



# 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 in person 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 original (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](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 securely to the Student Employment Office via the Secure Document Upload system at: [http://www.messiah.edu/upload\\_stuempl](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.

## **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.
- Ensure the form is properly signed & dated. A common error is when the student incorrectly switches today's date and birthdate information.

### **Section 2** (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 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 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 [studentemployment@messiah.edu](mailto:studentemployment@messiah.edu). 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.



# 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) <b>Sample</b>		First Name (Given Name) <b>Student 1</b>		Middle Initial (if any) <b>A.</b>	Other Last Names Used (if any) <b>N/A</b>				
Address (Street Number and Name) <b>One Main Street</b>			Apt. Number (if any) <b>N/A</b>	City or Town <b>Anytown</b>		State <b>MD</b>	ZIP Code <b>01011</b>		
Date of Birth (mm/dd/yyyy) <b>01/10/2004</b>		U.S. Social Security Number <b>010101011</b>		Employee's Email Address <b>sample1@messiah.edu</b>		Employee's Telephone Number <b>7171111111</b>			
<b>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.</b>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):							
		<input checked="" type="checkbox"/> 1. A citizen of the United States							
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)							
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)							
		<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2. and 3. above</b> ) authorized to work until (exp. date, if any)							
		If you check <b>Item Number 4.</b> , enter one of these:							
		USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance	
Signature of Employee <b>make sure it is signed!</b>					Today's Date (mm/dd/yyyy) <b>today's date</b>				

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	<b>Passport</b>				
Issuing Authority	<b>US Department of State</b>				
Document Number (if any)	<b>01234567</b>				
Expiration Date (if any)	<b>1/15/2025</b>				
Document Title 2 (if any)		<b>Additional Information</b>			
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)					
		<input type="checkbox"/> 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):

**08/22/2023**

Last Name, First Name and Title of Employer or Authorized Representative <b>Supervisor, Sample, Admin Assistant</b>		Signature of Employer or Authorized Representative <b>sign it!</b>		Today's Date (mm/dd/yyyy) <b>today's date</b>
Employer's Business or Organization Name <b>Messiah University</b>		Employer's Business or Organization Address, City or Town, State, ZIP Code <b>One University Avenue, Mechanicsburg, PA 17055</b>		

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



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

USCIS  
Form I-9

OMB No.1615-0047

Expires 07/31/2026

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**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) <b>Sample</b>		First Name (Given Name) <b>Student 2</b>		Middle Initial (if any) <b>A.</b>	Other Last Names Used (if any) <b>N/A</b>	
Address (Street Number and Name) <b>One Main Street</b>		Apt. Number (if any) <b>N/A</b>	City or Town <b>Anytown</b>		State <b>MD</b>	ZIP Code <b>01011</b>
Date of Birth (mm/dd/yyyy) <b>01/10/2004</b>	U.S. Social Security Number <b>010101011</b>		Employee's Email Address <b>sample2@messiah.edu</b>		Employee's Telephone Number <b>7171111111</b>	
<b>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.</b>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input checked="" type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2. and 3.</b> above) authorized to work until (exp. date, if any)				
		If you check <b>Item Number 4.</b> , enter one of these:				
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee <b>make sure it is signed!</b>		Today's Date (mm/dd/yyyy) <b>today's date</b>				

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			Driver's License		Social Security Card
Issuing Authority			PA DOT		Social Security Administration
Document Number (if any)			123123123		111-22-2222
Expiration Date (if any)			2/17/25		N/A
Document Title 2 (if any)		<b>Additional Information</b>			
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)					
<input type="checkbox"/> 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):

**9/2/23**

Last Name, First Name and Title of Employer or Authorized Representative <b>Supervisor, Sample, Admin Assistant</b>		Signature of Employer or Authorized Representative <b>sign it!</b>		Today's Date (mm/dd/yyyy) <b>today's date</b>	
Employer's Business or Organization Name <b>Messiah University</b>		Employer's Business or Organization Address, City or Town, State, ZIP Code <b>One University Avenue, Mechanicsburg, PA 17055</b>			

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



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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.

Last Name (Family Name) <b>Sample</b>		First Name (Given Name) <b>Student 3</b>		Middle Initial (if any) <b>A.</b>	Other Last Names Used (if any) <b>N/A</b>				
Address (Street Number and Name) <b>One Main Street</b>			Apt. Number (if any) <b>N/A</b>	City or Town <b>Anytown</b>		State <b>MD</b>	ZIP Code <b>01011</b>		
Date of Birth (mm/dd/yyyy) <b>01/10/2004</b>		U.S. Social Security Number <b>010101011</b>		Employee's Email Address <b>sample3@messiah.edu</b>		Employee's Telephone Number <b>7171111111</b>			
<b>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.</b>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):							
		<input checked="" type="checkbox"/> 1. A citizen of the United States							
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)							
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)							
		<input type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2. and 3.</b> above) authorized to work until (exp. date, if any)							
		If you check <b>Item Number 4.</b> , enter one of these:							
		USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance	
Signature of Employee <b>make sure it is signed!</b>					Today's Date (mm/dd/yyyy) <b>today's date</b>				

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.

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List A		OR	List B	AND	List C
Document Title 1			School ID		Birth Certificate
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)		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)					
<input type="checkbox"/> 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):

**9/2/23**

Last Name, First Name and Title of Employer or Authorized Representative <b>Supervisor, Sample, Admin Assistant</b>		Signature of Employer or Authorized Representative <b>sign it!</b>		Today's Date (mm/dd/yyyy) <b>today's date</b>	
Employer's Business or Organization Name <b>Messiah University</b>		Employer's Business or Organization Address, City or Town, State, ZIP Code <b>One University Avenue, Mechanicsburg, PA 17055</b>			

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



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Last Name (Family Name) <b>Sample</b>		First Name (Given Name) <b>Student 4</b>		Middle Initial (if any) <b>A.</b>	Other Last Names Used (if any) <b>N/A</b>	
Address (Street Number and Name) <b>One University Avenue</b>		Apt. Number (if any) <b>N/A</b>	City or Town <b>Mechanicsburg</b>		State <b>PA</b>	ZIP Code <b>17055</b>
Date of Birth (mm/dd/yyyy) <b>04/10/2004</b>	U.S. Social Security Number <b>010101011</b>		Employee's Email Address <b>sample4@messiah.edu</b>		Employee's Telephone Number <b>717-444-4444</b>	
<b>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.</b>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		<input checked="" type="checkbox"/> 4. A noncitizen (other than <b>Item Numbers 2. and 3.</b> above) authorized to work until (exp. date, if any) _____				
		If you check <b>Item Number 4.</b> , enter one of these:				
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
						<b>A443444 Canada</b>
Signature of Employee <b>make sure it is signed!</b>				Today's Date (mm/dd/yyyy) <b>today's date</b>		

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.

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List A		OR	List B	AND	List C
Document Title 1	<b>Passport</b>				
Issuing Authority	<b>Canada</b>				
Document Number (if any)	<b>A443444</b>				
Expiration Date (if any)	<b>5/30/2026</b>				
Document Title 2 (if any)	<b>I-94 Form</b>	<b>Additional Information</b>			
Issuing Authority	<b>US Customs &amp; Border Protection</b>				
Document Number (if any)	<b>1234441234</b>				
Expiration Date (if any)	<b>N/A</b>				
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			

<b>Certification:</b> 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): <b>9/2/23</b>
Last Name, First Name and Title of Employer or Authorized Representative <b>Supervisor, Sample, Admin Assistant</b>		Signature of Employer or Authorized Representative <b>sign it!</b>
		Today's Date (mm/dd/yyyy) <b>today's date</b>
Employer's Business or Organization Name <b>Messiah University</b>	Employer's Business or Organization Address, City or Town, State, ZIP Code <b>One University Avenue, Mechanicsburg, PA 17055</b>	

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