

# Form I-9 Completion Training Instructions

#### **General Information**

The I-9 form is required by federal law to verify identity and eligibility for employment. Each new hire must complete the I-9 <u>in person</u> with the Student Employment Office, or the student supervisor, or another designated department representative 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 <u>original</u> (scans/photocopies are not accepted), unexpired identification documents. Examples of acceptable ID documents are listed below. Please see page 2 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 unless they have had a break in student enrollment status.

Download the I-9 form here: https://www.messiah.edu/download/downloads/id/11231/I 9.pdf

### Submit completed I-9 forms to the Student Employment Office

Completed paper Form I-9 forms should be scanned and must be returned <u>securely</u> to the Student Employment Office via the Secure Document Upload system at: <a href="http://www.messiah.edu/upload\_stuempl">http://www.messiah.edu/upload\_stuempl</a>. 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.

#### **Directions**

### Section 1 (COMPLETED BY STUDENT)

- Black pen must be used.
- Completed by the student by no later than the first day of employment.
- Ensure that all required fields are completed (legal name, address, date of birth)
- Ensure that one of the boxes is checked to indicate citizenship or immigration status.
- <u>Ensure the form is properly signed & dated</u>. A common error is when the student incorrectly switches today's date and birthdate information.

### <u>Section 2</u> (COMPLETED BY EMPLOYER/SUPERVISOR or designated department representative)

- Black pen must be used.
- Completed by the employer or authorized department representative. No information may be entered by the student employee.
- View the student's ID documents and record the document title and requested information for each item. ONLY original, unexpired documents are accepted. Photocopies (including electronic scanned copies) and photographs are <u>not</u> 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
  - Please be sure to sign the form as the authorized representative and complete the name/title, today's date, and employer information sections. The Employer Information should be:
    - Messiah University, One University Avenue, Mechanicsburg, PA 17055

### 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 <a href="mailto:studentemployment@messiah.edu">studentemployment@messiah.edu</a>. If unable to reach Belinda and immediate assistance is needed, please contact Amelia Crouse at 717-796-1800 ext. 5038 or the Office of Human Resources & Compliance at 717-796-1800 ext. 5300.



# **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 <a href="Instructions">Instructions</a>.

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Section 1. Employee day of employment,	Information but not before	n and Attestation re accepting a jo	<b>n:</b> Employe b offer.	ees must complet	e and sign S	ection 1 of F	orm <b>I-</b> 9 no	later than the <b>first</b>		
Last Name (Family Name) First Name		(Given Name)	l N	/liddle Initial (if ar	ny) Other Las	ast Names Used (if any)				
Sample Stu			dent 1		Α.					
Address (Street Number ar	d Name)	A	pt. Number (if a	any) City or Town			State	ZIP Code		
One Main Street			N/A	An	ytown		MD	01011		
Date of Birth (mm/dd/yyyy)	U.S. So	cial Security Number	Emplo	yee's Email Address			Employee's	Telephone Number		
01/10/2004	010	0101011	S	sample1@me	essiah.edu	ı	7171	1111111		
			llowing boxes	to attest to your citize	nship or immigra	tion status (See	page 2 and	3 of the instructions.):		
provides for imprisonment and/or fines for false statements, or the		1. A citizen o	of the United St	tates						
use of false document	, , , , , , , , , , , , , , , , , , ,	2. A noncitiz	. A noncitizen national of the United States (See Instructions.)							
connection with the co	′ .	3 A lawful p	A lawful permanent resident (Enter USCIS or A-Number.)							
this form. I attest, und	ler penalty									
of perjury, that this inf		4. A noncitiz	izen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)							
including my selection		If you check Item N	lumber 4 ente	er one of these:						
attesting to my citizen immigration status, is		USCIS A-Num		orm I-94 Admission	Number	Foreign Passn	ort Number a	and Country of Issuance		
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Signature of Employee make sure it	is sianed	<u>.</u> !				ate (mm/dd/yyy				
If a preparer and/or tr			ng Section 1, t	that person MUST co				tification on Page 3.		
Section 2. Employer business days after the e authorized by the Secreta documentation in the Add	mployee's firs ary of DHS, do	st day of employmed cumentation from	ent, and must List A OR a	their authorized rep t physically examine combination of doc	resentative mue, or examine ou cumentation fro	ist complete a consistent with m List B and	and sign <b>Sec</b> n an alterna List C. Ente	ction 2 within three tive procedure er any additional		
		List A	OR	List	В	AND		List C		
Document Title 1	Pass	sport								
Issuing Authority	US Dep	artment of S	tate							
Document Number (if any)	0123	34567								
Expiration Date (if any)	1/15/	/2025								
Document Title 2 (if any)			Addi	tional 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)			c	heck here if you used	an alternative pr	ocedure author		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):  08/22/2023										
Last Name, First Name and	Title of Employe	er or Authorized Repr	esentative	Signature of Emplo	oloyer or Authorized Representative			Γoday's Date (mm/dd/yyyy)		
Supervisor, Sa	ample, Ad	dmin Assista	nt	sign it!				today's date		
Employer's Business or Organization Name			Employer's E	Business or Organizat	ion Address, City	or Town, State	e, ZIP Code			
Messiah University			One Un	iversity Avenue	, Mechanic	sburg, PA 1	17055			



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		udent 2	,	l _	_ ` */			N/A			
Address (Street Number and Name)		pt. Number (if any)   City or Tow		'n			State	ZIP Code			
			N/A		nytown			MD			
Date of Birth (mm/dd/yyyy)  U.S. Social Security Number				Employee's Email Address				Employee's Telephone Number			
01/10/2004 010101011				sample2@messiah.edu					1111111		
I am aware that federa	law	Check one of the	following boxes	to attest to your cit	izenship or	immigration	status (See	page 2 and	3 of the instructions.):		
provides for imprisonment and/or		1. A citizen	of the United S	States							
fines for false stateme	,		A noncitizen national of the United States (See Instructions.)								
use of false document connection with the co	,										
this form. I attest, und	•	3. A lawful	vful permanent resident (Enter USCIS or A-Number.)								
of perjury, that this inf		4. A nonciti	itizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)								
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attesting to my citizen		If you check Item									
immigration status, is	true and	USCIS A-Nur	nber OR	Form I-94 Admissi	on Numbe	r OR Fore	eign Passpo	ort Number	and Country of Issuance		
correct.											
Signature of Employee					Т	oday's Date	(mm/dd/yyy	y)			
make sure it	is signed	<u>!</u> !				today	's date				
If a preparer and/or tr			ing Section 1,	that person MUST	complete			anslator Ce	ertification on Page 3.		
Section 2. Employer				-							
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		List A	OR	Li	st B	P	AND		List C		
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Issuing Authority				PA DOT			Socia	l Securit	ty Administration		
Document Number (if any)				123123123			1	111-22-2222			
Expiration Date (if any)			0.1.1	2/17/25				N/A			
Document Title 2 (if any)			Add	litional Informati	ion						
Issuing Authority											
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Expiration Date (if any)											
Document Title 3 (if any)											
Issuing Authority											
Document Number (if any)											
Expiration Date (if any)				Check here if you us	sed an alter	native proce	dure authori		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):  9/2/23											
Last Name, First Name and	Title of Employe	er or Authorized Rep	resentative	Signature of En	nployer or A	Authorized Re	epresentativ	е	Today's Date (mm/dd/yyyy)		
Supervisor, Sa	ample, Ad	dmin Assista	ant	sign it!				today's date			
Employer's Business or Organization Name			Employer's	Business or Organi	zation Addr	ess, City or	Town, State	, ZIP Code			
Messiah University			One Ur	One University Avenue, Mechanicsburg, PA 17055							
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Date of Birth (mm/dd/yyyy)	I	cial Security		. 1 ' '	ee's Email Addres				Employee's Telephone Number			
01/10/2004 010101011				sample3@messiah.edu					717111111			
I am aware that federa	l law	Check one	of the followi	ng boxes t	to attest to your cit	izenship d	or immigration	status (See	page 2 and	d 3 of the i	nstructions.):	
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fines for false stateme	,											
use of false document	,		noncitizen na	ten national of the United States (See Instructions.)								
connection with the co		3. A	\ lawful perma	ermanent resident (Enter USCIS or A-Number.)								
this form. I attest, und of perjury, that this inf		4. A	noncitizen (o	itizen (other than <b>Item Numbers 2.</b> and <b>3.</b> above) authorized to work until (exp. date, if any)								
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make sure it	t is siane	ЧI						/'s date				
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		List A		OR	Lis	st B		AND		List C		
Document Title 1					School	ID			Birth C	Certific	cate	
Issuing Authority				Messiah University PA					Dept of Health			
Document Number (if any)					03123123				131313			
Expiration Date (if any)				7/18/2025					N/A			
Document Title 2 (if any)				Addit	tional Informati	on						
Issuing Authority												
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Expiration Date (if any)				_								
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Last Name, First Name and	Title of Employe	er or Authoriz	zed Represent	tative	Signature of En	nployer or	Authorized F	Representativ	'e	Today's [	Date (mm/dd/y	ууу)
Supervisor, Sample, Admin Assistar					sign i	it!			today's date			е
Employer's Business or Organization Name					Business or Organi							
Messiah University				One University Avenue, Mechanicsburg, PA 17055								



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Sample Stu		dent 4		A. N/A			N/A	/A		
Address (Street Number and Name)		Ap	Apt. Number (if any)   City or Town					State	ZIP Code	
One University Avenue		N/A		chanicsburg			PA	17055		
Date of Birth (mm/dd/yyyy)	U.S. Social	Security Number		yee's Email Address				Employee's 1	Telephone Number	
04/10/2004	0101	01011	S	sample4@m	essiah	n.edu		717-	-444-4444	
I am aware that federal law Check one of the fe			llowing boxes	to attest to your citize	enship or i	mmigration	status (See	page 2 and 3	of the instructions.):	
	provides for imprisonment and/or		f the United St	tates						
fines for false stateme use of false document	, , ,		2. A noncitizen national of the United States (See Instructions.)							
connection with the co										
this form. I attest, und	ler penalty 📙	<b>≓.</b>	3. A lawful permanent resident (Enter USCIS or A-Number.)							
of perjury, that this inf	ormanom,   -	4. A noncitize	A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)							
including my selection		you check Item N	umber 4., ente	er one of these:						
attesting to my citizen immigration status, is	suib oi 📗	USCIS A-Numi		orm I-94 Admission	Number	Fore	ign Passpo	rt Number an	d Country of Issuance	
correct.			OR			⊣or⊢	<u> </u>			
Signature of Employee					То		(mm/dd/yyyy			
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If a preparer and/or tr		vou in completin	g Section 1 t	that nerson MUST c	omplete t			anslator Certi	fication on Page 3	
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Section 2. Employer business days after the e authorized by the Secreta documentation in the Add	mployee's first dary of DHS, docu	ay of employme mentation from	nt, and must List A OR a	t physically examin combination of do	presentatine, or exa cumentat	inine constion from L	sistent with ist B and L	an alternativist C. Enter	ve procedure any additional	
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Issuing Authority	Canada									
Document Number (if any)	A443444									
Expiration Date (if any)	5/30/2		0.14	4:	-					
Document Title 2 (if any)	I-94 Forn	า	Addi	tional Informatio	n					
Issuing Authority	US Customs 8	Border Protect	ion							
Document Number (if any)	123444123	4								
Expiration Date (if any)	N/A									
Document Title 3 (if any)										
Issuing Authority										
Document Number (if any)										
Expiration Date (if any)			□ c	heck here if you used	d an altern	ative proced	dure authoriz		examine documents.	
Certification: I attest, unde employee, (2) the above-lis best of my knowledge, the	ted documentatio	n appears to be	genuine and t	to relate to the empl		-		(mm/dd/yyy	• ,	
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Supervisor, Sa	ample, Adm	in Assistai	nt	sign it!	!				today's date	
Employer's Business or Organization Name			Employer's E	Business or Organiza	ition Addre	ess, City or	Γown, State,	ZIP Code		
Messiah University			One Un	iversity Avenue	e, Mech	nanicsbu	rg, PA 1	7055		