

Instrucciones para el Formulario I-9 Remoto

Empleado:

- Lea atentamente estas instrucciones, ya que si no lo hace puede provocar un retraso en el procesamiento de la documentación de su nueva contratación.
- Revise la lista de documentos aceptables para completar su Formulario I-9, DEBEN ser documentos originales, ya sea un artículo de la Lista A o un artículo de cada lista Lista B Y Lista C.
- Lleve sus documentos con usted al *representante autorizado”.
- Presente la segunda página de estas instrucciones al representante autorizado.
- Si hemos podido ubicar un representante autorizado preaprobado cerca de usted, le enviaremos esa información por correo electrónico. Si no hemos podido ubicar a un representante autorizado preaprobado, deberá buscar un notario público local para que actúe como representante autorizado y lo ayude a completar el formulario I-9.
 - Tenga en cuenta que el notario NO debe colocar su sello de notario en ninguna parte del formulario I-9, sin embargo, puede completar la declaración jurada del notario incluida si así lo desea.
- Una vez que haya completado su Formulario I-9, envíe por correo el Formulario I-9 original y las copias del documento a Recursos Humanos - 345 Monmouth Ave, Monmouth Oregon 97361

El empleado es responsable de los costos asociados con los servicios notariales, la copia o el envío por correo de su Formulario I-9.

Si usted o el Representante autorizado tienen alguna pregunta sobre cómo completar el Formulario I-9, comuníquese con nosotros al 503-838-8490 o hr@wou.edu

Representante autorizado:

- Utilice la página 2 adjunta del Formulario I-9.
- Ingrese el apellido, el nombre, la inicial del segundo nombre del empleado y seleccione el número de ciudadanía/inmigración correcto en el área "Información del empleado de la Sección 1" en la parte superior de la Sección 2.
- Asegúrese de que cualquier documento que presente su empleado sea original y esté en las Listas de documentos aceptables o sea un recibo aceptable.
- Examine físicamente cada documento para determinar si razonablemente parece ser genuino y si se relaciona con el empleado que lo presenta. Si determina que el documento no parece razonablemente genuino y relacionado con el empleado, permita que el empleado presente otra documentación de las Listas de documentos aceptables. **NO puede solicitar documentos específicos de la lista.**
- Ingrese el apellido, el nombre y la inicial del segundo nombre del empleado (si se proporcionó) de la Sección 1.
- Ingrese el título del documento, la autoridad emisora, los números y la fecha de vencimiento (si corresponde) de los documentos originales que presentó el empleado.
- Ingrese la fecha en que el empleado comenzó o comenzará a trabajar por pago.
- Ingrese su nombre y apellido, y en la sección 2, debajo del "título", se debe escribir el Representante autorizado. Ingrese también la fecha en que completó la Sección 2.
- El nombre comercial y la dirección del empleador ya deben ingresarse en el formulario, si no, use 345 Monmouth Ave, Monmouth Oregon 97361
- ***Los notarios NO deben colocar su sello EN NINGÚN LUGAR en el Formulario I-9***
 - *Si lo desea, complete la Declaración jurada de copia fiel incluida y coloque su sello en el documento.*
- Llevar copia de la documentación aportada por el empleado.
- Devuelva la documentación y el Formulario I-9 completo al empleado.

*Un representante autorizado es cualquier persona designada por la Universidad de Western Oregon para actuar en su nombre al completar el formulario I-9 para nuevos empleados. La universidad es responsable de cualquier infracción relacionada con el formulario o el proceso de verificación, incluidas las infracciones de las leyes de sanciones al empleador cometidas por el representante autorizado designado para actuar en nombre de la universidad.



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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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 N		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 	OR	<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 	AND	<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: _____

