

File | file:///C:/Users/alaskows/Downloads/i-9_example_us_citizen.pdf

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Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

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 "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name) DOE	First Name (Given Name) John	M.I.	Citizenship/Immigration Status 1
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List A	OR	List B	AND	List C
Identify and Employment Authorization		Identify		Employment Authorization
Document Title PASSPORT		Document Title		Document Title
Issuing Authority Department of State		Issuing Authority		Issuing Authority
Document Number 123456789		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy) 01/01/2020		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

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): **8/15/18** (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>[Signature]</i>	Today's Date (mm/dd/yyyy) 7/31/18	Title of Employer or Authorized Representative Employment Specialist
Last Name of Employer or Authorized Representative Judson	First Name of Employer or Authorized Representative Catherine	Employer's Business or Organization Name Butler University
Employer's Business or Organization Address (Street Number and Name) 4600 Sunset Ave.	City or Town Indianapolis	State IN
		ZIP Code 46208

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

SUPERVISOR

STOP

Note: List A – Passport | List B – ID (State, Driver’s License or Butler ID) | List C – Birth Certificate or Social Security Card. Refer to [Acceptable Documents](#) list.

Note: A student must bring 1 identification document from each List. Students cannot bring 2 identification documents from the same List. It must be a combination. (I.e. Driver’s License AND Social Security Card or State ID AND Birth Certificate).

Note: Supervisors STOP before Section 3. You do NOT need to sign the very bottom of the I9 form.