



***I-9 Checklist***

<b>I-9 Form Fields</b>	<b>Yes √</b>	<b>No √</b>	<b>Comments</b>
<b><i>I-9 Section 1: Employee</i></b>			
Employee Full Name			
Employee Maiden Name, if applicable			
Physical Address (Street Name and Number)			
City, State, and Zip Code			
Date of Birth			
Social Security Number			
Citizenship Status			
Alien or Admission Number, if applicable			
Employee Signature			
Employee Date Signed			
<b><i>I-9 Section 2: Employer (Department)</i></b>			
Original Supporting Documents Reviewed			
List A <u>OR</u> List B and List C Completed			
Document Title(s)			
Issuing Authority(s)			
Document Number(s)			
Expiration Date(s), if applicable			
Certification Date (Begin Date)			
Employer Signature			
Employer Printed Name			
Employer Title			
Employer Address			
Employer Date Signed			
<b><i>General</i></b>			
Correct Version of I-9 Used			
Black or Blue Ink Used			
Legible Copies of Supporting Documents			
No Correction Fluid			
Correction(s) Completed Correctly *			

*\*Corrections to the I-9 are made by striking through the incorrect data once, initialing the correction, and inputting the correct data. Mistakes should be corrected by the individual who created the mistake.*