Instructions
Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual’s national origin or citizenship status. 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 presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?
The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?
All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9

Section 1, Employee
This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). The employer is responsible for ensuring that Section 1 is timely and properly completed.

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in Section 1. For employees who indicate an employment authorization expiration date in Section 1, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present in Section 2 evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification
The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his or her own. However, the employee must still sign Section 1 personally.

Section 2, Employer
For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete Section 2 by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, Section 2 must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document OR a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:
1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in Section 2. Employers must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. Employers are still responsible for completing and retaining Form I-9.
For more detailed information, you may refer to the
USCIS Handbook for Employers (Form M-274). You may
obtain the handbook using the contact information found
under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete Section 3 when updating and/or
reverifying Form I-9. Employers must verify employment
authorization of their employees on or before the work
authorization expiration date recorded in Section 1 (if any).
Employers CANNOT specify which document(s) they will
accept from an employee.

A. If an employee's name has changed at the time this form
is being updated/reverified, complete Block A.

B. If an employee is rehired within three years of the date
this form was originally completed and the employee is
still authorized to be employed on the same basis as
previously indicated on this form (updating), complete
Block B and the signature block.

C. If an employee is rehired within three years of the date
this form was originally completed and the employee's
work authorization has expired or if a current
employee's work authorization is about to expire
(reverification), complete Block B; and:

1. Examine any document that reflects the employee
is authorized to work in the United States (see List
A or C);

2. Record the document title, document number, and
expiration date (if any) in Block C;

3. Complete the signature block.

Note that for reverification purposes, employers have the
option of completing a new Form I-9 instead of completing
Section 3.

What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This
form is not filed with USCIS or any government agency. Form
I-9 must be retained by the employer and made available for
inspection by U.S. Government officials as specified in the
Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, you can download them from our
website at www.uscis.gov/forms or call our toll-free number at
1-800-870-3676. You can obtain information about Form I-9
from our website at www.uscis.gov or by calling
1-888-464-4218.

Information about E-Verify, a free and voluntary program that
allows participating employers to electronically verify the
employment eligibility of their newly hired employees, can be
obtained from our website at www.uscis.gov/e-verify or by
calling 1-888-464-4218.

General information on immigration laws, regulations, and
procedures can be obtained by telephoning our National
Customer Service Center at 1-800-375-5283 or visiting our
Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are
copied. The Instructions must be available to all employees
completing this form. Employers must retain completed Form
I-9s for three years after the date of hire or one year after the
date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as
authorized in Department of Homeland Security regulations
at 8 CFR 274a.2.

Privacy Act Notice

The authority for collecting this information is the
(8 USC 1324a).

This information is for employers to verify the eligibility of
individuals for employment to preclude the unlawful hiring, or
recruiting or referring for a fee, of aliens who are not
authorized to work in the United States.

This information will be used by employers as a record of
their basis for determining eligibility of an employee to work
in the United States. The form will be kept by the employer
and made available for inspection by authorized officials of
the Department of Homeland Security, Department of Labor,
and Office of Special Counsel for Immigration-Related Unfair
Employment Practices.

Submission of the information required in this form is
voluntary. However, an individual may not begin employment
unless this form is completed, since employers are subject to
civil or criminal penalties if they do not comply with the
Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. Do not mail your completed Form I-9 to this address.
**Section 1. Employee Information and Verification** *(To be completed and signed by employee at the time employment begins.)*

<table>
<thead>
<tr>
<th>Print Name</th>
<th>Last</th>
<th>First</th>
<th>Middle Initial</th>
<th>Maiden Name</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Address (Street Name and Number)</strong></td>
<td></td>
<td>Apt. #</td>
<td></td>
<td>Date of Birth (month/day/year)</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
<td>Social Security #</td>
<td></td>
</tr>
</tbody>
</table>

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 of the United States
- [ ] A noncitizen national of the United States (see instructions)
- [ ] A lawful permanent resident (Alien #) until (expiration date, if applicable - month/day/year)
- [ ] An alien authorized to work (Alien # or Admission #)

**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.

<table>
<thead>
<tr>
<th>Preparer's/Translator's Signature</th>
<th>Date (month/day/year)</th>
</tr>
</thead>
</table>

| Address (Street Name and Number, City, State, Zip Code) | Print Name | 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>
<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></td>
<td>Issuing authority:</td>
<td></td>
<td>Document #:</td>
</tr>
<tr>
<td>Expiration Date (if any):</td>
<td></td>
<td>Expiration Date (if any):</td>
<td></td>
<td>Expiration Date (if any):</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>
</table>

**Business or Organization Name and Address** *(Street Name and Number, City, State, Zip Code)*

Baylor College of Medicine One Baylor Plaza Houston, TX 77030

**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 authorization.

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document #:</th>
<th>Expiration Date (if any):</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 employer 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>Date (month/day/year)</th>
</tr>
</thead>
</table>
# Lists of Acceptable Documents

All documents must be unexpired

## List A
Documents that Establish Both Identity and Employment Authorization

| 1. | U.S. Passport or U.S. Passport Card |
| 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 |
| 4. | Employment Authorization Document that contains a photograph (Form I-766) |
| 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 |
| 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 |

## List B
Documents that Establish Identity

| 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 |
| 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 |
| 3. | School ID card with a photograph |
| 4. | Voter's registration card |
| 5. | U.S. Military card or draft record |
| 6. | Military dependent's ID card |
| 7. | U.S. Coast Guard Merchant Mariner Card |
| 8. | Native American tribal document |
| 9. | Driver's license issued by a Canadian government authority |
| For persons under age 18 who are unable to present a document listed above: |
| 10. | School record or report card |
| 11. | Clinic, doctor, or hospital record |
| 12. | Day-care or nursery school record |

## List C
Documents that Establish Employment Authorization

| 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. | Certification of Birth Abroad issued by the Department of State (Form FS-545) |
| 3. | Certification of Report of Birth issued by the Department of State (Form DS-1350) |
| 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 |
| 5. | Native American tribal document |
| 6. | U.S. Citizen ID Card (Form I-197) |
| 7. | Identification Card for Use of Resident Citizen in the United States (Form I-179) |
| 8. | Employment authorization document issued by the Department of Homeland Security |

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