

Dear Applicant:

Thank you for your interest in obtaining employment with the Granite Falls School District. The following guidelines should be followed in completing the application process.

1. Complete the enclosed application and include the following support information:
 - a) Pre-Employment Background Questionnaire, Applicant Disclosure Form, and Affirmative Action Survey.
 - b) A resume which states employment record, educational training, professional experience, special interests, volunteer work, professional objective, and other information you believe pertinent.
 - c) A letter of application, stating the position applied for and what skills or special abilities you will bring to the position.
 - d) Statement of accomplishments and experience pertaining to this position.
 - e) Supply a copy of your Washington State Administrator's Certificate or proof of eligibility.
2. Current college placement file.

→ 3. Enclosed is one copy of a Professional Reference Form. You may make as many copies as you wish to give to past employers. We suggest that you also give them a stamped envelope that is addressed to the Granite Falls School District to encourage swift completion and mailing of your job reference. *At least three* Professional Reference Forms need to be returned from current or past employers/administrators. Letters of recommendation do *not* take the place of the Professional Reference Forms.

4. Interviews are scheduled by Human Resources. Please contact me regarding position openings and interviews. You may use the Internet or email: www.gfalls.wednet.edu or sking@gfalls.wednet.edu.
5. When the interview and selection process is complete, the recommended candidate will be offered the position and all other interviewed candidates will be notified of the decision.
6. If a position within the Granite Falls School District is offered to you, please be prepared to furnish official, sealed transcripts from your college and/or university.

Your completed application packet should be sent to Human Resources at the address above. Applications will be retained in the current files for one year following date of receipt. To request that your application remain current beyond one year, send a written request to Human Resources.

Thank you for your application. Feel free to contact our office at the number listed above, if you have any questions regarding these procedures.

Sincerely,

Susan King
Administrative Personnel Secretary

sk:sk
enclosure

“Learning is First”
Granite Falls School District
Affirmative Action Voluntary Survey

Government agencies at times require periodic reports on the sex, ethnicity, disability, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action Program. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.**

Name (Please Print)

Date

Address

City

State

Zip Code

Social Security Number

Check One: Male Female

Check One Of The Following: (Ethnic Origin)

- White Hispanic American Indian/Alaskan Native
 Black Asian/Pacific Islander Multi-Racial
 Other

Check If Any Of The Following Are Applicable

- Vietnam Era Veteran Disabled Veteran Disabled Individual

Employees are treated without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or disability, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmation Action responsibilities where they apply.

The purpose for this data record is to comply with government recordkeeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of the data record is optional. If you choose to volunteer the requested information please note that all data records are kept in a confidential file and are not a part of your application for employment or personnel file. Please note: **YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISIONS.**

Granite Falls School District #332

307 North Alder Avenue • Granite Falls, WA 98252 • (360) 691-7717

Application for Administrative Position (Certificated)

APPLICATION CHECKLIST

Please submit the following requirements for a complete application file.

- Letter of application
- Statement of accomplishments and experiences pertaining to this position
- Completed application packet forms
 - * Application Form
 - * Affirmative Action Questionnaire (voluntary)
 - * Pre-Employment Background Questionnaire
 - * Professional Reference Forms
- Resume (including references)
- Copy of Washington State Administrator's Certificate or proof of eligibility
- Current college placement file, including transcripts and three letters of recommendation

PERSONAL INFORMATION

_____	_____	_____	_____	_____
Last Name	First Name	Middle Name		Date of Application
				()
_____	_____	_____	_____	_____
Present Address	City	State	Zip	Telephone
				()
_____	_____	_____	_____	_____
Permanent Address	City	State	Zip	Telephone
				()
_____				_____
Other name(s) under which records may be listed				Message Telephone

OTHER PROFESSIONAL/PERSONAL DATA

Are you under contract? <input type="checkbox"/> No <input type="checkbox"/> Yes, where? _____	Present Position: _____
If currently employed, why do you wish to change?: _____	
If under contract, what type: <input type="checkbox"/> Provisional <input type="checkbox"/> Continuing <input type="checkbox"/> Other	
Can you be released if you are offered a position? <input type="checkbox"/> No <input type="checkbox"/> Yes	Date available for work: _____
Have you ever been refused a continuing contract? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain _____	
Are you now or have you ever been a member of the Washington State Retirement System? <input type="checkbox"/> No <input type="checkbox"/> Yes	

EDUCATION List all colleges attended, beginning with the most recent. **If hired, official transcripts of all college work must be furnished.**

Name of Institution City, State	Dates Attended Mo/Yr to Mo/Yr	Degree/Diploma and Date Rec'd	G.P.A.	Major and Minor(s)	Credits Earned Semester/Qtr

EDUCATION TRAINING EXPERIENCE Include student teaching, internships, etc. List most recent experience first.

DISTRICT Address/Phone	School Principal/Phone	Grades/ Subjects	Dates Mo/Yr to Mo/Yr	Master Teacher/Phone	College Supervisor/Phone

PROFESSIONAL EDUCATION EXPERIENCE List most recent experience first. List each position if you held more than one position in the same school system. Use a separate sheet of paper if necessary.

DISTRICT Address/Phone	Subjects Taught Positions Held	Principal Supervisor/Phone	Dates Mo/Yr to Mo/Yr	Total Yrs/Mos	Reason(s) For Leaving

CERTIFICATES HELD List current, valid certificates, including Washington State certificate and **enclose a photocopy of each.**

TYPE	Number	Date Issued	Expiration Date	Endorsements

OTHER EXPERIENCE List work experience other than teaching since high school. **Include any military experience.**

EMPLOYER Address/Phone	Your Position/ Job Assignment	Dates Mo/Yr to Mo/Yr	Name of Supervisor	Reason(s) For Leaving

REFERENCES/OTHER INFORMATION As an applicant, you are responsible to provide the following information:

- A. The names of at least three reference sources must be provided, including your most current employer and supervisor
- B. Unless included in Placement File, applicants with work experience must provide written recommendations from principals/supervisors and/or superintendents from all contracted educational work experiences within the past three years. If experience was not within the past three years, provide references from last contracted experience.

We reserve the right to call other references not listed.

Name of Reference	Position/Relationship	Mailing Address	Phone Number (include area code)

APPLICANT'S STATEMENT

I hereby certify that all the information given is true to the best of my knowledge.

I give the District the right to investigate all references and to secure additional job-related information about me. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. I also agree that information gained through such investigations, which shall become a part of this application, will be regarded as confidential and shall not be revealed to me.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I further understand that, if employed, I will provide verification of my certification, education, and experience, and agree to accept assignments to subjects and activities as made by the superintendent and school board and to abide by all rules and regulations of the District.

Signature of Applicant

Date*

* Application will be considered active for a period of one year from this date; if you wish to be considered for employment beyond that time, call the Personnel Office and request that your application remain on active status.

GRANITE FALLS SCHOOL DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER.

Granite Falls School District No. 332 complies with all Federal and State rules and regulations and does not discriminate on the basis of race, color, national origin, sex or disability. This holds true for all access to, admission to, or operations of programs, services or activities and/or employment and opportunities. Inquiries regarding compliance procedures may be directed to the school district's Title IX/RCW 28A.640 Officer and/or Section 504/ADA Coordinator: Vervia Gabriel, Granite Falls School District No. 332, 307 North Alder Avenue, Granite Falls, WA 98252, (360)691-7717. Individuals with disabilities who may need modification in employment opportunities should contact Vervia Gabriel at the Administration Office at (360) 691-7717.

Granite Falls School District
APPLICANT DISCLOSURE FORM
Pursuant to Chapter 43.43.830 RCW (Revised, 1990)

In accordance with RCW 43.43.830, applicants and prospective volunteers are required to complete this disclosure form. In addition, applicants who have been offered employment or volunteer assignments as outlined in said law, will be required to complete a Request for Criminal History form, possibly including fingerprinting. These requests will be forwarded to the Washington State Patrol for disclosure of any applicable charges or findings. Applicants may be employed on a conditional basis pending completion of such background investigation. Volunteers will be retained on the same conditional basis.

Answer yes or no to each listed item. If the answer is yes to any item, explain in the area provided, indicating the charge or finding, the date, and the court(s) involved.

1. Have you ever been convicted of any crimes against persons as defined in Section 1 of Chapter 486, Laws of 1987, and listed as follows: aggravated murder, first or second degree murder, first or second degree kidnapping; first, second or third degree assault; first, second, or third degree rape; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault; sexual exploitation of minors; first or second degree criminal mistreatment; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor, custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; or any of these crimes as they may be renamed in the future?

Answer _____ **If yes, explain below.**

2. Have you ever been found in any dependency action under RCW 13.34.030(2)(b) to have sexually assaulted or exploited any minor or to have physically abused any minor?

Answer _____ **If yes, explain below.**

3. Have you ever been found by a court in a domestic relations proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor?

Answer _____ **If yes, explain below.**

4. Have you ever been found in a disciplinary board final decision to have sexually abused or exploited any minor or to have physically abused any minor?

Answer _____ **If yes, explain below.**

Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I understand that my continued employment is conditional upon the fingerprinting and background checks that the Granite Falls School District will conduct.

Applicant Signature

Date

HUMAN RESOURCES
Granite Falls School District No. 332
307 North Alder Avenue
Granite Falls, WA 98252
(360) 691-7717 FAX (360) 691-4459

PRE-EMPLOYMENT BACKGROUND QUESTIONNAIRE

Please complete the following questions and sign the declaration. Any falsification or deliberate misrepresentation, including omission of a material fact or failure to complete any part of your application or this questionnaire can be grounds for denial of employment or continued employment with the Granite Falls School District.

ALL REQUIRED DOCUMENTATION REQUESTED BELOW MUST ACCOMPANY THIS FORM. ALL QUESTIONS MUST BE ANSWERED. IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET OF PAPER.

SECTION I - PERSONAL INFORMATION (please print or type)

1. NAME: Last First Middle

2. ADDRESS: (complete mailing address)

3. TELEPHONE:
BUSINESS () HOME ()

4. Please list all former names (a) you have used when working for another employer or (b) by which you are known to reference. (If more than three, list on a separate sheet of paper.)

SECTION II - PROFESSIONAL FITNESS

If you answer "yes" to questions 1 through 4, on a separate sheet of paper, give a complete explanation, including duties, circumstances, and any supporting documentation.

Yes No

1. Have you ever been dismissed, discharged or fired from any employment?
2. Have you ever resigned from or otherwise left any employment while allegations of misconduct on your part were pending or under investigation?
3. Have you ever been disciplined by a past or present employer because of allegations of misconduct?
4. Are you currently or have you ever been the subject of any investigation or inquiry by an employer because of allegations of misconduct on your part?

SECTION III - CRIMINAL HISTORY

1. Have you ever been convicted of any crime? (Note: For the purpose of this question "convicted" includes (1) all instances in which a plea of guilty or nolo contendere is the basis of conviction, and (2) all proceedings in which a sentence has been suspended or deferred.) You need not list traffic violations for which a fine or forfeiture of less than \$150 was imposed.

Yes **No**

- | | | | | |
|--------------------------|--------------------------|----|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | a. | Do you currently have any outstanding criminal charges or warrants of arrest pending against you in Washington? |
| <input type="checkbox"/> | <input type="checkbox"/> | | b. | Do you currently have any outstanding criminal charges or warrants of arrest pending against you in any other state, province, territory, and/or country? |

If you answered "yes" to questions 1 or 2 of (Section III), please provide the following:

- | | | | | |
|--------------------------|--------------------------|----|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | a. | A detailed statement including what occurred, the nature of the offense, charge or warrant; |
| | | | b. | The name and address of the arresting agency; |
| | | | c. | The date of the arrest; |
| | | | d. | The final disposition, if any; |
| | | | e. | If a court was involved, the name and address of the court; |
| | | | f. | The complete arrest report and sentence and judgement; and |
| | | | g. | A complete driving abstract for five years if the arrest was driving related. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | | Are you presently under investigation in any jurisdiction for possible criminal charges? If your answer is "yes", identify agency and location (street address, city, state): |

A "yes" answer to questions 1 through 3 above will not necessarily bar you from employment.

SECTION IV - FITNESS

Yes **No**

- | | | | |
|--------------------------|--------------------------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Are you able to perform the essential functions of the certificated/classified position(s) for which you have applied with or without reasonable accommodation? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Do you currently use illegal drugs? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Have you used illegal drugs in the last year? If your answer is "yes," explain on a separate sheet of paper. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Have you ever been found in any dependency or domestic relation matter to have sexually assaulted or exploited any minor? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | Have you ever been found in any dependency or domestic relation matter to have physically abused any person? |

If you answered "yes" to questions 4 or 5, attach copies of any court orders entered in the above proceeding.

DECLARATION

I, _____ certify (or declare) under the penalty of perjury under the laws of the State of Washington that the foregoing and all information included in the application is true and correct.

If the information provided or answer(s) to any question on the application or the Pre-Employment Background Questionnaire change prior to my being hired, I understand that I must immediately notify the Granite Falls School District.

I understand I must answer this application truthfully and completely. Any falsification or deliberate misrepresentation, including omission of a material fact, in completion of this application can be grounds for denial of employment or continued employment.

Signature

Date

City/State

PROFESSIONAL REFERENCE FORM FOR ADMINISTRATIVE APPLICANTS

This form is to remain confidential

➔➔➔➔ **Position Applied For:** _____

Important: The information on this form is confidential! Please return completed form to the Granite Falls School District.
I understand that this is a confidential recommendation report. I hereby waive my right to see the recommendation.

 Name of Applicant (Please Print)

 Signature of Applicant

 Date

The applicant _____ has applied for an administrative position in the Granite Falls School District. We request that you carefully evaluate the educational work experience of the applicant on the checklist below.

How long have you known applicant? From _____ to _____ Did applicant work for you? Yes No

In what capacity did applicant work for you? _____

- Served as supervisor/evaluator. Yes No If yes, how long? _____
- Observed applicant as a colleague. Yes No If yes, how long? _____
- Observed applicant in community/at activities. Yes No If yes, how long? _____

CATEGORY	Upper 5%	Upper 10% but not Upper 5%	Upper 25% but not Upper 10%	Upper 50% but not Upper 25%	Lower 50%	No basis for Judgment
1. Professionalism: Practices professional ethics; honors commitments; projects desired professional image; protects confidential information; honors district policy and school rules; is knowledgeable and current in field; is receptive to new ideas and change; demonstrates fairness and objectivity; keeps informed of curricular developments and instruction practices.						
2. Planning/Decision Making: Has relevant annual and future goals; states goals clearly and simply; sets proper priorities and target dates; provides resources needed to achieve goals; involves appropriate parties with goal setting and decisions; furnishes adequate lead time with assignments; uses sound problem-solving techniques.						
3. Organizing and Coordinating: Organizes daily and weekly activities; uses a system to keep track of information; works by priority rather than crises; uses time wisely; coordinates activities effectively.						
4. Communicating: Is readily available when needed; communicates clearly and simply; shares information in timely manner; shares accurate and up-to-date information; is open and honest with people; practices two-way communication; lets people know what to expect; keeps people informed; conducts effective meetings; speaks, writes, listens effectively.						
5. Motivating: Gives people freedom to do their job; instills spirit of teamwork; performs duties enthusiastically; promotes job satisfaction and morale; shows appreciation and gives praise.						



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Office of Professional Practices
 Old Capitol Building
 PO BOX 47200
 Olympia WA 98504-7200

WASHINGTON STATE SEXUAL MISCONDUCT DISCLOSURE RELEASE

To:	SCHOOL DISTRICT EMPLOYER
	PERSONNEL DEPARTMENT
	STREET ADDRESS
	CITY, STATE, ZIP

The named applicant is under consideration for a position in our district. The Legislature has determined that additional safeguards are necessary in the hiring of school district employees to ensure the safety of Washington's school children. The individual whose name appears below has had previous employment with your organization. As a former employer, we request you provide the information requested on this form within 20 business days as required by state law (RCW 28A.400). Sexual misconduct definitions are found in WAC 180-87-080. Your assistance is appreciated.

Return all completed information to:	SCHOOL DISTRICT	
	Granite Falls School District/Human Resources	
	ADDRESS	
	307 North Alder Avenue, Granite Falls, WA 98252	
	PHONE	FAX
	360-283-4309	360-691-7717

Employing School Receipt Date _____ Recipient Name _____

APPLICANT'S NAME (FIRST, MIDDLE, LAST)	
FULL NAME WHEN LAST EMPLOYED WITH ORGANIZATION	
SOCIAL SECURITY NUMBER	CERTIFICATE NO.
APPROXIMATE DATES OF EMPLOYMENT	
POSITION(S)	

I authorize you to release to the school/district listed above, all information related to any acts of sexual misconduct that the school district has made a determination that there is sufficient information to conclude that the abuse or misconduct occurred and that the abuse or misconduct resulted in the employee's leaving his or her position at the school district. Such information includes copies of all related documents, including any rebuttal documents, in personnel, investigative or other files, in accordance with RCW 28A.400. I release the above employer and employees acting on behalf of the employer from any liability for providing information described in this document.

 Applicant Signature Date

<input type="checkbox"/> No sexual misconduct materials were found. <input type="checkbox"/> Yes, sexual misconduct materials are available. Please contact for more information. <input type="checkbox"/> No record of employment.	Complaint of sexual misconduct was filed with OSPI. <input type="checkbox"/> Yes <input type="checkbox"/> No
_____ Former Employer Representative Signature	_____ Title
	_____ Date

Instructions

Please read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and non-citizen) hired after November 6, 1986 is authorized to work in the United States.

When Should the Form I-9 Be Used?

All employees, citizens and noncitizens, hired after November 6, 1986 and working in the United States must complete a Form I-9.

Filling Out the Form I-9

Section 1, Employee: This part of the form must be completed at the time of hire, which is the actual beginning of employment. Providing the Social Security number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his/her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer: 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.

Employers must complete **Section 2** by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required

document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, **Section 2** must be completed at the time employment begins. **Employers must record:**

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the Form I-9. **However, employers are still responsible for completing and retaining the Form I-9.**

Section 3, Updating and Reverification: Employers must complete **Section 3** when updating and/or reverifying the Form I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in **Section 1**. Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B and:

1. Examine any document that reflects that the employee is authorized to work in the U.S. (see List A **or** C);
2. Record the document title, document number and expiration date (if any) in Block C, and
3. Complete the signature block.

What Is the Filing Fee?

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

USCIS Forms and Information

To order USCIS forms, call our toll-free number at **1-800-870-3676**. Individuals can also get USCIS forms and information on immigration laws, regulations and procedures by telephoning our National Customer Service Center at **1-800-375-5283** or visiting our internet website at **www.uscis.gov**.

Photocopying and Retaining the Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Forms I-9 for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

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

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals 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.

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 form will be kept by the employer and made available for inspection by officials of U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: **1)** learning about this form, and completing the form, 9 minutes; **2)** assembling and filing (recordkeeping) the form, 3 minutes, for an average of 12 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529. OMB No. 1615-0047.

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

Form I-9, Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen or national of the United States
- A lawful permanent resident (Alien #) A _____
- An alien authorized to work until _____
(Alien # or Admission #) _____

Employee's Signature	Date (month/day/year)
----------------------	-----------------------

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
-----------------------------	--

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

Document Title: _____	Document #: _____	Expiration Date (if any): _____
-----------------------	-------------------	---------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------

LISTS OF ACCEPTABLE DOCUMENTS

LIST A Documents that Establish Both Identity and Employment Eligibility	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Eligibility
OR	AND	
1. U.S. Passport (unexpired or expired)	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	1. U.S. Social Security card issued by the Social Security Administration <i>(other than a card stating it is not valid for employment)</i>
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	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	2. Certification of Birth Abroad issued by the Department of State <i>(Form FS-545 or Form DS-1350)</i>
3. An unexpired foreign passport with a temporary I-551 stamp	3. School ID card with a photograph	3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. An unexpired Employment Authorization Document that contains a photograph (Form I-766, I-688, I-688A, I-688B)	4. Voter's registration card	4. Native American tribal document
	5. U.S. Military card or draft record	5. U.S. Citizen ID Card <i>(Form I-197)</i>
5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer	6. Military dependent's ID card	6. ID Card for use of Resident Citizen in the United States <i>(Form I-179)</i>
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	7. Unexpired employment authorization document issued by DHS <i>(other than those listed under List A)</i>
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	

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