Thank you for your interest in Fastaff. We are excited about the opportunity to work with you! This document provides you a list of documents required by Fastaff that must be submitted before your first day on the job. We list the documents needed and a link to additional information regarding that document. You can keep track of what you have submitted to Fastaff here as well.

### Minimum Documents Required Prior to Submitting Your Profile to Hospital

<table>
<thead>
<tr>
<th>Document Name</th>
<th>Description</th>
<th>Submitted to Fastaff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application</td>
<td>Can be completed at <a href="http://www.fastaff.com/apply">http://www.fastaff.com/apply</a>. Enter your Email to start the Application Process.</td>
<td></td>
</tr>
</tbody>
</table>
| Skills Checklists | All Registered Nurses will complete a minimum of two skills checklists:  
1) Essential/Practical Skills  
2) Specialty Checklist(s); specific to unit in which you will be working | |
| Certifications | Front and back copies of all required resuscitation credentials. | |
| RN License | Please provide copy of all active and inactive state licenses. (Fastaff may be able to help you reactivate your expired or inactive licenses) | |
| References/Evaluations | Two Evaluations from a Supervisor; must be in a support of positions worked within the last two years. Download References/Evaluations forms here. | |

### Additional Documents Required Before Travel

<table>
<thead>
<tr>
<th>Document Name</th>
<th>Description</th>
<th>Submitted to Fastaff</th>
</tr>
</thead>
<tbody>
<tr>
<td>I-9 Form</td>
<td>Fastaff needs a signed, notarized original copy mailed to our corporate office. Download I-9 Form Here</td>
<td></td>
</tr>
<tr>
<td>2 forms of Identification</td>
<td>Current Driver’s license, Social Security Card, Passport are acceptable. Please scan and submit clear copies.</td>
<td></td>
</tr>
</tbody>
</table>
### Additional Documents Required Before Travel – Cont.

<table>
<thead>
<tr>
<th>Document Name</th>
<th>Description</th>
<th>Submitted to Fastaff</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Orientation Modules</strong></td>
<td>Online modules sent to your email prior to your first assignment.</td>
<td></td>
</tr>
<tr>
<td><strong>Competency Exam(s)</strong></td>
<td>Online Unit Specific Competency Test(s) sent to your email prior to your first assignment.</td>
<td></td>
</tr>
<tr>
<td><strong>TB, Chest X-Ray and TB Questionnaire</strong></td>
<td>Negative TB screen within one year; or, if history of positive results, a Chest X-ray (dated after positive TB) as well as annual <strong>TB questionnaire</strong> is required. Chest X-ray is one time requirement unless otherwise designated by individual facility.</td>
<td></td>
</tr>
<tr>
<td><strong>Physical</strong></td>
<td>Annual Physical. Download a <a href="#">Physical form here</a>.</td>
<td></td>
</tr>
<tr>
<td><strong>Rubeola / Rubeola</strong></td>
<td>Positive titers or proof of MMR vaccine or history of disease if born before 1957.</td>
<td></td>
</tr>
<tr>
<td><strong>Varicella</strong></td>
<td>Positive titer or proof of Varicella vaccine.</td>
<td></td>
</tr>
<tr>
<td><strong>Hepatitis B</strong></td>
<td>Positive titer or proof of series of 3 vaccines or signed declination document.</td>
<td></td>
</tr>
<tr>
<td><strong>Tetanus</strong></td>
<td>Proof of tetanus shot within 10 years or signed declination document.</td>
<td></td>
</tr>
</tbody>
</table>

### Additional Documentation Needed Once You Accept an Assignment

<table>
<thead>
<tr>
<th>Document Name</th>
<th>Location/Description</th>
<th>Submitted to Fastaff</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Federal W-4</strong></td>
<td>Completed W-4 is needed. Download a <a href="#">Federal W-4 form here</a>.</td>
<td></td>
</tr>
<tr>
<td><strong>FASTAFF Direct Deposit</strong></td>
<td>Provide necessary information for Direct Deposit. Download a <a href="#">Direct Deposit form here</a>.</td>
<td></td>
</tr>
</tbody>
</table>

If you have any questions please do not hesitate to contact your recruiter.

FASTAFF, Inc. | 1-800-736-8773 | Fax: 888-508-7854 | www.Fastaff.com
I-9 COMPLETION INSTRUCTIONS

If you have received an offer and are going to accept an assignment with Fastaff Travel Nursing or US Nursing, you must complete a Department of Homeland Security Form I-9, Employment Eligibility Verification for our file.

Following is a 2-page letter which should be given to the Notary Public who will be acting as an Authorized Representative for FASTAFF and an instruction sheet printed by the DHS. These contain an explanation for Section 1 to be completed by the employee, and for Section 2 to be completed by the Notary Public.

Print the instruction sheets, the I-9 form, the List of Acceptable Documents and the Notary Public I-9 Information Verification Certificate. Take this to a Notary and in front of the notary complete Section 1, sign it, date it, and DON'T FORGET to check the appropriate box indicating your citizenship status. The Notary should then complete either Section 2 of the I-9 Form, or the Notary Public I-9 Information Verification Certificate. Both do not need to be completed by the Notary.

Present the Notary with your original document(s) (copies are not acceptable) indicating your eligibility to work in the US. The Notary should enter the appropriate document info on the appropriate lines: i.e. if you are using a passport, this is a document from List A (no additional documents are needed). Document title should be “USA Passport”, Issuing Authority should be whichever governmental department or agency issued the passport such as New Orleans Passport Agency, or Department of State. This information is generally found near the bottom right of the passport. The document number will be the passport 9-digit number in the upper right portion of the passport, and the expiration date needs to be listed as well. If you are not using a passport or another document from List A, you must have a document from List B AND a document from List C. Refer to the Lists of Acceptable Documents which follows the I-9 form.

If the Notary does not want to enter the document information on the I-9 form, the I-9 Information Verification Certificate can be used, as long as there is document information from a List A document entered on the first line OR document information from a List B document on the first line and from a List C document on the second line.

Immediately upon completion send the Original I-9 form with copies of the documents used for verification to our office. The address is at the bottom of the Notary Public memo.
TO: NOTARY PUBLIC

RE: I-9 FORM COMPLETION AND SUPPORTING DOCUMENTATION

FASTAFF is an organization that provides health care workers to client facilities throughout the United States. Our business requires the company to hire remote workers. The Immigration Reform and Control Act (IRCA) requires all U.S. employers to verify the employment eligibility and identity of all employees hired to work in the United States after November 6, 1986. To implement the law, employers are required to complete Employment Eligibility Verification forms (Form I-9) for all employees, including U.S. citizens. A blank copy of the I-9 form is enclosed with this letter.

NOTARY AS EMPLOYER’S AGENT. The person presenting the I-9 form to you is a prospective employee for our company. Because it is not physically possible for this person to come to our offices in Denver, Colorado to complete the I9 paperwork, the United States Customs and Immigration Service (USCIS) allows employers to designate agents, such as you, to carry out their I-9 responsibilities. The law does not allow the employer to carry out I-9 responsibilities by means of documents faxed by an employee.

EMPLOYEE MUST COMPLETE SECTION 1 OF FORM. Our employee must complete Section 1 of the Form I-9. The employee’s signature holds him/her responsible for the accuracy of the information provided. No documentation is required to substantiate Section 1 information provided by the employee.

NOTARY MUST COMPLETE SECTION 2 OF FORM. The employer, or the designated agent, must review original documents and complete Section 2 of the Form I-9. We are asking you to act as our agent and review the documents for us to satisfy this requirement.

FASTAFF is responsible to ensure proper completion of the entire form. Proper documentation establishes both that the employee is authorized to work in the U.S. and that the employee who presents the employment authorization document is the person to whom it was issued.

The official list of acceptable documents for establishing identity and work eligibility is enclosed with this letter being presented by our prospective employee.

1. You may accept any List A document, which establishes both identity and work eligibility.
2. **OR**, you may accept one document from List B (establishing identity) and one document from List C (establishing work eligibility).

You should examine the document(s) and accept them if they reasonably appear to be genuine and if they reasonably appear to relate to the person standing before you. Requesting more or different documentation than the minimum necessary to meet this requirement may constitute an unfair immigration-related employment practice. If the documentation presented by an employee does not reasonably appear to be genuine or relate to the employee who presents them, then you must refuse to accept them, and you must ask for other documentation from the list of acceptable documents.

**GENUINENESS OF DOCUMENTS.** You are not required to be a document expert. In reviewing the genuineness of the documents presented by an employee, employers are held to reasonableness standards.

**PHOTOCOPIES OF DOCUMENTS NOT ACCEPTABLE.** You cannot accept photocopies of identity or employment eligibility documents to fulfill I-9 requirements. Only the original documents, meaning the actual document issued by the issuing authority, are satisfactory with the single exception of a certified photocopy of a birth certificate. Please make copies of the documents presented by the employee to be sent with the completed I-9 form, as we would like to retain photocopies with the completed I-9 form.

**ENCLOSURES.** Thank you for accepting this commission. Enclosed please find the original Form I-9, the list of acceptable documentation, and Instructions for Completion of the form.

Sincerely,

FASTAFF Travel Nursing
Records Department
6501 South Fiddlers Green Circle, Suite 200
Greenwood Village, Colorado 80111
Anti-Discrimination Notice. It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit www.justice.gov/crt/about/osc

What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

General Instructions

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 no later than the first day of employment. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

Name: Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

Other names used: Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

Address: Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

Date of Birth: Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

U.S. Social Security Number: Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

E-mail Address and Telephone Number (Optional): You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.
All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

1. **A citizen of the United States**

2. **A noncitizen national of the United States**: Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

3. **A lawful permanent resident**: A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

4. **An alien authorized to work**: If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.

b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).

   (1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).

   (2) If you obtained your admission number from USCIS **within the United States**, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

**Preparer and/or Translator Certification**

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

**Minors and Certain Employees with Disabilities (Special Placement)**

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the Handbook for Employers: Instructions for Completing Form I-9 (M-274) on www.uscis.gov/I-9Central before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include (1) the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and (2) the employer writing "minor under age 18" or "special placement" under List B in Section 2.
Section 2. Employer or Authorized Representative Review and Verification

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A OR a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should not present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.

2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

   If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:

   a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); and the program end date from Form I-20 or DS-2019.

3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.

4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.

5. Sign and date the attestation on the date Section 2 is completed.

6. Record the employer's business name and address.

7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for ALL new hires or verifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.
Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the Handbook for Employers: Instructions for Completing Form I-9 (M-274) or I-9 Central (www.uscis.gov/I-9Central) for examples.

Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.

2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.

3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.

2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.

2. Record the number and other required document information from the actual document presented.

3. Initial and date the change.

See the Handbook for Employers: Instructions for Completing Form I-9 (M-274) at www.uscis.gov/I-9Central for more information on receipts.

Section 3. Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.
Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
   a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
   b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:
   a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
   b. Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

What Is the Filing Fee?

There is no fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the "USCIS Privacy Act Statement" below.

USCIS Forms and Information

For more detailed information about completing Form I-9, employers and employees should refer to the Handbook for Employers: Instructions for Completing Form I-9 (M-274).
You can also obtain information about Form I-9 from the USCIS Web site at www.uscis.gov/I-9Central, by e-mailing USCIS at I-9Central@dhs.gov, or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

To obtain USCIS forms or the Handbook for Employers, you can download them from the USCIS Web site at www.uscis.gov/forms. You may order USCIS forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by contacting the USCIS National Customer Service Center at 1-800-375-5283. For TDD (hearing impaired), call 1-800-767-1833.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from the USCIS Web site at www.dhs.gov/E-Verify, by e-mailing USCIS at E-Verify@dhs.gov or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling 1-888-897-7781. For TDD (hearing impaired), call 1-877-875-6028.

### Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

Form I-9 may be signed and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR 274a.2.

### USCIS Privacy Act Statement

**AUTHORITIES:** The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a).

**PURPOSE:** This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

**DISCLOSURE:** Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

**ROUTINE USES:** This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The employer will keep this form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

### Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**
**Employment Eligibility Verification**

**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.)*

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Names Used (if any)</th>
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<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>E-mail Address</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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 Registration Number/USCIS Number): __________________________
- [ ] An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) ______________. Some aliens may write "N/A" in this field. *(See instructions)*

  For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

  1. Alien Registration Number/USCIS Number: __________________________

      OR

  2. Form I-94 Admission Number: __________________________

      If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

      Foreign Passport Number: __________________________

      Country of Issuance: __________________________

      Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

---

**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.

<table>
<thead>
<tr>
<th>Signature of Preparer or Translator:</th>
<th>Date (mm/dd/yyyy):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
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<table>
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<td></td>
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</tbody>
</table>

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**Employer Completes Next Page**
### 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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

<table>
<thead>
<tr>
<th>Employee Last Name, First Name and Middle Initial from Section 1:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identity and Employment Authorization</td>
</tr>
<tr>
<td>OR</td>
</tr>
<tr>
<td>List A Identity and Employment Authorization</td>
</tr>
<tr>
<td>Document Title:</td>
</tr>
<tr>
<td>Issuing Authority:</td>
</tr>
<tr>
<td>Document Number:</td>
</tr>
<tr>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
</tr>
<tr>
<td>Document Title:</td>
</tr>
<tr>
<td>Issuing Authority:</td>
</tr>
<tr>
<td>Document Number:</td>
</tr>
<tr>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
</tr>
<tr>
<td>Document Title:</td>
</tr>
<tr>
<td>Issuing Authority:</td>
</tr>
<tr>
<td>Document Number:</td>
</tr>
<tr>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
</tr>
<tr>
<td>List B Identity</td>
</tr>
<tr>
<td>Document Title:</td>
</tr>
<tr>
<td>Issuing Authority:</td>
</tr>
<tr>
<td>Document Number:</td>
</tr>
<tr>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
</tr>
<tr>
<td>List C Employment Authorization</td>
</tr>
<tr>
<td>Document Title:</td>
</tr>
<tr>
<td>Issuing Authority:</td>
</tr>
<tr>
<td>Document Number:</td>
</tr>
<tr>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
</tr>
</tbody>
</table>

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.)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td>First Name (Given Name)</td>
<td>Employer’s Business or Organization Name</td>
</tr>
<tr>
<td>Employer’s Business or Organization Address (Street Number and Name)</td>
<td>City or Town</td>
<td>State</td>
</tr>
</tbody>
</table>

### Section 3. Reverification and Rehires

(To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial

B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee’s previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

| Document Title: | Document Number: | Expiration Date (if any)(mm/dd/yyyy): |

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 (mm/dd/yyyy): | Print Name of Employer or Authorized Representative: |
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.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>LIST B</th>
<th>LIST C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents that Establish Both Identity and Employment Authorization OR</td>
<td>Documents that Establish Identity AND</td>
<td>Documents that Establish Employment Authorization</td>
</tr>
</tbody>
</table>

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:
   a. Foreign passport; and
   b. Form I-94 or Form I-94A that has the following:
      (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

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

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

1. A Social Security Account Number card, unless the card includes one of the following restrictions:
   (1) NOT VALID FOR EMPLOYMENT
   (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION
   (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
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. Native American tribal document
6. U.S. Citizen ID Card (Form I-197)
7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
8. Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.
NOTARY PUBLIC
I-9 Information Verification Certificate

On ______________________, in the State of ______________________

County of ______________________, ______________________

Personally submitted to me, ______________________

Name of employee/traveling RN

Name of Notary Public

I attest, under the penalty of perjury, that I have examined the documents(s) listed. (See “Lists of Acceptable Documents” located on reverse of Department of Homeland Security – Employment Eligibility Verification Form I-9).

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Issuing Authority</th>
<th>Document #</th>
<th>Exp.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date if any</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

AND/OR

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Issuing Authority</th>
<th>Document #</th>
<th>Exp.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date if any</td>
<td></td>
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</tr>
</tbody>
</table>

These documents were presented by the above-named person and appear to be genuine and relate to this person.

Witness my hand and seal.

Notary Public Signature ______________________

Date ______________________

This form must accompany the I-9 with the upper portion filled in by the applicant and signed.