

COMPLETING FORM I-9

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last PROVIDER	First JOHN	Middle Initial Q	Maiden Name
Address (Street Name and Number) 123 MAIN STREET		Apt. #	Date of Birth (month/day/year) 01/01/1972
City ANYTOWN	State FL	Zip Code 99999	Social Security # 777-77-7777

↑ All of Section 1 MUST be completed in its entirety.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen or national of the United States
- A lawful permanent resident (Alien #) A _____
- An alien authorized to work until _____

At least one box must be checked here.

Employee's Signature JOHN Q. PROVIDER	Date (month/day/year) 10/31/2008
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↑ MUST be signed and dated by employee (provider) here. This must include both signature AND date, or the form is NOT correctly completed.

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: U.S. PASSPORT		Document title: FL DRIVERS LICENSE		Document title: SS CARD
Issuing authority: U.S. DEPT OF STATE		Document #: P525067710809		Document #: 777-77-7777
Expiration Date (if any): 10/31/2008		Expiration Date (if any): EXP: 12/12/10		Expiration Date (if any): N/A

↑ Complete an item for either List A OR an item from both List B AND List C. Must have Expiration Date to be considered complete.

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) **11/15/2008** and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative
Emma Q. Public

↑ Employee Start Date must be included.

Signature of Employer or Authorized Representative Emma Q. Public	Print Name EMMA Q. PUBLIC	Title REPRESENTATIVE
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) CONSUMER PUBLIC 456 MAIN STREET ANYTOWN, FL 11111		Date (month/day/year) 10/31/08

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable) _____ B. Date of Rehire (month/day/year) (if applicable) _____

↑ Section 2 MUST be signed by Consumer/Representative and all boxes completed in their entirety including business or organization name and address. The CDC+ participant's information is entered here, because the participant is considered an employer (business).

PLEASE NOTE: Any incomplete or incorrectly completed I-9's WILL NOT be entered into the system. This may cause a delay in payment being made to your providers for services rendered.