



## NEW STUDENT EMPLOYEE CHECKLIST

For all Church and School Student Employees under 18 years of age

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Employee Email: \_\_\_\_\_

**All required documents must be completed and employment clearance received before the employee begins work.** Please email completed packet to the Human Resources Department at [hr@nccsda.com](mailto:hr@nccsda.com).

### PERSONNEL ACTION REQUEST

**Who:** To be completed by administrator or other authorized employee for all new employees.  
**Procedure:** Completed and signed by administrator (e.g. principal, treasurer, business manager). Board approval is generally not required for approval of student employment. Include the name of employee, status, pay rate, percentage of full time, starting date and local NCC entity name.

### STUDENT WORK PERMIT

**Who:** All employees who are under 18 years of age.  
**Procedure:** Employee obtains an application for work permit from school of employment or the local school district office. Employee completes and signs employee section and has parent or guardian sign to indicate consent. The student's school representative completes employer's section. Employee then takes completed application back to school district office which issues work permit. Note: Some Conference academies are authorized to issue student work permits and so students at those schools can obtain their work permit from the academy office rather than the local school district office.

### EMPLOYMENT ELIGIBILITY (I-9 FORM)

**Who:** All employees.  
Section 1 - Employee completes, signs and dates  
Section 2 - Employer completes with documentation provided by employees, then signs and dates  
**Procedure:** Employee completes and signs and dates Section 1 and presents his/her ID for verification. Section 2 is completed and signed by the school employer representative on-site who witnesses the new employee's ID documentation (not a fax or copy) chosen from the lists on the back of the I-9 form (One item from list A, or one item EACH from lists B and C). If the employee is not a U.S. citizen or permanent resident, please provide us with a copy of the employee's visa and work authorization so we can verify and help keep track of the effective dates.



Northern California Conference of Seventh-day Adventists  
P.O. Box 619015, Roseville, CA 95661 • <https://nccsda.com/hr-payroll/hr>  
Phone (916) 886-5698 • [hr@nccsda.com](mailto:hr@nccsda.com)

**APPLICATION FOR EMPLOYMENT**

**Who:** Having student employees complete an employment application is optional with the school.

**Procedure:** Completed and signed by applicant during selection process.

**ADP ONLINE ONBOARDING**

**Who:** Employee – remaining onboarding forms including copy of social security card, tax withholding and direct deposit will be completed online.

**Procedure:** Once HR receives the completed PAR and confirmation of the employee's email address, HR will send the employee an onboarding link to begin the process.

If you have any questions or need additional assistance in completing any of the above forms or steps, please contact the Human Resources Department by e-mail at [hr@nccsda.com](mailto:hr@nccsda.com).



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**NEW HIRE or REHIRE  
 Personnel Action  
 Request Form**

OFFICE USE ONLY	
EIN: _____	PIN: _____
Qualifies for: <input type="checkbox"/> Medical <input type="checkbox"/> Retirement <input type="checkbox"/> Basic Life <input type="checkbox"/> LTD <input type="checkbox"/> Supp. Life/AD&D	
% Time: _____ W/C Rate Code: _____ P/T entered by: _____	
TB: _____	Livescan: _____ Clearance Sent: _____
Multi-Position: _____	

1. Employee Name (First Name, Middle Initial, Last Name) \_\_\_\_\_  
 (as stated on the Social Security Card)

2. Social Security Number \_\_\_\_\_

3.  New Employee OR  Rehire Employee OR  New Position

4. Regular Employment Status - Please refer to the "Wage Scale and Employee Cost Estimation" booklet for costs associated with benefit eligibilities.

- Full-time Regular (38 or more hours per week, eligible for all benefits)
- Half-time Plus Regular (30-37 hours per week, eligible for half-time and medical benefits)
- Half-time Plus Regular (19-27 hours per week, eligible for half-time benefits)
- Half-time Minus Regular (up to 18 hours per week, eligible for California Sick Leave Law benefit)

OR

Temporary Employment Status - Less than 12 months, ending date is required, may be eligible for California Sick Leave Law and/or Affordable Care Act (ACA) benefits.

- Full-time Temporary (38 hours per week, Affordable Care Act and California Sick Leave Law benefits)
- Half-time Plus Temporary (30-37 hours per week, Affordable Care Act and California Sick Leave Law benefits)
- Half-time Plus Temporary (19-27 hours per week, California Sick Leave Law benefit)
- Half-time Minus Temporary (up to 18 hours per week, may be eligible for California Sick Leave Law benefit)

- Student: Clerical  Student: Non-Clerical  Seasonal  Substitute  Occasional  Special Assignment

5. Employment Start Date \_\_\_\_\_ Temporary Employment Ending Date \_\_\_\_\_

6. Job Description Title \_\_\_\_\_ Place of work \_\_\_\_\_

7. Date voted by local church/school board \_\_\_\_\_

8. Hours this employee has been scheduled to work per week \_\_\_\_\_

9. Hourly \$ \_\_\_\_\_ OR Monthly \$ \_\_\_\_\_ Indicate: ERI Area \_\_\_\_\_ Job Code \_\_\_\_\_ Step \_\_\_\_\_

10. Additional Comments (optional) \_\_\_\_\_

11. Is this employee a replacement?  Yes  No (If no, please skip to Item 12)

If yes, please state name of previous employee \_\_\_\_\_

Have you submitted a Personnel Action Request Form for this previous employee?

- Yes  No (If no, please submit a Change Personnel Action Request Form showing termination status)

**Before signing, please make sure that all information on this form is complete to avoid processing delays.  
 Your authorized local employer's signature commits the represented entity to a binding agreement.**

12. Authorized Local Employer's Signature \_\_\_\_\_ Date \_\_\_\_\_

13. Print Local Employer's Name \_\_\_\_\_ Employer's Title \_\_\_\_\_

14. Name of Church/School Represented \_\_\_\_\_

Submit this **NEW HIRE or REHIRE Personnel Action Request Form** to [HR@nccsda.com](mailto:HR@nccsda.com)

**STATEMENT OF INTENT TO EMPLOY A MINOR AND REQUEST FOR A WORK PERMIT–CERTIFICATE OF AGE**

CDE Form B1-1 (Rev. 08-13)

A “STATEMENT OF INTENT TO EMPLOY A MINOR AND REQUEST FOR A WORK PERMIT–CERTIFICATE OF AGE” form (CDE Form B1-1) shall be completed in accordance with California *Education Code* 49162 and 49163 as notification of intent to employ a minor. This form is also a Certificate of Age pursuant to California *Education Code* 49114.

*(Print Information)***Minor’s Information**

Minor’s Name <i>(First and Last)</i>	Home Phone		
Birth Date	Social Security Number	Grade	Age
Home Address	City	Zip Code	

**School Information**

School Name	School Phone	
School Address	City	Zip Code

**To be filled in and signed by employer. (Please review the General Summary of Minors’ Work Regulations on reverse)**

Business Name or Agency of Placement	Business Phone	Supervisor’s Name
Business Address	City	Zip Code

Describe nature of work to be performed: \_\_\_\_\_

*In compliance with California labor laws, this employee is covered by workers’ compensation insurance. This business does not discriminate unlawfully on the basis of race, ethnic background, religion, sex, sexual orientation, color, national origin, ancestry, age, physical handicap, or medical condition. I hereby certify that, to the best of my knowledge, the information herein is correct and true.*

Employer’s Name <i>(Print First and Last)</i>	Employer’s Signature	Date
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**To be filled in and signed by parent or legal guardian**

*This minor is being employed at the place of work described with my full knowledge and consent. I hereby certify that to the best of my knowledge and belief, the information herein is correct and true. I request that a work permit be issued.*

Parent or Legal Guardian’s Name <i>(Print First and Last)</i>	Parent or Legal Guardian’s Signature	Date
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**For authorized work permit issuer use ONLY**

Maximum number of work hours when school is in session: <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border-bottom: 1px solid black;">Mon</td> <td style="width: 10%; border-bottom: 1px solid black;">Tues</td> <td style="width: 10%; border-bottom: 1px solid black;">Wed</td> <td style="width: 10%; border-bottom: 1px solid black;">Thur</td> <td style="width: 10%; border-bottom: 1px solid black;">Fri</td> <td style="width: 10%; border-bottom: 1px solid black;">Sat</td> <td style="width: 10%; border-bottom: 1px solid black;">Sun</td> <td style="width: 10%; border-bottom: 1px solid black;">Total</td> </tr> </table>	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Total	Maximum number of work hours when school is not in session: <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border-bottom: 1px solid black;">Mon</td> <td style="width: 10%; border-bottom: 1px solid black;">Tues</td> <td style="width: 10%; border-bottom: 1px solid black;">Wed</td> <td style="width: 10%; border-bottom: 1px solid black;">Thur</td> <td style="width: 10%; border-bottom: 1px solid black;">Fri</td> <td style="width: 10%; border-bottom: 1px solid black;">Sat</td> <td style="width: 10%; border-bottom: 1px solid black;">Sun</td> <td style="width: 10%; border-bottom: 1px solid black;">Total</td> </tr> </table>	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Total
Mon	Tues	Wed	Thur	Fri	Sat	Sun	Total										
Mon	Tues	Wed	Thur	Fri	Sat	Sun	Total										
Proof of Minor’s Age <i>(Evidence Type)</i> _____ Verifying Authority’s Name and Title <i>(Print)</i> _____ Verifying Authority’s Signature _____	<b>Check Permit Type:</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Restricted <input type="checkbox"/> General <input type="checkbox"/> Work Experience Education, Vocational Education, or Personal Attendant <input type="checkbox"/> Workability																

**STATEMENT OF INTENT TO EMPLOY A MINOR AND REQUEST FOR A WORK PERMIT–CERTIFICATE OF AGE**

CDE Form B1-1 (Rev. 08-13)

**General Summary of Minors’ Work Regulations**

FLSA-Federal Labor Standards Act, CDE-California Department of Education, *EC-California Education Code*, *LC-California Labor Code*, *CFR-California Federal Regulations*, *WEE-Work Experience Education*, *CVE-Cooperative Vocational Education*

- If federal laws, state laws, and school district policies conflict, the more restrictive law (the one most protective of the minor) prevails (FLSA).
  - Employers of minors required to attend school must sign a “Statement of Intent to Employ a Minor and Request for a Work Permit – Certificate of Age” (CDE Form B1-1) (*EC 49162*).
  - Employers must retain a “Permit to Employ and Work” (CDE Form B1-4) for each employed minor (*EC 49161*).
  - Work permits (CDE Form B1-4) must be retained for three years and be available for inspection by sanctioned authorities at all times (*EC 49164*).
  - A work permit (CDE Form B1-4) must be revoked whenever the issuing authority determines the employment is illegal or is impairing the health or education of the minor (*EC 49164*).
  - A day of rest from work is required in every seven days, and shall not exceed six days in seven (*LC 551, 552*).
- Minors under the age of 18 may not work in environments declared hazardous or dangerous for young workers, examples listed below (*LC 1294.1, 1294.5; 29 CFR 570 Subpart E*):
1. Explosive exposure
  2. Motor vehicle driving/outside helper
  3. Roofing
  4. Logging and sawmilling
  5. Power-driven woodworking machines
  6. Radiation exposure
  7. Power-driven hoists/forklifts
  8. Power-driven metal forming, punching, & shearing machines
  9. Power saws and shears
  10. Power-driving meat slicing/processing machines

**HOURS OF WORK**

<b>16 &amp; 17 Year Olds</b>	<b>14 &amp; 15 Year Olds</b>	<b>12 &amp; 13 Year Olds</b>
Must have completed 7 <sup>th</sup> grade to work while school is in session ( <i>EC 49112</i> )	Must have completed 7 <sup>th</sup> grade to work while school is in session ( <i>EC 49112</i> )	Labor laws prohibit non-farm employment of children younger than 14. Special rules apply to agricultural work, domestic work in a private home, and the entertainment industry ( <i>LC 1285–1312</i> )

**Maximum Work Hours - School In Session**

4 hours per day on any schoolday ( <i>EC 49112, 49116; LC 1391</i> ) 8 hours on any non-schoolday or on any day preceding a non-schoolday ( <i>EC 49112; LC 1391</i> ) 48 hours per week ( <i>LC 1391</i> ) WEE and CVE students & personal attendants may work more than 4 hours on a schoolday, but never more than 8 ( <i>EC 49116; LC 1391, 1392</i> )	3 hours per schoolday outside of school hours ( <i>EC 49112, 49116; LC 1391</i> ) 8 hours on any non-schoolday 18 hours per week ( <i>EC 49116; LC 1391</i> ) WEE and CVE students may work during school hours and up to 23 hours per week ( <i>EC 49116; LC 1391</i> )	2 hours per schoolday and a maximum of 4 hours per week ( <i>EC 49112</i> )
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**Maximum Work Hours - School Not In Session**

8 hours per day ( <i>LC 1391, 1392</i> ) 48 hours per week ( <i>LC 1391</i> )	8 hours per day ( <i>LC 1391, 1392</i> ) 40 hours per week ( <i>LC 1391</i> )	8 hours per day ( <i>LC 1391, 1392</i> ) 40 hours per week ( <i>LC 1391</i> )
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**Spread of Hours**

5 a.m.–10 p.m. However, until 12:30 a.m. on any evening preceding a non-schoolday ( <i>LC 1391</i> ) WEE and CVE students, with permission until 12:30 a.m. on any day ( <i>LC 1391.1</i> ) Messengers: 6 a.m.–9 p.m.	7 a.m.–7 p.m., except from June 1 through Labor Day, until 9 p.m. ( <i>LC 1391</i> )	7 a.m.–7 p.m., except from June 1 through Labor Day, until 9 p.m. ( <i>LC 1391</i> )
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**For more information** about child labor laws, contact the U.S. Department of Labor at <http://www.dol.gov/>, and the State of California Department of Industrial Relations, Division of Labor Standards Enforcement at <http://www.dir.ca.gov/DLSE/dlse.html>.

STATE OF CALIFORNIA DEPARTMENT OF EDUCATION  
**PERMIT TO EMPLOY AND WORK** CDE Form B1-4 (REV. 02-14)

A work permit shall not be issued to a minor until the "STATEMENT OF INTENT TO EMPLOY A MINOR AND REQUEST FOR A WORK PERMIT-CERTIFICATE OF AGE" (CDE Form B1-1) form has been signed by the parent or guardian, foster parent, caregiver, or residential shelter service provider and filed with the issuing authority. California *Education Code (EC) 49110(c)*

*(Print Information)*

<p><b>Permit Expiration Date</b>  <i>Work permits shall expire five days after the opening of the next succeeding school year. Full-time exempt work permits issued to 14 &amp; 15 year olds shall expire no later than the end of the current school year. EC 49118 and 49130</i></p> <p>_____</p> <p style="text-align: center;">Date</p>	<p><b>Check Permit Type:</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Full-time</td> <td><input type="checkbox"/> Work Experience Education, Vocational Cooperative Education, or Personal Attendant</td> </tr> <tr> <td><input type="checkbox"/> Workability</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Restricted</td> <td></td> </tr> <tr> <td><input type="checkbox"/> General</td> <td></td> </tr> </table>	<input type="checkbox"/> Full-time	<input type="checkbox"/> Work Experience Education, Vocational Cooperative Education, or Personal Attendant	<input type="checkbox"/> Workability		<input type="checkbox"/> Restricted		<input type="checkbox"/> General	
<input type="checkbox"/> Full-time	<input type="checkbox"/> Work Experience Education, Vocational Cooperative Education, or Personal Attendant								
<input type="checkbox"/> Workability									
<input type="checkbox"/> Restricted									
<input type="checkbox"/> General									

**Minor's Information**

Minor's Name <i>(Print First and Last)</i>	Social Security Number	
Home Phone	Age at Time of Issuance	Birth Date
Home Address	City	Zip Code

**School Information**

School Name	School Phone
School Address	City
	Zip Code

**Maximum Work Hours Permitted**

1. Maximum number of work hours on a school day \_\_\_\_\_
2. Maximum number of work hours on a non-school day \_\_\_\_\_
3. Maximum weekly work hours while school is in session \_\_\_\_\_
4. Maximum weekly work hours while school is not in session \_\_\_\_\_

**Remarks or Work Limitations:** \_\_\_\_\_

\_\_\_\_\_

This permit is **valid only** at the business listed below:

Business Name	Business Address
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**To be signed by minor**

Minor's Signature	Date
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**Certification**

*I hereby certify that, to the best of my knowledge, the information herein is correct and true. I hereby certify that I have a working knowledge of child labor laws and all laws pertaining to the issuance of work permits in California. EC 49110*

Issuing Authority's Name and Title <i>(Print)</i>	Issuing Authority's Signature	Date
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 Phone (916) 886-5663 • FAX (888) 609-3904 • hr@nccsda.com

## Student Employment Application

The Northern California Conference of Seventh-day Adventists (NCC) is an equal opportunity employer that does not discriminate in employment policies and practices on the basis of race, national origin, gender, color, age, disability, or any other basis prohibited by law. The employment practices of the church reflect religious preferences in harmony with the United States Constitution and controlling law, and it, therefore, hires only Seventh-day Adventist Church members in good standing.

**Please Note: Students are required to have a valid work permit in order to be employed. Different school districts have different procedures to obtain such a permit. Please follow-up with your school and/or public school district to obtain a valid work permit prior to beginning any work.**

(Please TYPE or PRINT - Complete all sections)

Name (Last, First, Middle Initial as stated on the SS Card)	Social Security #	E-Mail Address	
Address	City	State	Zip Code
Home Phone _____	Cell Phone _____		
Position(s) applied for _____			
Hiring School _____	School term _____	Expected Graduation Date _____	
Are you able to perform the duties of the position? Yes ___ No ___ (Reasonable accommodation will be provided)			
Do you have the legal right to work in the US? Yes ___ No ___ (Proof of work authorization required for employment)			
Have you ever been convicted of a felony or misdemeanor, other than a minor traffic offense? Yes ___ No ___			
If yes, please explain: _____			

I hereby certify that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that false or misleading information given in this application, in my interview(s), or otherwise in the application process will void this application or subject me to discharge at any time. I expressly acknowledge and understand that in the absence of a written contract to the contrary, my status, if I am hired, will be that of an employee at will having no contractual right, express or implied, to remain in the NCC's employ.

I also expressly acknowledge and understand that, as a not-for-profit religious organization, the NCC is exempt from state unemployment insurance, state disability insurance, and paid family leave. Therefore, its employees are not eligible to receive benefits for any of these programs.

I authorize the employing organization and its agents to confirm information supplied on this application and résumé and to conduct a background check to investigate my suitability for employment and authorize my prior employers to disclose to NCC information contained in my personnel file. This investigation may include information on my character, general reputation, personal characteristics and mode of living. By initialing below I expressly waive the right to receive a copy of any public record obtained in the course of the background investigation. Further, I release all parties from all claims, damages and liability that may result from furnishing information about me to NCC and using that information in considering my employment application.

Please initial here indicating that you have read and agree to the above. \_\_\_\_\_

Signature of Applicant	Date
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# Employment Eligibility Verification

## Department of Homeland Security

### U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No.1615-0047  
Expires 05/31/2027

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**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 (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number
<p><b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b></p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. An alien authorized to work until _____ (exp. date, if any)						
If you check <b>Item Number 4.</b> , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p><b>Additional Information</b></p>    <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

<p><b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.</p>		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative
		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

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

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

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"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:                             <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                                     <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole 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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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, sex, height, eye color, and address</li> <li>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, sex, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:                             <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security                             <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p> </li> </ol>
<p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



# Supplement A, Preparer and/or Translator Certification for Section 1

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

**USCIS**  
**Form I-9**  
**Supplement A**  
OMB No. 1615-0047  
Expires 05/31/2027

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**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			Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )		City or Town	State	ZIP Code

**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			Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )		City or Town	State	ZIP Code

**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			Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )		City or Town	State	ZIP Code

**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			Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )		First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )		City or Town	State	ZIP Code



# Supplement B, Reverification and Rehire (formerly Section 3)

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

**USCIS**  
**Form I-9**  
**Supplement B**  
OMB No. 1615-0047  
Expires 05/31/2027

Last Name ( <i>Family Name</i> ) from Section 1.	First Name ( <i>Given Name</i> ) from Section 1.	Middle initial (if any) from Section 1.
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**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
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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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
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Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
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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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
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Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )
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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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )
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Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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