



# Employment Eligibility Verification

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

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

**▶START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.  
**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**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	Other Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ]-[ ][ ]-[ ][ ][ ][ ]		E-mail Address			Telephone Number

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):

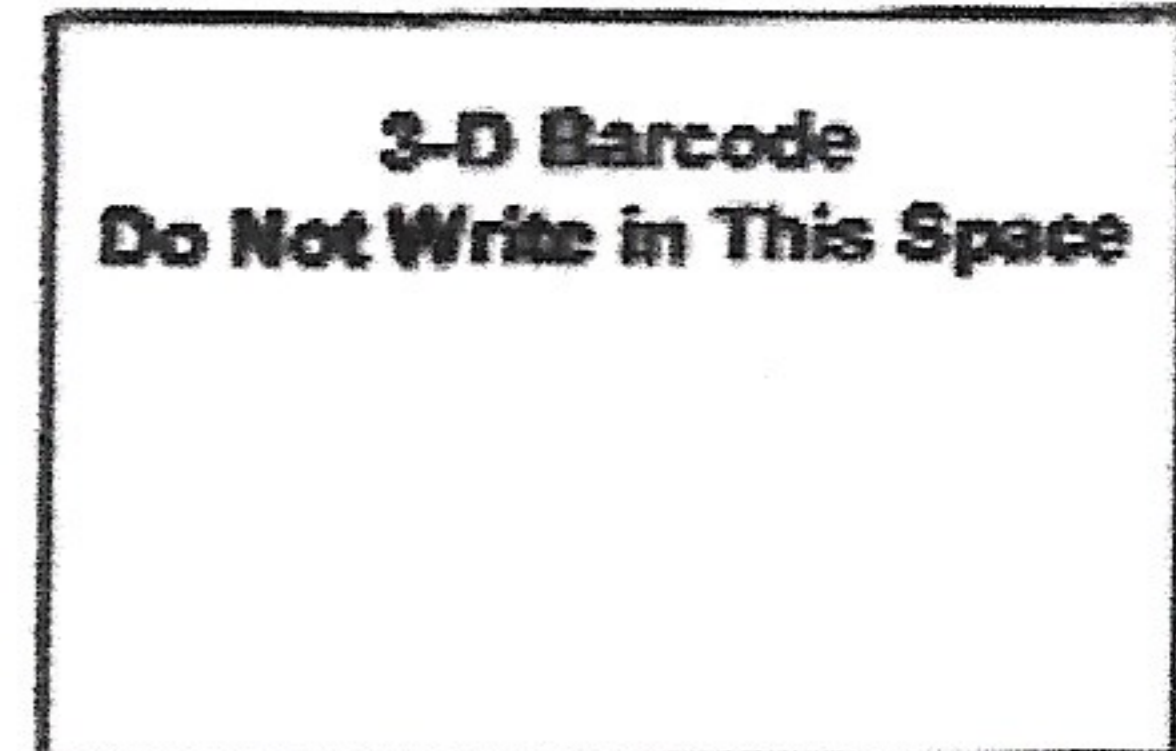
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" 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)

Signature of Employee: _____	Date (mm/dd/yyyy): _____
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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.

Signature of Preparer or Translator: _____		Date (mm/dd/yyyy): _____	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State Zip Code



Please complete fully and print in ink. Attach a resume, if available.

Position for which you are applying:		Anticipated Salary: \$	Date you will be available:		
Schedule that you are seeking: <input type="checkbox"/> FT <input type="checkbox"/> PT _____ (Hrs/Wk) <input type="checkbox"/> Occasional		Availability: <input type="checkbox"/> Weekdays <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends		Preferred Schedule (Days & Hours)	
<b>GENERAL</b>	Name (Last, First, Middle)		Social Security Number: _____ - _____ - _____	Date: _____ / _____ / _____	
	Current Address: _____		Home Telephone: ( ) _____		
	_____		Daytime Telephone: ( ) _____		
	Alternate Contact Person (Name & Telephone)		Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		
Are you a U. S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide the following information: If Legal Permanent Resident, your Alien Registration Number: _____ Date status is valid through _____ (Month/Date/Year) If Non-Resident Alien, you U. S. Visa type: _____					
<b>EDUCATION</b>	High School or Equivalent <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed (Yes/No)	From (Month/Year)	To (Month/Year)	Degree Received
	Additional Education (College/University/Trade & Certificate)				
	If you are currently attending a program, what is your schedule?				
<b>PROFESSIONAL</b>	Professional Licensure(s), Registration(s) & Certification(s)	State	Number	Expiration Date	
	Have you ever had a license denied, suspended, or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:				
<b>SKILLS</b>	Please complete this section if you are applying for a clerical position.				
	Typing _____ wpm    Shorthand _____ wpm    Medical Terminology <input type="checkbox"/> Yes <input type="checkbox"/> No    Medical Transcription <input type="checkbox"/> Yes <input type="checkbox"/> No				
Personal Computer (Application Name / Proficiency):    Beginner = 1    Intermediate = 2    Advanced = 3					
Word Processor _____ / _____    Spreadsheet _____ / _____    Other(s) _____ / _____					
<b>MILITARY</b>	Service Dates (Month/Year)	Branch of Service	Final Rank & Grade	Discharge (Character of Service)	
	Service School or Special Experience:				
	Are you currently a member of a military reserve unit? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which Branch _____ Rank _____				

*Please list chronologically, most recent first*

**EMPLOYMENT HISTORY**

Dates Employed (Month/Year) From: _____ To: _____		Position Title: _____	Salary: Starting: \$ _____ Final: \$ _____	
Employer's Name _____		Employer's Address: _____	Type of Business: _____	
Responsibilities: _____ _____ _____				
Reason for Leaving: _____			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> PD	
Supervisor & Title: _____		Telephone: (    ) _____	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates Employed (Month/Year) From: _____ To: _____		Position Title: _____	Salary: Starting: \$ _____ Final: \$ _____	
Employer's Name _____		Employer's Address: _____	Type of Business: _____	
Responsibilities: _____ _____ _____				
Reason for Leaving: _____			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> PD	
Supervisor & Title: _____		Telephone: (    ) _____		
Dates Employed (Month/Year) From: _____ To: _____		Position Title: _____	Salary: Starting: \$ _____ Final: \$ _____	
Employer's Name _____		Employer's Address: _____	Type of Business: _____	
Responsibilities: _____ _____ _____				
Reason for Leaving: _____			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> PD	
Supervisor & Title: _____		Telephone: (    ) _____		
Dates Employed (Month/Year) From: _____ To: _____		Position Title: _____	Salary: Starting: \$ _____ Final: \$ _____	
Employer's Name _____		Employer's Address: _____	Type of Business: _____	
Responsibilities: _____ _____ _____				
Reason for Leaving: _____			<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> PD Avg Hrs/Week: _____	
Supervisor & Title: _____		Telephone: (    ) _____		

## CRIMINAL HISTORY RECORD NAME SEARCH REQUEST

**PURPOSE OF THIS REQUEST (Check only one):**

DOMESTIC ADOPTION                       INTERNATIONAL ADOPTION \_\_\_\_\_  
COUNTRY

VISA (INTERNATIONAL TRAVEL)             OTHER (please specify) \_\_\_\_\_

**NAME INFORMATION TO BE SEARCHED:**

<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>MIDDLE NAME</u>	<u>MAIDEN NAME</u>
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<u>RACE</u>	<u>SEX</u>	<u>DATE OF BIRTH</u> / / (MM/DD/YYYY)	<u>SOCIAL SECURITY NUMBER</u>
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**AFFIDAVIT FOR RELEASE OF INFORMATION:**

I hereby give consent and authorize the Virginia State Police to search the files of the Central Criminal Records Exchange for a criminal history record and report the results of such search to the agent or individual authorized in this document to receive same.

\_\_\_\_\_  
Signature

State of \_\_\_\_\_  County  City of \_\_\_\_\_ ; to wit: Subscribed and sworn to before me on: \_\_\_\_\_  
(MM/DD/YYYY)

\_\_\_\_\_  
Signature of Notary Public                      My commission expires: \_\_\_\_\_ My registration # is: \_\_\_\_\_

**SIGNATURE OF PERSON MAKING REQUEST:**

As provided in Section 19.2-389, Code of Virginia, I hereby request the criminal history record of the individual named above and swear or affirm I have the consent of the individual to obtain their record and will not further disseminate the information received, except as provided by law.

\_\_\_\_\_  
Signature of Individual Making Request

State of \_\_\_\_\_  County  City of \_\_\_\_\_ ; to wit: Subscribed and sworn to before me on: \_\_\_\_\_  
(MM/DD/YYYY)

\_\_\_\_\_  
Signature of Notary Public                      My commission expires: \_\_\_\_\_ My registration # is: \_\_\_\_\_

**NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST:**

Mail Reply To:

NAME	
ATTENTION	
ADDRESS	
CITY    STATE      ZIP CODE	

**FEES FOR SERVICE:**

<input type="checkbox"/> \$15.00 CRIMINAL HISTORY SEARCH <input type="checkbox"/> \$20.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH	* FEES For Volunteers with Non-Profit Organizations: <input type="checkbox"/> \$8.00 CRIMINAL HISTORY SEARCH <input type="checkbox"/> \$16.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH
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\* To be entitled to reduced price, services must be on volunteer basis for a non-profit organization with a tax exempt number. Attach documentation to form which supports volunteer status and include organization's name, address, and the tax exempt identification number.

<p><b>METHOD OF PAYMENT: (Note: Personal Checks <u>Not</u> Accepted)</b></p> <input type="checkbox"/> Business or Certified check or Money order (payable to Virginia State Police) <p><b>CHARGE CARD:</b> <input type="checkbox"/> MasterCard  OR <input type="checkbox"/> Visa </p> <p>Account Number: _____ - _____ - _____ Expiration: _____ / _____</p> <p>Signature of Cardholder: _____</p> <input type="checkbox"/> Virginia State Police Charge Account Number: _____	<p><b>Mail Request To:</b></p> <p>Virginia State Police                  Central Criminal Records Exchange – NF                  P. O. Box 85076                  Richmond, Virginia 23261-5076</p> <p>ATTN: NEW FORM</p>
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**FOR STATE POLICE USE ONLY – DO NOT WRITE BELOW THIS LINE**

Response based on comparison of name information submitted in request against a master name index maintained in the Central Criminal Records Exchange only.

<input type="checkbox"/> No Conviction Data – Does Not Preclude the Existence of an Arrest Record <input type="checkbox"/> No Criminal Record – Name Search Only <input type="checkbox"/> No Criminal Record – Fingerprint Search <input type="checkbox"/> No Sex Offender Registration Record <input type="checkbox"/> Criminal Record Attached	Purpose code: <input type="checkbox"/> C <input type="checkbox"/> N <input type="checkbox"/> O
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Date: \_\_\_\_\_ By CCRE/ \_\_\_\_\_



# Employee Direct Deposit Enrollment Form

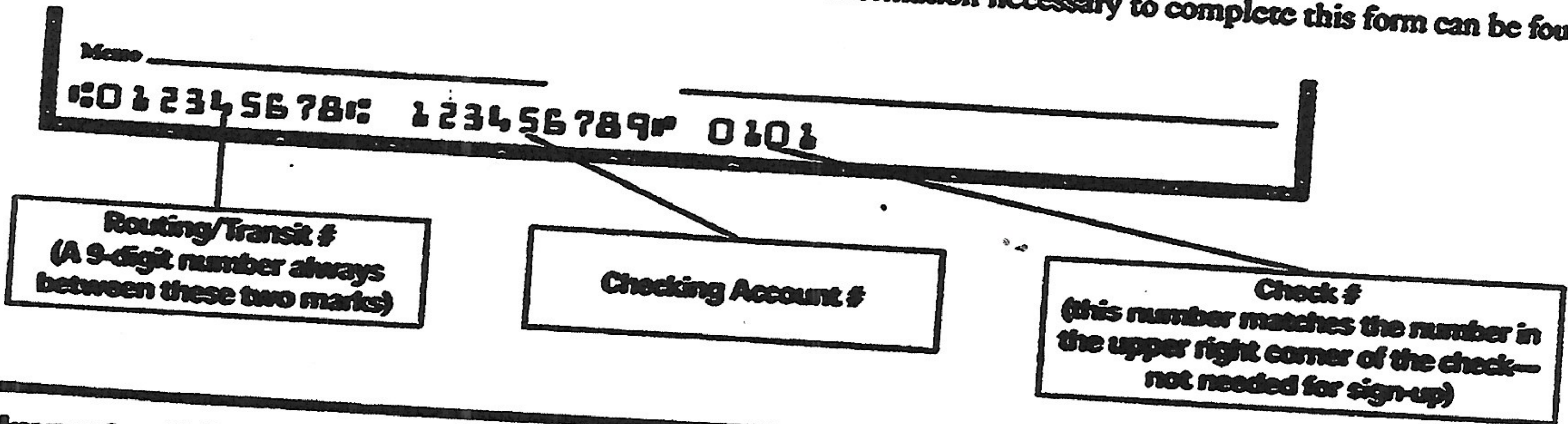
**Payroll Manager—Please complete this section and send a copy to ADP for enrollment. (Please print.)**

Company Code: \_\_\_\_\_ Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Payroll Mgr. Name: \_\_\_\_\_ Payroll Mgr. Signature: \_\_\_\_\_

To enroll in Full Service Direct Deposit, simply fill out this form and give it to your payroll manager. Attach a voided check for each checking account—not a deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



### Important! Please read and sign before completing and submitting.

I hereby authorize my employer (hereinafter "Company") to deposit any amounts owed me by initiating credit entries to my accounts at the financial institutions (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Company to my accounts. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such time and in such manner as to afford Company and Bank reasonable opportunity to act on it.

Employee Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Account Information

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form. Make sure to indicate what kind of account, along with amount to be deposited if less than your total net paycheck.

1. Bank Name/City/State: \_\_\_\_\_

Routing/Transit #: \_\_\_\_\_

Checking  Savings  Other

Account Number: \_\_\_\_\_

I wish to deposit: \$ \_\_\_\_\_ or  Entire Net Amount

2. Bank Name/City/State: \_\_\_\_\_

Routing/Transit #: \_\_\_\_\_

Checking  Savings  Other

Account Number: \_\_\_\_\_

I wish to deposit: \$ \_\_\_\_\_ or  Entire Net Amount

3. Bank Name/City/State: \_\_\_\_\_

Routing/Transit #: \_\_\_\_\_

Checking  Savings  Other

Account Number: \_\_\_\_\_

I wish to deposit: \$ \_\_\_\_\_ or  Entire Net Amount

### ATTENTION PAYROLL MANAGER:

Employers must keep each original employee enrollment form on file as long as the employee is using FSDD, and for two years thereafter.