

**VERIFICATION
DIVISION**



**U.S. Citizenship
and Immigration
Services**

Using Form I-9 CNMI

A Guide for Employers Verifying Employment Authorization

Consolidated Natural Resources Act of 2008 (CNRA)

- Title VII extends U.S. immigration law to the Commonwealth of the Northern Mariana Islands (CNMI)
- Establishes a transition period during which some nonimmigrant workers may be given work authorization



Immigration Reform and Control Act of 1986 (IRCA)

- IRCA sought to control illegal immigration by preserving U.S. jobs for lawful immigrants and U.S. citizens
- IRCA prohibits the hiring and continued employment of undocumented aliens who are not authorized to work in the United States
- IRCA applies in the CNMI starting Nov. 28, 2009



IRCA Requirements

- IRCA requires all employers to verify work authorization and identity of all employees hired
- Requires all employers to complete Form I-9, Employment Eligibility Verification
- Knowingly employing an alien that is or has become unauthorized to work is a violation of federal immigration law



IRCA Prohibits Discrimination

- IRCA prohibits:
 - Citizenship or immigration status discrimination
 - National origin discrimination
 - Document abuse
 - Retaliation
- Department of Justice (DOJ) Office of Special Counsel (OSC) for Immigration-Related Unfair Employment Practices enforces these anti-discrimination provisions
- For information about discrimination and employee rights, employees may contact OSC at 1-800-255-7688

Who Must Complete Form I-9 CNMI?

- All CNMI employers must complete Form I-9 CNMI for all employees hired on and after Nov. 28, 2009
- Form I-9 CNMI is NOT required for employees hired before Nov. 28, 2009
- Regardless of whether Form I-9 CNMI is required, employers who employ someone knowing the person is not authorized to work are violating federal law



Completing Form I-9 CNMI

OMB No. 1615-0047; Expires 06/30/09

Department of Homeland Security
U.S. Citizenship and Immigration Services

**Form I-9, Employment
Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last First Middle Initial Maiden Name

Address (Street Name and Number) Apt. # Date of Birth (month/day/year)

City State Zip Code Social Security #

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):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year) _____

Employee's Signature Date (month/day/year)

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature Print Name

Address (Street Name and Number, City, State, Zip Code) Date (month/day/year)

examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative Print Name Title

Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) Date (month/day/year)

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name (if applicable) B. Date of Rehire (month/day/year) (if applicable)

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

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 Date (month/day/year)

Form I-9 (Rev. 02/09) N Page 4

- Employees must complete Section 1 when they are hired
- If someone fills out Section 1 for the employee, they must complete, sign, and date the Translator/Preparer section

Completing Form I-9 CNMI *(continued)*

OMB No. 1615-0047, Expires 06/30/12
Form I-9, Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the document(s) have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last _____ First _____ Middle Initial _____ Maiden Name _____

Address (Street Name and Number) _____ Apt. # _____ Date of Birth (month/day/year) _____

City _____ State _____ Zip Code _____ Social Security # _____

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):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year) _____

Employer's Signature _____ Date (month/day/year) _____

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)* I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature _____ Print Name _____

Address (Street Name and Number, City, State, Zip Code) _____ Date (month/day/year) _____

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agency; may omit the date the employee began employment.)

Signature of Employer or Authorized Representative _____ Print Name _____ Title _____

Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) _____ Date (month/day/year) _____

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name (if applicable) _____ B. Date of Birth (month/day/year) (if applicable) _____

C. If employer's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document title: _____ Document #: _____ Expiration Date (if any): _____

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 _____ Date (month/day/year) _____

Form I-9 (Rev. 06/07/09) Y Page 4

From Nov. 28, 2009 to Nov. 27, 2011, a CNMI employee with valid foreign passport and unexpired work authorization from the CNMI should check “alien authorized to work” in Section 1 and enter the 6-digit Legal Immigration Information Database System number in the space provided.

Completing Form I-9 CNMI *(continued)*

OMB No. 1615-0047, Expires 08/31/12
Form I-9, Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

Read instruction carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorizing individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because that document(s) have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

First Name: Last _____ First _____ Middle Initial _____ Maiden Name _____

Address (Street Name and Number) _____ Apt. # _____ Date of Birth (month/day/year) _____

City _____ State _____ Zip Code _____ Social Security # _____

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):

A citizen of the United States

A noncitizen national of the United States (see instructions)

A lawful permanent resident (Alien #) _____

An alien authorized to work (Alien # or Authorization #) _____ until (expiration date if applicable - month/day/year) _____

Employer's Signature _____ Date (month/day/year) _____

Preparer or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature _____ Title _____

Address (Street Name and Number, City, State, Zip Code) _____ Date (month/day/year) _____

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative _____ Title _____

Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) _____ Date (month/day/year) _____

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

C. If employer's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

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 _____ Date (month/day/year) _____

Form I-9 (Rev. 08/07/09) Y Page 4

- Employers complete Section 2 within 3 business days of hiring someone
- Employees must show employer original identity and work authorization document(s)
- All documents must be **UNEXPIRED**

Completing Form I-9 CNMI *(continued)*

- Employers complete Section 3 when an employee's work authorization has been renewed
- Employers can also use Section 3 if an employee has been rehired within one year

OMB No. 1615-0047, Expires 08/31/12
Form I-9, Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the document(s) have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

First Name: Last First Middle Initial Maiden Name
Address (Street Name and Number) Apt. # Date of Birth (month/day/year)
City State Zip Code Social Security #

I am aware that federal law provides for imprisonment and/or fine for false statements or use of false document in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):
 A citizen of the United States
 A noncitizen national of the United States (see instructions)
 A lawful permanent resident (Alien #) _____
 An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year) _____

Employer's Signature Date (month/day/year)

Preparer or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer/Translator's Signature First Name
Address (Street Name and Number, City, State, Zip Code) Date (month/day/year)

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on _____, and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative First Name Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) Date (month/day/year)

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name (if applicable) B. Date of Birth (month/day/year) (if applicable)
C. If employer's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date (if any): _____
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 Date (month/day/year)

Form I-9 (Rev. 08/2009) Y Page 4

Completing Section 1 for a U.S. Citizen

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Doe	John		
Address <i>(Street Name and Number)</i>		Apt. #	Date of Birth <i>(month/day/year)</i>
1776 Colony Street		Unit D7	07/04/1976
City	State	Zip Code	Social Security #
Rolling Rock	CA	93097	

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):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____
until (expiration date, if applicable - *month/day/year*)

Employee's Signature

Date *(month/day/year)*

Completing Section 1 for a Permanent Resident

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Doe	John		
Address <i>(Street Name and Number)</i>		Apt. #	Date of Birth <i>(month/day/year)</i>
1776 Colony Street		Unit D7	07/04/1976
City	State	Zip Code	Social Security #
Rolling Rock	CA	93097	

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):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) A00000000
- An alien authorized to work (Alien # or Admission #) _____
until (expiration date, if applicable - *month/day/year*)

Employee's Signature

Date *(month/day/year)*

Completing Section 1 for an Alien Authorized to Work

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Doe	John		
Address <i>(Street Name and Number)</i>		Apt. #	Date of Birth <i>(month/day/year)</i>
1776 Colony Street		Unit D7	07/04/1976
City	State	Zip Code	Social Security #
Rolling Rock	CA	93097	

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):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) A00000000
until (expiration date, if applicable - *month/day/year*) 01/01/2011

Employee's Signature

Date *(month/day/year)*

Completing Section 1 for an Alien Authorized to Work in CNMI

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Doe	John		
Address <i>(Street Name and Number)</i>		Apt. #	Date of Birth <i>(month/day/year)</i>
PO BOX 999999			07/04/1976
City	State	Zip Code	Social Security #
SAIPAN	MP	96950	

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):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) LIIDS 999999
until (expiration date, if applicable - *month/day/year*) | 07/29/2011

Employee's Signature

Date *(month/day/year)*

Form I-9 CNMI, List of Acceptable Documents

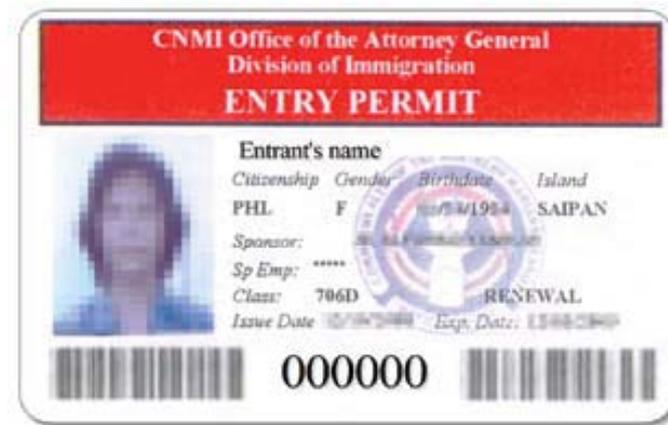
- All documents must be unexpired
- Employee must present original documents, with one exception... a certified birth certificate

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
1. U.S. Passport or U.S. Passport Card		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		1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form		5. U.S. Military card or draft record		5. Native American tribal document
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document		8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
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		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Additional Form I-9 CNMI Documents Acceptable until Nov. 27, 2011

Until Nov. 27, 2011, CNMI workers may present one of the following three documents (with a valid foreign passport) to prove identity and work authorization in CNMI:

1. An Alien Entry Permit with red band issued by the CNMI before Nov. 28, 2009 (as long as work authorization has not yet expired)



Additional Form I-9 CNMI Documents Acceptable until Nov. 27, 2011(continued)

2. Permanent Resident Card issued by CNMI



Additional Form I-9 CNMI Documents Acceptable until Nov. 27, 2011 (continued)

3. Temporary work authorization letter issued by the CNMI-DOL before Nov. 28, 2009
 - has worker's name and photograph
 - the CNMI work authorization still valid
 - proposed employment does not conflict with any restrictions or limitations identified on the temporary work authorization letter

Completing Section 2 for a U.S. Citizen

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: <u>U.S. Passport</u>	OR	_____	_____	_____
Issuing authority: <u>U.S. State Dept.</u>		_____	_____	_____
Document #: <u>Z000000000</u>		_____	_____	_____
Expiration Date (if any): <u>04/01/2016</u>		_____	_____	_____
Document #: _____		_____	_____	_____
Expiration Date (if any): _____				

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Completing Section 2 for a Permanent Resident

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: <u>Res. Alien Card</u>	OR	_____	_____	_____
Issuing authority: <u>USCIS</u>		_____	_____	_____
Document #: <u>A000000000</u>		_____	_____	_____
Expiration Date (if any): <u>04/01/2011</u>		_____	_____	_____
Document #: _____		_____	_____	_____
Expiration Date (if any): _____				

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Completing Section 2 with List B and C documents

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		Drivers License _____		Social Security Card _____
Issuing authority: _____		California DMV _____		Social Security Admin. _____
Document #: _____		#00000000 _____		000-00-0000 _____
Expiration Date <i>(if any)</i> : _____		04/01/2013 _____		_____
Document #: _____				
Expiration Date <i>(if any)</i> : _____				

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on *(month/day/year)* _____ and that to the best of my knowledge the employee is authorized to work in the United States. *(State employment agencies may omit the date the employee began employment.)*

Signature of Employer or Authorized Representative _____	Print Name _____	Title _____
Business or Organization Name and Address <i>(Street Name and Number, City, State, Zip Code)</i> _____		Date <i>(month/day/year)</i> _____

Completing Section 2 for Aliens in the CNMI

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: <u>Alien Entry Permit</u>	OR	_____		_____
Issuing authority: <u>CNMI</u>		_____		_____
Document #: <u>999999</u>		_____		_____
Expiration Date (if any): <u>07/29/2011</u>		_____		_____
Document #: <u>PHL Pass. 9999999</u>				
Expiration Date (if any): <u>09/29/2012</u>				

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Reverifying Employees in Section 3

- Those employees who present a work authorization document that has an expiration date
- Lawful permanent residents [only if they present Form I-94 with a temporary I-551 stamp or foreign passport with a temporary I-551 printed notation on the machine-readable immigrant visa (MRIV)]
- **Never re-verify U.S. Citizens**
- **Never re-verify List B documents**

Using Receipts to Complete Form I-9 CNMI

Receipts may serve as proof of temporary work authorization

- Receipts for the application of a replacement List A, List B, or List C document where the original was lost, stolen, or destroyed
- Employee must present the replacement document within 90 days of his/her hire date



Deciding Whether Documents are Real

- Employers are not required to be document experts
- Employers should accept a document if it appears to be:
 - Genuine
 - If it relates to the person who presented it
- Copies are unacceptable, with the single exception of a certified photocopy of a birth certificate



When Do Employers **Not** Complete Form I-9 CNMI?

- When they use services in a private home that are sporadic, irregular, or intermittent
- Use services of independent contractor for whom they do not set work hours, provide tools to do the job or have authority to hire and fire
- Hire employees who will work outside the United States or its territories



Discovering a Missing Form I-9 CNMI

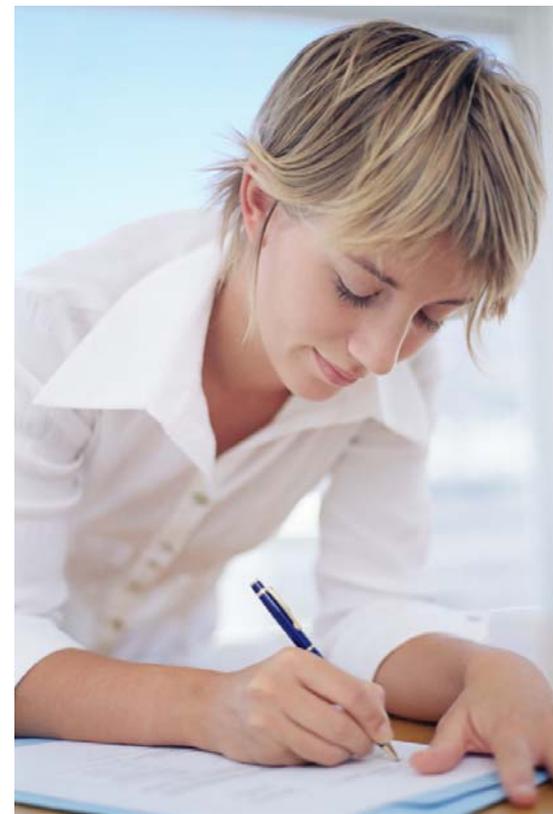
- Give employee a copy of Form I-9 CNMI immediately and allow him/her to provide acceptable documents.
- Date Form I-9 when it is complete. Never backdate the form.

Correcting a Mistake on Form I-9 CNMI

- Cross out incorrect information with a single line, so it is still legible. Date and initial the correction.

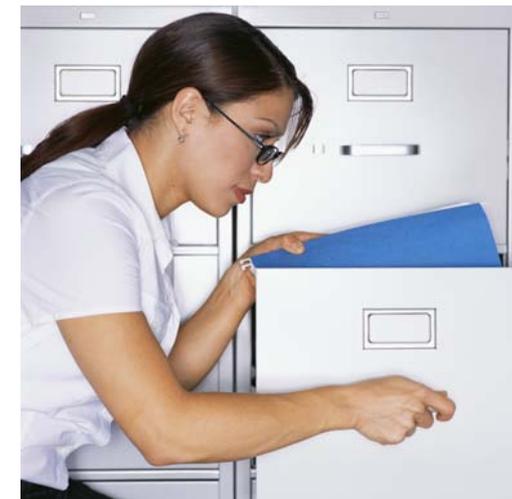
Authorizing an Agent to Complete Form I-9 CNMI

- Employers may delegate completion of Forms I-9 CNMI to a responsible agent
- However, if they do so, employers have liability for any errors made by the agent



How Long Must Employers Keep Form I-9 CNMI?

- Employers must have Form I-9 CNMI for all current employees hired on or after Nov. 28, 2009
- Employers must keep Form I-9 CNMI for all employees for 3 years after the date of hire or 1 year after the employee leaves, whichever is later.
 - i.e. If Mrs. Smith works for you for 6 months and quits, you must keep her Form I-9 CNMI for 3 years
 - i.e. If Mr. Jones works for you for 10 years and then quits, you must keep his Form I-9 CNMI for 11 years



Storage of Form I-9 CNMI

- May be stored at worksite, company headquarters, off-site storage facility, or electronically
- Only authorized personnel may have access
- Stored Forms I-9 CNMI must be made available within 3 days of an official request for inspection
- Employers may store photocopies of the documents the employee presented but, if so, they must do so for all employees



For More Information

- Form I-9 CNMI, Employment Eligibility Verification
<http://www.uscis.gov>
- Form M-274, Handbook for Employers
<http://www.uscis.gov/files/nativedocuments/m-274.pdf>
- USCIS Customer Service 1-888-464-4218
- Department of Justice, Office of Special Counsel
<http://www.osc.gov>

Disclaimer

- Immigration law is very complex
- This presentation provides basic information to help you become familiar with the rules and procedures
- For more detailed information on the law and regulations, please see our website:

<http://www.uscis.gov>

VERIFICATION DIVISION



U.S. Citizenship
and Immigration
Services

Thank You

