

# NEW HIRE CHECK LIST

Employees may not begin work until their personal file is completed in full. All Items below must be filled out and completed in full. This top page may only be filled out by a manager, employees must fill out all pages wherever there is an "X" marked. The manager will fill in where an "M" is present.

- Employee Application (The Original)
- I-9 Form with signature (Proof of eligibility to work in the USA)
  - A copy of valid passport
- OR**
- A copy of valid Driver's License
- AND**
- A copy of Social Security Card or Birth Certificate
  
- W-4 Form with signature (Federal Tax Form)
- IT-2104 Form with signature (NY State Tax Form)
- New Hire Employee Payroll Form (Payroll Information)
- Emergency Contact Form
- Sexual Harassment & Discrimination Form
- Employee Handbook Acknowledgement Form
- 8850 WOC Form
- L195(1) Form – GIVE A COPY TO THE EMPLOYEE, KEEP ORIGINAL!!
- W11 Hire Act Form

Once all the above information has been collected, the manager must sign below authorizing the approval for the employee to begin employment:

**M** \_\_\_\_\_

Manager's Signature

\_\_\_\_\_ Date

# Form W-4 (2008)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$900 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits,

adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent. . . . .	A	_____
B	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	B	_____
C	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	C	_____
D	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	D	_____
E	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	E	_____
F	Enter "1" if you have at least \$1,500 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	_____
G	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child.</li> <li>• If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" <b>additional</b> if you have 4 or more eligible children.</li> </ul>	G	_____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	_____

For accuracy, complete all worksheets that apply.   

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you have **more than one job or are married and you and your spouse both work** and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b></p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2008</div>
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2008, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here		7 _____
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.)		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)



New York State Department of Taxation and Finance

# Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

# IT-2104

Print or type	First name and middle initial	Last name	Your social security number
	Permanent home address (number and street or rural route)	Apartment number	Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/>
	City, village, or post office	State	ZIP code

Married, but withhold at higher single rate

Note: If married but legally separated, mark an X in the Single or Head of household box.

Are you a resident of New York City? ..... Yes  No

Are you a resident of Yonkers? ..... Yes  No

Complete the worksheet on page 3 before making any entries.

1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 20) .....	1.	
2 Total number of allowances for New York City (from line 31) .....	2.	

Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.

3 New York State amount .....	3.	
4 New York City amount .....	4.	
5 Yonkers amount .....	5.	

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Employee's signature	Date
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**Penalty** — A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

**Employee: detach this page and give it to your employer; keep page 3 for your records.**

**Employers only:** Please mark an X in the appropriate box(es) to indicate why you are sending a copy of this form to New York State:

Employee is a new hire  Employee claimed more than 14 exemption allowances for New York State

Employer's name and address (Employer: complete this section only if you must send a copy of this form to the NYS Tax Department.)	Employer identification number
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## Instructions

### Who should file this form

This certificate, Form IT-2104, is completed by an employee and given to the employer to instruct the employer how much New York State (and New York City and Yonkers) tax to withhold from the employee's pay. The more allowances claimed, the lower the amount of tax withheld.

If you do not file Form IT-2104, your employer may use the same number of allowances you claimed on federal Form W-4. Due to differences in tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers. Complete Form IT-2104 each year and file it with your employer if the number of allowances you may claim is different from federal Form W-4 or has changed. Common reasons for completing a new Form IT-2104 each year include the following:

- You started a new job.
- You are no longer a dependent.
- Your individual circumstances may have changed (for example, you were married or have an additional child).
- You itemize your deductions on your personal income tax return.
- You claim allowances for New York State credits.
- You owed tax or received a large refund when you filed your personal income tax return for the past year.

- Your wages have increased and you expect to earn \$100,000 or more during the tax year.
- The total income of you and your spouse has increased to \$100,000 or more for the tax year.
- You have significantly more or less income from other sources or from another job.
- You no longer qualify for exemption from withholding.
- You have been advised by the Internal Revenue Service that you are entitled to fewer allowances than claimed on your original federal Form W-4, and the disallowed allowances were claimed on your original Form IT-2104.

### Exemption from withholding

You cannot use Form IT-2104 to claim exemption from withholding. To claim exemption from income tax withholding, you **must** file Form IT-2104-E, *Certificate of Exemption from Withholding*, with your employer. You must file a new certificate each year that you qualify for exemption. This exemption from withholding is allowable only if you had no New York income tax liability in the prior year, you expect none in the current year, **and** you are over 65 years of age, under 18, or a full-time student under 25. If you are a dependent who is under 18 or a full-time student, you may owe tax if your income is more than \$3,000.

**Sexual Harassment**

While all forms of harassment are prohibited, **The Company** has an explicit policy prohibiting the sexual harassment of its employees. Specifically, sexual harassment means unwelcome sexual advances, requests for sexual favors, and/or other verbal or physical conduct of a sexual nature.

Management has the responsibility to maintain a workplace free of any form of sexual harassment. That means that Management shall not threaten or insinuate, either explicitly or implicitly, that an employee's refusal to submit to sexual advances will adversely affect the employee's employment, evaluation, wages, advancement, assigned duties, shifts, or any other condition of employment or career development.

If you believe that the actions or words of a customer, delivery person, Manager or fellow employee constitute unwelcome sexual harassment, you have a responsibility to report that behavior to the Human Resources Coordinator or your immediate Manager immediately. All complaints of harassment will be investigated discreetly and promptly. Any employee, supervisor, or manager who, after investigation, is found to have engaged in harassment will be subject to appropriate disciplinary action, up to and including termination.

Any employee who makes management aware of sexual harassment activities will not suffer adverse job consequences as a result of a complaint.

X

\_\_\_\_\_  
Employee Name (PLEASE PRINT)

X

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**CRAB SHACK RESTAURANT  
BAZIL – A CASUAL ITALIAN KITCHEN  
MARIO'S RESTAURANT**

**EMPLOYEE HANDBOOK ACKNOWLEDGEMENT**

I hereby acknowledge that I have received a copy of the company Employee Handbook outlining the benefits, rules, and regulations of the company. I further acknowledge that I have read the content of the Handbook and will contact my supervisor with any questions.

I understand that company reserves the right to change or modify any portion of this Handbook. I agree to abide by the policies outlined in this Handbook.

I understand that the employee benefits, personnel policies, and rules in this Handbook will remain in effect unless changes become necessary.

The company follows a policy of "employment at will". Accordingly, this Handbook is not intended to be a contract of employment or a warranty of benefits.

X \_\_\_\_\_  
Employee Name (PLEASE PRINT)

X \_\_\_\_\_  
Employee Signature

X \_\_\_\_\_  
Date

M \_\_\_\_\_  
Manager Signature

M \_\_\_\_\_  
Date

# Safety in the Workplace Training

All employees are required to have this training by a manager or supervisor before working.

## **Preventing Burns:**

- Do not overfill pots and never leave handles over flames
- Use DRY potholders, or mits to move hot food
- Do not filter fryer oil while it is hot
- Work clean, organized and calmly

## **Preventing Cuts:**

- Use only sharp, clean knives
- Place a damp cloth under cutting boards to keep them from slipping
- Tuck fingers in while cutting
- Keep slicer clean while working with it
- Never use glassware to scoop ice

## **Preventing Slips & Falls**

- All employees must wear anti-slip, closed toe footwear!!
- No running or horseplay on the property
- Report spills to a manager immediately, place a wet floor sign over spill
- Use a footstool or ladder to reach items, do not climb

## **Emergency Planning**

- Notify a manger immediately
- Know where first aid kits and fire extinguishers are kept
- Only a manager is authorized to provide 1<sup>st</sup> aid
- Call 911 in extreme situations
- Fill out proper accident documentation immediately

## **Review the more detailed Safety Training Program:**

*I have reviewed the safety training material and understand the importance of working safely and keeping my work environment safe. I will report any unsafe working conditions to a manager immediately.*

Manager or Supervisor: M \_\_\_\_\_ date \_\_\_\_\_

Employee: X \_\_\_\_\_ date \_\_\_\_\_

## Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

▶ See separate instructions.

**Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.**

Your name \_\_\_\_\_ Social security number ▶ \_\_\_\_\_

Street address where you live \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

County \_\_\_\_\_ Telephone number ( ) \_\_\_\_\_

If you are under age 40, enter your date of birth (month, day, year) \_\_\_\_/\_\_\_\_/\_\_\_\_

- 1  Check here if you are completing this form **before** August 28, 2009, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.
- 2  Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 3  Check here if **any** of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
  - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
  - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
  - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
    - a Received SNAP benefits (food stamps) for the past 6 months, **or**
    - b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
  - During the past year, I was convicted of a felony or released from prison for a felony.
  - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
  - I am a veteran and I was discharged or released from active duty in the U.S. Armed Forces during the past 5 years **and**, for at least 4 weeks during the past year, I received unemployment compensation.
  - I am at least age 16 but **not** age 25 or older, **and**:
    - a During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, **and**
    - b During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, **and**
    - c I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate **or** I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.
- 4  Check here if you are a veteran entitled to compensation for a service-connected disability **and**, during the past year, you were:
  - Discharged or released from active duty in the U.S. Armed Forces, **or**
  - Unemployed for a period or periods totaling at least 6 months.
- 5  Check here if you are a member of a family that:
  - Received TANF payments for at least the past 18 months, **or**
  - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, **or**
  - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

**Signature—All Applicants Must Sign**

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶ \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



**Labor Law Section 195(1)**  
**Notice and Acknowledgement of Wage Rate and Designated Payday**  
**Hourly Rate Plus Overtime**

<u>Employer</u>	<u>Employee</u>
Company Name _____	Name _____
FEIN _____	Street address _____
Street address _____	Apt. _____ City _____
City _____ State _____	State _____ Zip: _____
Zip _____	Phone (____) _____ - _____
Phone (____) _____ - _____	
Preparer's Name _____	
Preparer's Title _____	

Your rate of pay: \_\_\_\_\_ per hour.

Your overtime rate of pay: \_\_\_\_\_ per hour.

Designated pay day: \_\_\_\_\_

I hereby certify that I have read the above and the information contained in this form is true and accurate to the best of my knowledge and belief. Any false statements knowingly made are punishable as a class A misdemeanor (Section 210.45 of the New York State Penal Law).

Date: \_\_\_\_\_ M \_\_\_\_\_ [Preparer's Signature]

**General Statement Regarding Overtime Pay in New York:**  
 Almost all employees in New York must be paid overtime wages of 1½ times their regular rate of pay for all hours worked over 40 per workweek. A very limited number of specific categories of employees are covered by overtime at a lower overtime rate or not at all.

I hereby acknowledge that I have been notified of my wage rate, overtime rate, and designated pay day on the date set forth below.

Date: \_\_\_\_\_ X \_\_\_\_\_ [Employee's Signature]

*A duplicate signed copy of this form is to be provided to the employee. Original must be kept by the employer.*

STOP!!!

If you have worked anywhere for more than one week out of the past two months, do not complete this form. Instead, put an X thru the lower part of this form.

Form **W-11**  
(April 2010)  
Department of the Treasury  
Internal Revenue Service

### Hiring Incentives to Restore Employment (HIRE) Act Employee Affidavit

▶ Do not send this form to the IRS. Keep this form for your records.

To be completed by new employee. Affidavit is not valid unless employee signs it.

I certify that I have been unemployed or have not worked for anyone for more than 40 hours during the 60-day period ending on the date I began employment with this employer.

Your name \_\_\_\_\_ Social security number ▶ \_\_\_\_\_

First date of employment \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Name of employer \_\_\_\_\_

Under penalties of perjury, I declare that I have examined this affidavit and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_ / \_\_\_\_ / \_\_\_\_



**EMERGENCY CONTACT INFORMATION**



Employee Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_



**IN CASE OF EMERGENCY, WHO SHOULD WE CONTACT:**

Person's Name: \_\_\_\_\_

What is your relationship: \_\_\_\_\_

Their Address: \_\_\_\_\_

Their City, State, Zip: \_\_\_\_\_

Their Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_



**DO YOU HAVE ANY MEDICAL CONCERNS WE SHOULD BE AWARE OF:**

\_\_\_\_ Yes \_\_\_\_ No

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# NEW HIRE PAYROLL FORM

PLEASE WRITE CLEARLY TO AVIOD DELAYED PAYROLL CHECKS !!!

X First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

X Home Address: \_\_\_\_\_

X City, State, Zip: \_\_\_\_\_

X Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

X Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

X Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Check one:  Married  Single

X Federal Tax Allowances: \_\_\_\_\_ State Tax Allowances: \_\_\_\_\_

M Employee Class:  Server  Bartender  Host  Kitchen  Other: \_\_\_\_\_

M Password I.D.: \_\_\_\_\_ (Be sure Password I.D. and Payroll I.D. the same)

M Start date/Date of hire: \_\_\_\_/\_\_\_\_/\_\_\_\_

M Hourly Job Rate: (Please check ALL that may apply)

Dining Room server  Training  Host  Runner  Expo  Busser

Bartender  Cocktail Serv  Banquet Server  Office Staff

Kitchen Line  Dishwasher  Prep  Pantry  Other: \_\_\_\_\_

M Main Position: \_\_\_\_\_ Wage: \$ \_\_\_\_\_  
(from above list)

## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

### LIST A

**Documents that Establish Both  
Identity and Employment  
Authorization**

### LIST B

**Documents that Establish  
Identity**

### LIST C

**Documents that Establish  
Employment Authorization**

	OR	AND
1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
	4. Voter's registration card	
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	5. U.S. Military card or draft record	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	5. Native American tribal document
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	
<b>For persons under age 18 who are unable to present a document listed above:</b>		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)**

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

**Form I-9, Employment Eligibility Verification**

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	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
<b>I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.</b>		I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A lawful permanent resident (Alien #) A _____ <input type="checkbox"/> An alien authorized to work until _____ (Alien # or Admission #) _____	
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: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
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) 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	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

**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 eligibility.	
Document Title: _____	Document #: _____
Expiration Date (if any): _____	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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)