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.

Preparer and/or Translator Certification. (To be completed and signed by employer. Examine one document from List G and low flow firm List G as listed one flow flow, and record the fulle, number and content form List G as listed one flow flow, and record the fulle, number and complowment is flow, and comment is flow, and that to the best of my knowledge the employee significant my comployment of my). CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-lasted owner in the United States. Proposed Solgrature	Print Name: Last					
Lattest, under penalty of perjury, that I am (check one of the following): A management and/or fines for false statements or see of false documents in connection with the completion of this form. A lattizen or national of the United States		First		Middle Initial	Maiden Name	
am aware that federal law provides for mprisonment and/or fines for false statements or see of false documents in connection with the completion of this form. A citizen or national of the United States A lawful permanent resident (Alien #) A an alien authorized to work until (Alien #) or Admission #)	Address (Street Name and Number)			Apt. #	Date of Birth (month/day/year)	
am aware that federal law provides for myrisonment and/or fines for false statements or use of false documents in connection with the completion of this form. A clitzen or national of the United States A lawful permanent resident (Alien #) A A nation and surface to work until (Alien # or Admission #) Date (month/day/year) Preparer and/or Translator Certification. (To be completed and signed (f Section 1 is prepared by a person other than the employee.) I attest, under enable 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. Preparers' Translator's Signature Address (Street Name and Number, City, State, Zip Code) Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A O 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 examine one document from List C and the title, number and expiration Date (if any): Document #: Expiration Name and Address (Street Name and Number, City, State, Zip Code) B. Date (month/day/year) Date (month/day/year) Prist Name Title B. Date of Rehire (month/day/year) Date (month/day/year) Prist Name Title Sustances or Organization Name and Address (Street Name and Number, City, State, Zip Code) 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): Document #: Expiration Date (if any):	City	State		Zip Code	Social Security #	
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. Print Name Address (Street Name and Number, City, State, Ztp Code) Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A O 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 #: Expiration Date (if any): Document #: Expiration Date (if any): Document #: Expiration Date (if any): Document gencies may omit the date the employee began employees, the above-listed document(s) appear to be genuine and to relate to 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) Prescott College 220 Grove Avenue Prescott, AZ 86301 Section 3. Updating and Reverification. To be completed and signed by employer. A. New Name (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 #: Expiration Date (if any):	imprisonment and/or fines for false st use of false documents in connection v completion of this form.	for atements or	A citizen or national of the United States A lawful permanent resident (Alien #) A An alien authorized to work until			
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 O 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: Susing authority: Document #: Expiration Date (if any): Document #: Expiration Date (if any): Document gain that to the best of my knowledge the information 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.) Print Name Print Name Title Susiness or Organization Name and Address (Street Name and Number, City, State, Zip Code) Perescott College 220 Grove Avenue Prescott, AZ 86301 Section 3. Updating and Reverification. To be completed and signed by employer. List B AND List C Document #: Document #: Document #: Expiration Date (if any):	imployee's Signature				Date (month/day/year)	
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 O 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 #: 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, the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on 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) Prescott College 220 Grove Avenue Prescott, AZ 86301 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 #: Expiration Date (if any):	Preparer and/or Translator Certificate penalty of perjury, that I have assisted in the comp	tion. (To be complete oletion of this form an	ed and signed if Section 1 d that to the best of my kno	is prepared by a pers owledge the informat	son other than the employee.) I attest, under ion is true and correct.	
Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A O 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: Susing authority: Document #: Expiration Date (if any): Document #: Expiration Date (if applicable) Document Title: Document #: Expiration Date (if any): Document #: Expiration Date (if any): Document #: Expiration Date (if any): Expiration Date (if any):	Preparer's/Translator's Signature		Print Nan	ne		
Expiration date, if any, of the document(s). List A OR List B AND List C Document title: Susing authority: 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, 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 Susiness or Organization Name and Address (Street Name and Number, City, State, Zip Code) Perescott College 220 Grove Avenue Prescott, AZ 86301 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 Title: Expiration Date (if any):	Address (Street Name and Number, City	y, State, Zip Code)			Date (month/day/year)	
Expiration Date (if any): Document #:		` '	List R	A NIF		
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, the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on 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) Perescott College 220 Grove Avenue Prescott, AZ 86301 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):			List D	ANL	<u>D</u> List C	
Expiration Date (if any): EXERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on 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.) Eignature of Employer or Authorized Representative Print Name Print Name Title Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) Perescott College 220 Grove Avenue Prescott, AZ 86301 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):	Document title:	_	List D	<u>ANI</u>	<u>List C</u>	
CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, 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 mployment agencies may omit the date the employee began employment.) ignature of Employer or Authorized Representative Print Name Print Name Title Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) Prescott College 220 Grove Avenue Prescott, AZ 86301 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):	Occument title:		LIST D	<u>ANI</u>	<u>List C</u>	
the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on 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 Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) Perescott College 220 Grove Avenue Prescott, AZ 86301 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):	Document title: ssuing authority: Document #: Expiration Date (if any):		LIST D	ANI	List C	
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) Prescott College 220 Grove Avenue Prescott, AZ 86301 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):	Document title: Sessuing authority: Document #: Expiration Date (if any): Document #:		LIST D	ANL	List C	
Rection 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):	Document title: ssuing authority: Document #: Expiration Date (if any): Document #: Expiration Date (if any): CERTIFICATION - I attest, under penalthe above-listed document(s) appear to be (month/day/year) and the employment agencies may omit the date to	ty of perjury, that genuine and to re at to the best of my he employee began	I have examined the d late to the employee n knowledge the emplo employment.)	locument(s) prese	nted by the above-named employee, t iployee began employment on work in the United States. (State	
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):	Document title: ssuing authority: Document #: Expiration Date (if any): Document #: Expiration Date (if any): CERTIFICATION - I attest, under penalthe above-listed document(s) appear to be imonth/day/year) and the imployment agencies may omit the date the	ty of perjury, that genuine and to re at to the best of my he employee began	I have examined the d late to the employee n knowledge the emplo employment.)	locument(s) prese	nted by the above-named employee, t iployee began employment on work in the United States. (State	
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):	Document title: ssuing authority: Document #: Expiration Date (if any): Expiration Date (if any): CERTIFICATION - I attest, under penalted above-listed document(s) appear to be (month/day/year) and the employment agencies may omit the date the Signature of Employer or Authorized Representations or Organization Name and Address (Stree Prescott College 220 Grove	ty of perjury, that genuine and to re at to the best of my he employee began live Print Neet Name and Number Avenue Press	I have examined the date to the employee ny knowledge the employment.) Tame City, State, Zip Code)	locument(s) prese amed, that the en oyee is eligible to	nted by the above-named employee, to a sployee began employment on work in the United States. (State	
Document Title: Document #: Expiration Date (if any):	Document title: Sessing authority: Document #: Expiration Date (if any): Document #: Expiration Date (if any): CERTIFICATION - I attest, under penalte above-listed document(s) appear to be imonth/day/year) and the imployment agencies may omit the date the imployment agencies may omit the date the imployment of Employer or Authorized Representations or Organization Name and Address (Stree Prescott College 220 Grove Section 3. Updating and Reverification	ty of perjury, that genuine and to re at to the best of my he employee began live Print Neet Name and Number Avenue Press	I have examined the date to the employee ny knowledge the employment.) Tame City, State, Zip Code)	locument(s) prese amed, that the empyee is eligible to verall	nted by the above-named employee, to a supply the above of the state of the united States. (State of the united States) Title	
	Expiration Date (if any): Document #: Expiration Date (if any): Document #: Expiration Date (if any): CERTIFICATION - I attest, under penalthe above-listed document(s) appear to be (month/day/year) and the imployment agencies may omit the date the distinguishess or Organization Name and Address (Street Prescott College 220 Grove Section 3. Updating and Reverification A. New Name (if applicable)	ty of perjury, that genuine and to re at to the best of my he employee began ive Print Neet Name and Number Avenue Preson. To be complete	I have examined the date to the employee now knowledge the employment.) Tame City, State, Zip Code) Cott, AZ 8630 ed and signed by employeed and signed by employeed.	locument(s) prese amed, that the encyce is eligible to vere is eligible to be ployer.	nted by the above-named employee, to apployee began employment on work in the United States. (State Title Date (month/day/year) Rehire (month/day/year) (if applicable)	
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 title: Issuing authority: Document #: Expiration Date (if any): Document #: Expiration Date (if any): CERTIFICATION - I attest, under penaltithe above-listed document(s) appear to be (month/day/year) and the employment agencies may omit the date the Signature of Employer or Authorized Representations are considered to the signature of Employer or Authorized Representations. Updating and Reverification A. New Name (if applicable) C. If employee's previous grant of work authorizations.	ty of perjury, that genuine and to re at to the best of my he employee began ive Print Neet Name and Number Avenue Preson. To be complete	I have examined the date to the employee now knowledge the employment.) Iame City, State, Zip Code) Cott, AZ 8630 ed and signed by employeed and signed by employeed and signed by employeed the information below	locument(s) prese amed, that the encyce is eligible to vere is eligible to be ployer.	nted by the above-named employee, toployee began employment on work in the United States. (State Title Date (month/day/year) Rehire (month/day/year) (if applicable) at establishes current employment eligibility.	
	Document title: Issuing authority: Document #: Expiration Date (if any): Document #: Expiration Date (if any): CERTIFICATION - I attest, under penalte the above-listed document(s) appear to be (month/day/year) and the employment agencies may omit the date the Signature of Employer or Authorized Representations are also as a complex of the control of the cont	ty of perjury, that genuine and to re at to the best of my he employee began ive Print N Avenue Present. To be complete tion has expired, provest of my knowledge,	I have examined the date to the employee now knowledge the employment.) I ame City, State, Zip Code) Cott, AZ 8630 ed and signed by employee in the information below Document #: this employee is eligible	locument(s) prese amed, that the empyee is eligible to verse is eligible to verse amed. 1 ployer. B. Date of F. for the document that to work in the United	nted by the above-named employee, to apployee began employment on work in the United States. (State Title	

LISTS OF ACCEPTABLE DOCUMENTS

LIST A		LIST B		LIST C		
	Documents that Establish Both Identity and Employment Eligibility	Documents that Establish Identity R	AND	Documents that Establish Employment Eligibility		
1.	U.S. Passport (unexpired or expired)	a state or outlying possession of United States provided it contain photograph or information such a name, date of birth, gender, height eye color and address	he the So s a (other s valid	Social Security card issued by ocial Security Administration r than a card stating it is not for employment)		
2.	Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	2. ID card issued by federal, state o local government agencies or entities, provided it contains a photograph or information such a name, date of birth, gender, height eye color and address	issued (Form	ication of Birth Abroad I by the Department of State In FS-545 or Form DS-1350)		
3.	An unexpired foreign passport with a temporary I-551 stamp	3. School ID card with a photograph	certifi count outlyi	nal or certified copy of a birth icate issued by a state, y, municipal authority or ing possession of the United s bearing an official seal		
4.	An unexpired Employment Authorization Document that contains	4. Voter's registration card	4. Nativ	e American tribal document		
	a photograph (Form I-766, I-688, I-688A, I-688B)	5. U.S. Military card or draft record	5. U.S. 0	Citizen ID Card (Form I-197)		
5.	An unexpired foreign passport with an unexpired Arrival-Departure	6. Military dependent's ID card		and for use of Resident en in the United States (Form		
	Record, Form I-94, bearing the same name as the passport and containing	7. U.S. Coast Guard Merchant Mark Card		*		
	an endorsement of the alien's nonimmigrant status, if that status	8. Native American tribal documen	1	pired employment rization document issued by		
	authorizes the alien to work for the employer	9. Driver's license issued by a Cana government authority	5770	(other than those listed under		
		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 reco	rd			

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