th>
<th>Documents that Establish Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td></td>
<td></td>
<td>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td></td>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td></td>
<td></td>
<td>(1) NOT VALID FOR EMPLOYMENT</td>
<td></td>
<td>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td></td>
<td></td>
<td>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td></td>
<td></td>
<td>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td></td>
<td></td>
<td>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Foreign passport; and</td>
<td></td>
<td></td>
<td>4. Native American tribal document</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Form I-94 or Form I-94A that has the following:</td>
<td></td>
<td></td>
<td>5. U.S. Citizen ID Card (Form I-197)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1) The same name as the passport; and</td>
<td></td>
<td></td>
<td>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</td>
<td></td>
<td></td>
<td>7. Employment authorization document issued by the Department of Homeland Security</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 |

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

Refer to the instructions for more information about acceptable receipts.
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.

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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>Sample</th>
<th>Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name (Given Name)</td>
<td>B.</td>
</tr>
<tr>
<td>Last Name (Family Name)</td>
<td>Other Last Names Used (if any)</td>
</tr>
<tr>
<td>Address (Street Number and Name)</td>
<td>Apt. Number</td>
</tr>
<tr>
<td>City or Town</td>
<td>State</td>
</tr>
<tr>
<td>Date of Birth (mm/dd/yyyy)</td>
<td>U.S. Social Security Number</td>
</tr>
<tr>
<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):

- [X] 1. A citizen of the United States
- [ ] 2. A noncitizen national of the United States (See instructions)
- [ ] 3. A lawful permanent resident (Alien Registration Number/USCIS Number): ____________________________
- [ ] 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): ____________________________

Some aliens may write "N/A" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: ____________________________
   OR

2. Form I-94 Admission Number: ____________________________
   OR

3. Foreign Passport Number: ____________________________
   Country of Issuance: ____________________________

Signature of Employee: ____________________________
Today's Date (mm/dd/yyyy): 08/25/2020

Preparer and/or Translator Certification (check one):

- [X] I did not use a preparer or translator.
- [ ] A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

Signature of Preparer or Translator: ____________________________
Today's Date (mm/dd/yyyy): ____________________________
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>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>M.I.</th>
<th>Citizenship/Immigration Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>B. 1</td>
<td>B.</td>
</tr>
</tbody>
</table>

### List A

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Issuing Authority</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Driver's License</td>
<td>Pennsylvania</td>
<td>1234567</td>
<td>10/2/2022</td>
</tr>
</tbody>
</table>

### List B

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Issuing Authority</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Card</td>
<td>Social Security Administration</td>
<td>1234567</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### List C

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

Additional Information

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 08/25/2020

(See instructions for exemptions)

Signature of Employer or Authorized Representative

Supervisor Sample

Today's Date (mm/dd/yyyy) 08/25/2020

Title of Employer or Authorized Representative

Dining Room Supervisor

Last Name of Employer or Authorized Representative

Sample

First Name of Employer or Authorized Representative

Sample

Employer's Business or Organization Address (Street Number and Name)

One University Avenue

City or Town

Mechanicsburg

State

PA

ZIP Code

17055

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)

Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing 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

Today's Date (mm/dd/yyyy)  

Name of Employer or Authorized Representative

Sample

Sample

Student

Student

B.

B.

1

1

1

1

Driver's License

Pennsylvania

1234567

10/2/2022

Social Security Card

Social Security Administration

123456789

N/A

Sample

Student

B.

B.

1

1

Driver's License

Pennsylvania

1234567

10/2/2022

Social Security Card

Social Security Administration

123456789

N/A

Dining Room Supervisor

Sample

Supervisor

Messiah University

One University Avenue

Mechanicsburg

PA

17055
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.

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**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>Last 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>Sample</td>
<td>Student</td>
<td>C.</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Main Street</td>
<td>N/A</td>
<td>Anytown</td>
<td>AZ</td>
<td>33333</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>Employee's E-mail Address</th>
<th>Employee's Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/03/2001</td>
<td>[123] 45 - 6789</td>
<td><a href="mailto:student3@messiah.edu">student3@messiah.edu</a></td>
<td>7173333333</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):

- [X] 1. a citizen of the United States
- [ ] 2. a noncitizen national of the United States (See instructions)
- [ ] 3. a lawful permanent resident (Alien Registration Number/USCIS Number):
- [ ] 4. an alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: ________________________

2. Form I-94 Admission Number: ________________________

3. Foreign Passport Number: ________________________

Country of Issuance: ________________________

Signature of Employee ________________________

Today's Date (mm/dd/yyyy) ________________________

Preparer and/or Translator Certification (check one):

- [X] I did not use a preparer or translator.
- [ ] A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

Signature of Preparer or Translator ________________________

Today's Date (mm/dd/yyyy) ________________________

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 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>Document Title</th>
<th>Issuing Authority</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identity and Employment Authorization</td>
<td>Student ID</td>
<td>Messiah University</td>
<td>01032333</td>
<td>05/25/2023</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>List B</th>
<th>Document Title</th>
<th>Issuing Authority</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identity</td>
<td>Birth Certificate</td>
<td>Dauphin Co. Dept. of Health</td>
<td>AB123</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>List C</th>
<th>Document Title</th>
<th>Issuing Authority</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment Authorization</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Information

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

**The employee's first day of employment (mm/dd/yyyy): 08/23/2020**

**Section 3. Reverification and Rehires**

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

A. New Name (if applicable)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample</td>
<td>Sample</td>
<td></td>
</tr>
</tbody>
</table>

B. Date of Rehire (if applicable)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample</td>
<td>Sample</td>
<td></td>
<td>08/23/2020</td>
</tr>
</tbody>
</table>

C. If the employee’s previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

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

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

**Signature of Employer or Authorized Representative**

**Today’s Date (mm/dd/yyyy)**

**Name of Employer or Authorized Representative**