

Remote Form I-9 Instructions

Employee:

Please review these instructions carefully, failure to do so may result in a delay in processing your new hire paperwork.

- Please review the list of acceptable documents for completing your Form I-9, they **MUST** be original documents, either one item from List A or one item from each list List B AND List C.
- Please bring your documents with you to the *authorized representative”.
- Please present the second page of these instructions to the authorized representative.
- If we have been able to locate a pre-approved authorized representative near you we will send you that information via email. If we have not been able to locate a pre-approved authorized representative you will need to find a local notary public to act as an authorized representative and assist you with completing the form Form I-9.
 - Please note that the notary should **NOT** place their notary stamp anywhere on the Form I-9 form, however they may complete the included notary affidavit should they choose to do so
- Once you have completed your Form I-9, mail the original Form I-9 and document copies to Human Resources - 345 Monmouth Ave, Monmouth Oregon 97361

The employee is responsible for any costs associated with notary services, copying, or mailing of your Form I-9.

If you or the Authorized Representative have any questions regarding completing the Form I-9 please contact us at 503-838-8490 or hr@wou.edu

Authorized Representative:

- Please use the attached page 2 of the Form Form I-9.
- Enter the employee’s last name, first name, middle initial and select the correct citizenship/immigration number in the “Employee Info from Section 1” area at the top of Section 2.
- Ensure that any document your employee presents is original and on the [Lists of Acceptable Documents](#) or is an acceptable receipt.
- Physically examine each document to determine if it reasonably appears to be genuine and to relate to the employee presenting it. If you determine the document does not reasonably appear to be genuine and relate to the employee, allow the employee to present other documentation from the [Lists of Acceptable Documents](#). **You may NOT request specific documents from the list.**
- Enter the employee’s Last Name, First Name and Middle Initial (if provided) from Section 1.
- Enter the document title, issuing authority, number(s) and expiration date (if any) from the -original document(s) the employee presented.
- Enter the date the employee began or will begin work for pay.
- Enter your first and last name, and into section 2, under “title” Authorized Representative should be written in. Please also enter the date completed Section 2.
- The employer’s business name and address should already be entered onto the form, if not please use 345 Monmouth Ave, Monmouth Oregon 97361
- Notaries should NOT place their stamp ANYWHERE on the Form I-9
 - *If desired please complete the included Affidavit of True Copy an affix your seal to the document*
- Take a copy of the documentation provided by the employee.
- Return the documentation, copies, and completed Form I-9 to the employee.

You are completing the I9 as an Authorized Representative of Western Oregon University, so the title and address have been pre-filled in for you.

The employee’s first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative Sign Here		Today’s Date (mm/dd/yyyy) Date	Title of Employer or Authorized Representative Authorized Representative	
Last Name of Employer or Authorized Representative Your Last Name	First Name of Employer or Authorized Representative Your First Name		Employer’s Business or Organization Name Western Oregon University	
Employer’s Business or Organization Address (Street Number and Name) 345 Monmouth Ave N		City or Town Monmouth	State OR <input type="checkbox"/>	ZIP Code 97361

*An Authorized representative is anyone designated Western Oregon University to act on their behalf in completing the I9 for new employees. The university is liable for any violations in connection with the form or the verification process, including any violations of the employer sanctions laws committed by the authorized representative designated to act on behalf of the university.



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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 <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

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 boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

Employer Completes Next Page



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USCIS
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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)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		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): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name Western Oregon University	
Employer's Business or Organization Address (Street Number and Name) 345 Monmouth Ave		City or Town Monmouth	State OR <input type="checkbox"/>	ZIP Code 97361

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)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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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 employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 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. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that 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 		<ol style="list-style-type: none"> 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 <li style="text-align: center;">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 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Affidavit of True Copy

State of: _____

County of: _____

I, _____, certify that on this _____ day of _____
(Notary Name) (Day) (Month) (Year)

_____ physically presented to me the following document(s):
(Person Presenting Documents)

Document 1: Type of Document: _____

Document Number: _____

Expiration Date (if applicable): _____

Document 2: Type of Document: _____
(if applicable)

Document Number: _____

Expiration Date (if applicable): _____

I certify the attached photocopies to be a complete, exact and true copy of these documents.

(Notary Signature)

My Commission Expires: _____

