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CME No. 1415-0047; Expire: 04/30/09

Form I-9, Employment Eligibility Verification

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

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 #

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.

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 in the U.S. (Alien # or Admission #)

Employee's Signature: Frisco, Dana Date of Birth (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. (Initial, under penalty of perjury, that I have examined the completion of this form and that to the best of my knowledge the information is true and correct.)

Preparer or 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 employee and I certify 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 employee start-up dates in effect at the employee's beginning 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 means 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, the employee is eligible to work in the United States, and I the employer presented document(s) the document(s) 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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Form I-9 Employment Eligibility Verification.pdf - Adobe Reader

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OMB No. 1615-0047; Expires 06/30/09

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

Form I-9, Employment Eligibility Verification

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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 #

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.

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

(Alien # or Admission #)

Employee's Signature **Frisco, Dana** Date (month/day/year)

Digitally signed by Frisco, Dana
DN: cn=ed1, dc=es, o=Frisco, ou=Frisco, Dana
Date: 2011.08.26 10:16:47 -0400

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):					

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Department of Homeland Security
U.S. Citizenship and Immigration Services
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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 or use of false documents in connection with the completion of this form.

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 in the U.S. (Alien # or Admission #)

Employee's Signature: Frisco, Dana
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): _____

Tools Comment Share

Signature Panel Highlight View or add comment

Extended Features

Content

Add Attach

Click Place Signature

Sign

- Sign Document
- Place Signature
- Apply Ink Signature
- Time Stamp Document
- Validate All Signatures
- Clear All Signatures
- View Signed Version

Analyze

- Object Data Tool
- Measuring Tool
- Geospatial Location Tool

Forms

- Import Data
- Export Data

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

OMB No. 1615-0047; Expires 06/30/09
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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

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

Employee's Signature: Frisco, Dana

Preparer and/or Translator Certificate

Preparer's/Translator's Signature

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)

This box explains how to complete the signature process...Click OK

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Using your mouse, click and drag to draw the area where you would like the signature to appear. Once you finish dragging out the desired area, you will be taken to the next step of the signing process.

Do not show this message again

OK

- Sign Document
- Place Signature
- Apply Ink Signature
- Time Stamp Document
- Validate All Signatures
- Clear All Signatures
- View Signed Version

- Analyze
- Object Data Tool
- Measuring Tool
- Geospatial Location Tool

- Forms
- Import Data
- Export Data

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Signature Panel Highlight Existing Fields

Your cursor will change to a cross. Place the middle of your cursor at the top of the box you want to sign, left click and hold down, drag the cursor to the bottom of the box and then to the right until you reach the end of the box and let go of the left button.

OMB No. 1615-0047; Expires 06/30/09
Form I-9, Employment Eligibility Verification

Documents must be available during completion of this form.
Employers cannot work eligible individuals. Employers CANNOT refuse to hire an individual because the documents have a

and signed by employee at the time employment begins.

Table with fields: Middle Initial, Maiden Name, Apt. #, Date of Birth (month/day/year), Zip Code, Social Security #

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.

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 in the United States (Alien # or Admission #)

Employee's Signature: Frisco, Dana 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).

Table with columns: List A, OR, List B, AND, List C. Rows for Document title, Issuing authority, 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)

Extended Features

Content

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Sign Document

Place Signature

Apply Ink Signature

Time Stamp Document

Validate All Signatures

Clear All Signatures

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Print Name: Last First Middle Initial Maiden Name
Address (Street Name and Number) Apt. # Date of Birth (month/day/year)
City State

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.

Employee's Signature

Preparer and/or Translator Certification. (To be completed by preparer or translator if the preparer or translator has assisted in the completion of this form.)

Preparer's/Translator's Signature
Address (Street Name and Number, City, State, Zip Code)

Section 2. Employer Review and Verification. To be completed and signed by employer. The employer must examine one document from List A and one from List B and one from List C, if any, of the document(s).

List A
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 listed document(s) and that to the best of my knowledge the employee is eligible to work in my employment agency in my unit 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

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

A. New Hire (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) I have examined appear to be genuine and to relate to the individual.
Signature of Employer or Authorized Representative Date (month/day/year)

Sign Document

Sign As: Frisco, Dana

Certificate Issuer: ces-KODIAK-CA Info...

Appearance: Standard Text

Digitally signed by Frisco, Dana
DN: dc=edu, dc=ces, ou=Payroll, cn=Frisco, Dana
Date: 2011.08.30 13:12:14 -04'00'

Sign Cancel

Enter your password in the Sign Document box and click sign and your digital signature will appear in the box.

Extended Features

Content

- Add or Edit Text Box
- Attach a File

Sign

- Sign Document
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- Apply Ink Signature
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