EXAMPLE TO HELP WITH COMPLETING I-9

The **IRS Form I-9** is used to verify the identity and employment authorization of new and current employees in the United States.

Need assistance? Please call **608.326.0434**.

NEEDED EMPLOYEE INFORMATION HIGHLIGHTED YELLOW.

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	Passport Information BELOW OR		Drivers License/State ID		Social Security Card
Issuing Authority			State Issued		Social Security Admin.
Document Number (if any)			Drivers License or State ID Number		Social Security Card Number
Expiration Date (if any)			Expiration Date		n/a
Document Title 2 (if any)			Additional Information		
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					

PARTICIPANT OR GUARDIAN/POA WILL SIGN & DATE NEXT TO THE RED X IN HIGHLIGHTED PINK SECTION.

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):
Last Name, First Name and Title of Employer or Authorized Representativ	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
	X Employer/Member Signature	Date signed
Employer's Business or Organization Name Employer/Member Name	Employer's Business or Organization Address, City or Town, State, ZIP Code Employer/Member Address	
For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.		

IMPORTANT REMINDER

The I-9 is a government document that must be completed by the Employee and the Employer. Lori Knapp Choice™ is not the Employer and cannot complete Section 2. If this document is not completed correctly, it will delay your start date.

Please call **608.326.0434** for assistance.