Federal law requires that every new employee complete an Employment Eligibility Verification Form (i.e. I-9). The purpose of the I-9 is to verify employees’ identities and employment authorization.

Recently, U.S. Citizenship and Immigration Services revised the I-9. Starting January 21, 2017 we can only accept the revised I-9. We have provided the link to the new form on our website, www.montana.edu/hr. The complete, executed I-9 needs to be sent to Human Resources.

The I-9 consists of three sections:

- Section One is completed by the employee.
- Section Two is completed by employers (i.e. you); and
- Section Three is only completed by employers for employees who are rehired or whose employment authorization requires reverification.

Things of importance to note is:

1. An employee cannot be paid until the I-9 is processed by Human Resources. This is especially important to note if an employee is starting close to the end of a pay period.

2. New employees can complete the I-9 prior to starting work at MSU, but cannot complete it until after they have officially been offered, and have accepted, the position.

3. New employees are required to complete Section 1 of the I-9 on their first day of work and you will need to review and certify the new employee’s documents and complete Sections 2 and 3 within 3 days of the employee’s first day of work.

4. The address that is on the I-9 is the address we put in our system for the employee and where their paychecks will be sent unless they are signed up for direct deposit or complete a Change of Address form.

5. The following link is a good resource if you need further directions and/or information: https://www.uscis.gov/i-9-central

6. Contact the Human Resources Front desk with any questions at 994-3651.
Please fill in every box. Put N/A if not applicable.

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.)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Last Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Address (Street Number and Name)  
Act. Number  
City or Town  
State  
ZIP Code

Date of Birth (mm/dd/yyyy)  
U.S. Social Security Number  
Employee's E-mail Address  
Employee's Telephone Number

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 boxes):

- [ ] A citizen of the United States
- [ ] A noncitizen national of the United States (See instructions)
- [ ] A lawful permanent resident (Alien Registration Number/USCIS Number):________
- [ ] An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):________
- [ ] A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

Signature of Employee  
Today's Date (mm/dd/yyyy)

Preparer and/or Translator Certification (check one):

- [ ] I did not use a preparer or translator:________
- [ ] A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

Signature of Preparer or Translator  
Today's Date (mm/dd/yyyy)

Please let EE indicate here if no translator used. If translator was used this section needs to be completed as well.
SECTION 1:

- **Employee Information and Attestation**
  - needs to be completed entirely by the employee
  - If anyone other than the employee completes any of the boxes contained in Section 1, then that person will need to fill out the *Preparer/Translator Certification* directly below the employee’s signature.
  - The employee needs to provide their last name, first name (legal, not nickname), and middle initial. If they do not have a middle initial they must enter N/A. If they have used any other last names, they need to provide it, if not they must enter N/A.
  - The employee needs to provide a full address. If there is no Apt Number used enter N/A.
  - The employee must include their date of birth (mm/dd/yyyy).
  - We **cannot require** that an employee provide their Social Security Number, so this may remain blank.
  - The employee is also not required to provide an email address or telephone number. If they choose not to provide this information, they need to enter N/A in the respective boxes.
  - Next the employee must check one of the four options regarding their citizenship. If they mark either 3 or 4, they must provide the information requested within those sections.
  - The employee must then sign the form and date (the day they completed the form). Please make sure they put the correct date, many times employees put their date of birth instead of the date they are completing the form and we have to return it to them for correction.

- **Preparer/Translator Certification**
  - The employee **must now advise whether or not they used a preparer**. If they did not, they only need to check the first box. If anyone helped them fill out the form or translate the form, they need to check the 2nd box, and then provide the requested information.
### Back Page

**Employment Eligibility Verification**

**Department of Homeland Security**

**U.S. Citizenship and Immigration Services**

**USCIS Form I-9**

OMB No. 1615-0007

Expires 09/30/2019

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**Section 2. Employer or Authorized Representative Review and Verification**

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "List of Acceptable Documents." The employee's first day of employment (mm/dd/yyyy): (See instructions for exemptions)

<table>
<thead>
<tr>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title</td>
<td>Document Title</td>
<td>Document Title</td>
<td>Document Title</td>
<td></td>
</tr>
<tr>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td></td>
</tr>
<tr>
<td>Document Number</td>
<td>Document Number</td>
<td>Document Number</td>
<td>Document Number</td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td></td>
</tr>
</tbody>
</table>

Additional Information

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): (See instructions for exemptions)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name of Employer or Authorized Representative</td>
<td>First Name of Employer or Authorized Representative</td>
<td>Employer's Business or Organization Name</td>
</tr>
<tr>
<td>Employer's Business or Organization Address (Street Number and Name)</td>
<td>City or Town</td>
<td>State</td>
</tr>
</tbody>
</table>

---

**Section 3. Reverification and Rehires**

(To be completed and signed by employer or authorized representative.)

<table>
<thead>
<tr>
<th>A. New Name (If applicable)</th>
<th>B. Date of Rehire (If applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td>First Name (Given Name) Middle Initial Date (mm/dd/yyyy)</td>
</tr>
</tbody>
</table>

If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below:

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Name of Employer or Authorized Representative</th>
</tr>
</thead>
</table>

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Please fill referencing Section 1

Use List of acceptable Documents to fill. NO EXPIRED Docs!!!

Fill in first day of Employment and Your Information here

Do NOT complete!
SECTION 2:

- Employer or Authorized Representative Review and Verification
  - is to be completed by the employer (i.e. the hiring department
  - In the first part, you need to fill in the employee’s last name, first name, and middle initial, as it appears on their documents. If they do not have a middle initial, you must put N/A. You are now also required to include their citizenship/immigration status. You must put the number they checked on the front of the form (i.e. 1, 2, 3, or 4).
  - In the second part you are required to look at the documentation they provide and fill out the boxes. They must provide documentation from List A only, or one from List B AND List C. **We cannot accept expired documents!**
  - You will then be required to fill out the Certification. You must include all the information, including the employee’s start date located on top of the boxes. When entering the Employer’s Business or Organization Name, please fill in MSU- NAME OF HIRING DEPARTMENT.

SECTION 3:

- Reverification and Rehires
  - You do not need to fill out this section unless you are doing a rehire or reverification. Please call Human Resources for more instructions if you need assistance with Section 3.