

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

Form I-9, Employment Eligibility Verification

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-authorized 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	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements and use of false documents in connection with the completion of this form.

Include a copy of the document

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

United States
 of the United States (see instructions)
 Alien # _____
 Alien # or Admission # _____
 applicable - month/day/year _____

Employee's Signature

Preparer and/or Translator Certification (To be completed if this form is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

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).)

Document title:	List A	OR	List B	AND	List C
Issuing authority:	United States				
Document #:	01234560				
Expiration Date (if any):	12/15/2010				
Document #:					
Expiration Date (if any):					

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) 11/30/09 and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <i>Charlie M. Oredigger</i>	Print Name <i>Charlie Oredigger</i>	Title <i>Employment Coordinator</i>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <i>Montana Tech 1300 W. Park St. Butte, MT 59701</i>		Date (month/day/year) <i>11/30/09</i>

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)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title:	Document #:	Expiration Date (if any):

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	Date (month/day/year)
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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-authorized 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	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

Include a copy of the documents

I am aware that federal law provides for imprisonment and/or fines for false statements and the use of false documents in connection with the completion of this form. I am aware that federal law provides for a penalty of perjury, that I am (check one of the following):

A citizen of the United States

A national of the United States (see instructions)

A lawful permanent resident (Alien #) _____

A temporary lawful resident to work (Alien # or Admission #) _____

A temporary lawful resident (Alien # or Admission #) _____

Expiration date, if applicable - month/day/year _____

Employee's Signature _____ Date (month/day/year) _____

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form, and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

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: _____		Driver's license		Social Security Card
Issuing authority: _____		Montana		Social Security Admin.
Document #: _____		0099887766554		987-65-4321
Expiration Date (if any): _____		12/11/2010		_____
Document #: _____		_____		_____
Expiration Date (if any): _____	_____	_____	_____	_____

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) 11/30/09 and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative <u>Charlie M. Oredigger</u>	Print Name <u>Charlie Oredigger</u>	Title <u>Employment Coordinator</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>Montana Tech 1300 W. Park St. Butte, MT 59701</u>		Date (month/day/year) <u>11/30/09</u>

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)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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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	Date (month/day/year)
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