

Instructions for Completing Form I-9 Section 1

(On or before employee's first day of work for pay)

Employee: Complete Section 1 of Form I-9 no later than your first day of work for pay. Print clearly. Sign and date when you are finished. Numbered explanations below are shown in the pictured example.

- ① Print your full legal name: Last, First and Middle Initial. Provide any other last names used, such as maiden name. Enter "N/A" if you have never had another name.
- ② Print your physical address. A PO Box is not allowed. Enter "N/A" if you have no apartment number.
- ③ Print your Date of Birth.
- ④ Print your Social Security Number.
- ⑤ Print your Email Address or print "N/A" if you choose to not provide it.
- ⑥ Print your Telephone Number or print "N/A" if you choose to not provide it.
- ⑦ Check one box that describes your citizenship or immigration status in the United States. Enter additional information if you check box 3 or 4.
- ⑧ Sign and ⑨ date the form. **No later than first day of work for pay.**
- ⑩ Submit Supplement A (*Preparer and/or Translator Certification*) if a preparer or translator assisted you.

Employer: Review Section 1. Ensure your employee has completed it properly.

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.					
Last Name (Family Name) ① <i>Doe</i>		First Name (Given Name) <i>Jane</i>		Middle Initial (if any) <i>Q</i>	Other Last Names Used (if any) <i>N/A</i>
Address (Street Number and Name) ② <i>123 Main St.</i>			Apt. Number (if any) <i>N/A</i>	City or Town <i>Anytown</i>	State <i>MT</i> ZIP Code <i>59801</i>
Date of Birth (mm/dd/yyyy) ③ <i>03/13/1964</i>		U.S. Social Security Number ④ <i>1 2 3 4 5 6 7 8 9</i>		Employee's Email Address ⑤ <i>employee@email.com</i> Employee's Telephone Number ⑥ <i>555-123-4567</i>	
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):			
		<input checked="" type="checkbox"/> 1. A citizen of the United States			
		<input type="checkbox"/> 2. A non-citizen national of the United States (See Instructions)			
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)			
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)			
		If you check Item Number 4., enter one of these:			
		USCIS A-Number		OR Form I-94 Admission Number OR Foreign Passport Number and Country of Issuance	
Signature of Employee ⑧ <i>Jane Doe</i>				Today's Date (mm/dd/yyyy) ⑨ <i>09/15/2023</i>	
If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.					

Note: Refer to Form I-9 Instructions for detailed information.

Instructions for Completing Form I-9 Section 2

(After employee has accepted job offer, but no later than 3 days after employee's first day of work)

Employee: Present original, unexpired documents to your employer to verify your identity and authorization to work in the United States. See **LISTS OF ACCEPTABLE DOCUMENTS**.

Employer: Examine and record the documents your employee provides. The employee must be present while you examine them. Numbered explanations below are shown in the pictured example.

- ① Examine each document. Print the details in the appropriate List column(s). Only accept unexpired, original documents (no photocopies).
You may accept one document from List A **OR** one from List B and one from List C.
- ② Print the date of the employee's first day of work.
- ③ Print your last name, first name and title. Title is "Managing Employer."
- ④ Sign and ⑤ date the form. **Must be completed and signed within 3 days of employee's first day of work.**
- ⑥ If not pre-populated, print CDCN's business name (Consumer Direct Personal Care).
- ⑦ If not pre-populated, print CDCN's office address (100 Consumer Direct Way, Suite 145, Missoula MT 59808).

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.			
	List A	OR	List B AND List C
Document Title 1		①	<i>Driver's License</i> <i>Social Security Card</i>
Issuing Authority			<i>State of Residence</i> <i>SSA</i>
Document Number (if any)			<i>0123456789abode</i> <i>123-45-6789</i>
Expiration Date (if any)			<i>08/17/2027</i> <i>N/A</i>
Document Title 2 (if any)	Additional Information		
Issuing Authority			
Document Number (if any)			
Expiration Date (if any)			
Document Title 3 (if any)			
Issuing Authority			
Document Number (if any)			
Expiration Date (if any)			
			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.			First Day of Employment (mm/dd/yyyy): ② <i>09/15/2023</i>
Last Name, First Name and Title of Employer or Authorized Representative ③ <i>Smith, Ronald Managing Employer</i>		Signature of Employer or Authorized Representative ④ <i>Ronald Smith</i>	Today's Date (mm/dd/yyyy) ⑤ <i>09/15/2023</i>
Employer's Business or Organization Name ⑥ <i>Consumer Direct Personal Care</i>		Employer's Business or Organization Address, City or Town, State, ZIP Code ⑦ <i>100 Consumer Direct Way, Suite 145, Missoula MT 59808</i>	

Example

⚡ Do not check. You must physically examine documents.

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

Note: Refer to Form I-9 Instructions for detailed information.