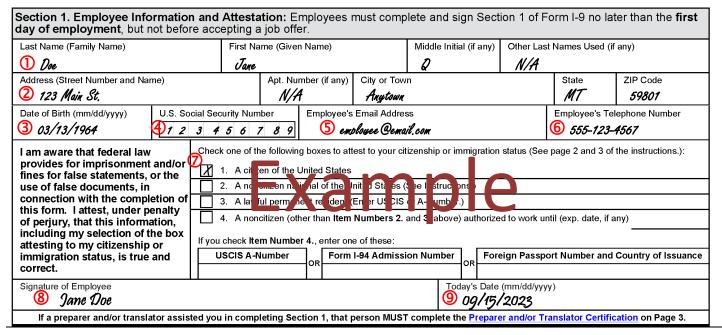
Instructions for Completing Form I-9 Section 1

(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.
- 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.
- Theck 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.**
- ① 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.



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.

- 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).
- 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. Document Title 1 Driver's License Social Security Card Issuing Authority SSA State ok Residence Document Number (if any) 0123456789abcde 123-45-6789 N/A Expiration Date (if any) Document Title 2 (if any) Issuing Authority Document Number (if any) Expiration Date (if any) ample Document Title 3 (if any) Issuing Authority Document Number (if any) ✓ Do not check. You must physically examine documents. Expiration Date (if any) Check here if you used an alternative procedure authorized by DHS to examine documents. First Day of Employment Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named (mm/dd/yyyy): employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the 09/15/2023 best of my knowledge, the employee is authorized to work in the United States. Last Name, First Name and Title of Employer or Authorized Representative Signature of Employer or Authorized Representative Today's Date (mm/dd/yyyy) 3 Smith, Ronald Managing Employer 4 Ronald Smith 09/15/2023 Employer's Business or Organization Address, City or Town, State, ZIP Code Employer's Business or Organization Name Consumer Direct Personal Care 100 Consumer Direct Way, Suite 145, Missoula MT 59808

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

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