Completing the I-9 Form

Instructions for Employers

Employers/Individuals acting as authorized representatives on behalf of Temporary Solutions should complete Section 2 – Employer Review and Verification – of the I-9 form before forwarding to Temporary Solutions. You must see original documents, supplied by the employee. Documentation must be recorded on OMB Form No. 1615-0047; Expires 08/31/12. Old I-9 Forms are NOT acceptable.

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>
<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>NC Driver’s License</td>
<td>Social Security Card</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Issuing authority: _________________</td>
<td>NC DMV</td>
<td>SSA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document #: _______________________</td>
<td>1234567</td>
<td>111-22-3333</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any):</td>
<td>___________</td>
<td>08/10/2016</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Print Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)</td>
<td>Date (month, day, year)</td>
<td></td>
</tr>
</tbody>
</table>

1. Enter the Document Title
2. Enter the Issuing Authority
3. Enter the Document #
4. Enter the Expiration Date (if any)
5. Sign the Form, Print Your Name and Print Your Title (You are attesting to examination of original documents presented by the employee.)
6. Enter Date only. DO NOT enter your address; Temporary Solutions is the employer so we will stamp our name and address.
Please Read:

You may fax completed I-9 forms to Temporary Solutions; however, **after review** by the TS Placement Counselor, you **MUST mail the original documents** to Temporary Solutions. If you have questions regarding completion of this form, call Temporary Solutions at (919) 733-7927.

Please **do not use white-out** on the I-9 form. If you enter incorrect information, line through the incorrect information, enter the correct information; initial and date the correction.

If the employee provides a List A document, **do not** complete List B and List C information.

You may not accept a laminated Social Security card as evidence of employment authorization if the card states on the back “not valid if laminated.” Lamination of such cards renders them invalid. Metal or plastic reproductions of Social Security cards are not acceptable.

If the employee provides a List A document, you must also send Temporary Solutions a copy of the employee’s **signed** Social Security card for payroll purposes.

Make sure **you and the employee** sign and date the form.

**Expired documents are not acceptable.**

To download the US Citizenship and Immigration Services’ **Handbook for Employers**, click here:


**Materials Utilized:** "Handbook for Employers: Instructions for Completing Form I-9 (Employment Eligibility Verification Form)" - US Citizenship and Immigration Services – M-274 Revised 04/03/02