



# EMPLOYMENT AUTHORIZATION (I-9)

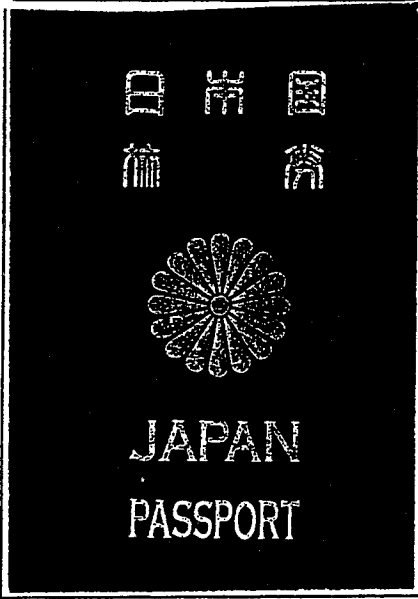
For International Students in F-1 Visa Status  
(Directions for Hiring Departments)

## STEPS FOR I-9 CERTIFICATION:

- 1) Student completes section 1 of the I-9
- 2) You check that the student has: (a) valid passport (b) unexpired I-20 (c) I-94 card
- 3) You complete List A of section 2 of the I-9 and fill out the CERTIFICATION portion of the I-9 form

Samples of the Required Items: a. passport (top left) b. I-20 (right) c. I-94 card (bottom left)

A foreign passport is used to establish identity. Check identity, passport number, issuing country, and expiration date.



The "Departure number" on the I-94 card is the "admission number" for section 1 of the I-9

The important items on the I-20 form are the SEVIS ID number in the upper right hand corner and the expiration date listed in item 5, "complete studies not later than ...". The I-20 may have a red date stamp in the upper right area but does not have to have a stamp there.

U.S. Department of Justice  
Immigration and Naturalization Service

[SAMPLE - NOT ACTUAL DOCUMENT]

Certificate of Eligibility for Nonimmigrant (F-1) Student  
Status - For Academic and Language Students (OMB NO. 1115-0051) Page 1

Please read instructions on Page 1  
This page must be completed and signed in the U.S. by a designated school official.

1. Family Name (surname): HILSMAN	
First (given) Name: SARAH	Middle Name:
Country of birth: JAPAN	Date of birth (mo/day/year): 01/31/1963
Country of citizenship: JAPAN	Admission number:
2. School (School district) name: Cornell University Cornell University	
School Official to be notified of student's arrival in U.S. (Name and Title): Sarah Hilsman International Adviser, International Students and Scholars	
School address (include zip code): 850 Caldwell Hall Cornell University Ithaca, NY 14853	
School code (including 3-digit suffix, if any) and approval date: BUP214P00067000 approved on: 01/27/2003	

For Immigration Official User		SEVIS Student's Conv N000000000
160 U.S. IMMIGRATION LOS ADMITTED 5508	JAN 16 2004	
CLASS F1		
Visa issuing post TOKYO	Date Visa Issued JUNE 23 2004	
Reinstated, extension granted to:		

3. This certificate is issued to the student named above for:  
Initial attendance at this school.
4. Level of education the student is pursuing or will pursue in the United States:  
BACHELOR'S
5. The student named above has been accepted for a full course of study at this school, majoring in Hospitality Administration/Management. The student is expected to report to the school no later than 01/22/2004 and complete studies not later than 05/31/2005. The normal length of study is 48 months.
6. English proficiency:  
This school requires English proficiency.  
The student has the required English proficiency.
7. This school estimates the student's average costs for an academic term of 9 (up to 12) months to be:
 

a. Tuition and fees	\$ 24,852.00
b. Living expenses	\$ 12,721.00
c. Expenses of dependents ( )	\$ 0.00
d. Other (specify):	\$ 0.00
Total	\$ 37,573.00

8. This school has information showing the following as the student's means of support, estimated for an academic term of 9 months: (Use the same number of months given in item 7).
 

a. Student's personal funds	\$ 17,573.00
b. Funds from this school	\$ 0.00
Specify type:	
c. Funds from another source	\$ 0.00
Specify type:	
d. On-campus employment	\$ 0.00
Total	\$ 17,573.00

10. School Certification: I certify under penalty of perjury that all information provided above in items 1 through 9 was completed before I signed this form and is true and correct; I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form; the school has determined that the above-named student's qualifications meet all standards for admission to the school; the student will be required to pursue a full course of study as defined by 8 CFR 214.2(f)(6); I am a designated official of the above named school and am authorized to issue this form.  
Sarah Hilsman International Adviser, International Students and Scholars 11/13/2003 Ithaca, NY  
Name of School Official Signature of Designated School Official Title Date Issued Place issued (city and state)

11. Student Certification: I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay as specified on page 2. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full course of study at the school named on page 1 of this form. I also authorize the named school to release any information from my records which is needed by the INS pursuant to 8 CFR 214.3(g) to determine my nonimmigrant status.  
Sarah Hilsman International Adviser 1/26/2004  
Name of Student Signature of Student Date

Name of parent or guardian Signature of parent or guardian Address (city) (State or Province) (Country) (Date)  
If student under 18

Form I-20 A-B (Rev. 04-27-85)N

For Official Use Only  
Microfilm Index Number

Please refer international students to the ISSO for immigration questions, B-50 Caldwell Hall, 255-5243.

**Employment Eligibility Verification**

Please 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 eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of 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 <b>HILSMAN</b>	First <b>SARAH</b>	Middle Initial	Maiden Name
Address (Street Name and Number) <b>201 Maple Ave.</b>		Apt. #	Date of Birth (month/day/year) <b>1/31/1963</b>
City <b>Ithaca</b>	State <b>NY</b>	Zip Code <b>14850</b>	Social Security # <b>012-34-5678</b>

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 or national of the United States
- A Lawful Permanent Resident (Alien # A \_\_\_\_\_)
- An alien authorized to work until 5/31/2005  
(Alien # or Admission #) 09081481611

Employee's Signature: [Signature] Date (month/day/year): 1/26/2004

**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: <u>Passport</u>		_____	_____	_____
Issuing authority: <u>JAPAN</u>		_____	_____	_____
Document #: <u>MN475862</u>		_____	_____	_____
Expiration Date (if any): <u>5/17/2008</u>		_____	_____	_____
I-20 Document #: <u>N0000000000</u>		_____	_____	_____
Expiration Date (if any): <u>5/31/2005</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 eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative: [Signature] Print Name: **SARAH HILSMAN, International Advisor**  
Business or Organization Name: **Students and Scholars Office, Cornell University** Address (Street Name and Number, City, State, Zip Code): **B-50 Caldwell Hall, Ithaca, NY 14850** Date (month/day/year): **1/26/2004**

**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 eligibility.

Document Title: \_\_\_\_\_ Document #: \_\_\_\_\_ Expiration Date (if any): \_\_\_\_\_

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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): \_\_\_\_\_

OK dates for appt. \_\_\_\_\_  
 Visa \_\_\_\_\_  
 Title \_\_\_\_\_  
 Dept. \_\_\_\_\_  
 Sig. \_\_\_\_\_ Date \_\_\_\_\_

U.S. Department of Justice  
 Immigration and Naturalization Service

OMB No. 1115-0136

**Employment Eligibility Verification**

Please 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 eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of 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 or national of the United States
- A Lawful Permanent Resident (Alien # A \_\_\_\_\_)
- An alien authorized to work until \_\_\_/\_\_\_/\_\_\_  
 (Alien # or Admission #) \_\_\_\_\_

Employee's Signature	Date (month/day/year)
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**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 eligible 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		Date (month/day/year)
Address (Street Name and Number, City, State, Zip Code)		

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

Document Title: \_\_\_\_\_ Document #: \_\_\_\_\_ Expiration Date (if any): \_\_\_/\_\_\_/\_\_\_

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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)
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