



Dear Healthcare Professional,

As an employer, MedStaff is federally mandated to have a completed **original** I9 packet for every employee within the first three (3) business days of working for MedStaff. We are required to visually verify all applicable documentation that is collected. As a result, we require all employees to have I9 information either notarized or verified in person by either a MedStaff office employee or a facility representative (this can include someone from Human Resources, Nursing Education, or Nursing Supervision). Your choice of using the notary, MedStaff office staff, or facility representative will allow us to prove your identity and eligibility to work in the United States.

Following is an overview of the steps you are to take to be compliant:

1. You must complete and sign Section 1 of the I9 form.
2. If using the MedStaff local office personnel or facility representative, Section 2 of the I9 form is also to be completed. This Section is to be completed and signed by one of these representatives after viewing your identification.
3. Whether you use the notary, MedStaff office personnel, or facility representative, a copy of identification you showed the representative must be made.
4. The I9 form with **original** signatures and the **original** notary form (when applicable) with the copy of the identification items are to be sent to MedStaff.

If you choose to use a notary for identification, you may visit this link <http://www.123notary.com/> to obtain the nearest notary location convenient to you. If you live within the area of one of our local offices, you may go to that office to have the information completed. Please visit the MedStaff website for their locations. You may also seek assistance from the facility representative to verify your identification.

Thank you for helping us comply with the federally mandated completion of the I9 process.

Sincerely,

MedStaff HR Department

INSTRUCTIONS FOR COMPLETING THE I-9 FORM

Federal law requires every employer to obtain documented verification of employment eligibility and identity of all employees hired after November 6, 1986. To comply with this law, please carefully read and follow the steps listed below.

If you are Using A Notary:	If you are Using A MedStaff or Facility Representative:
<i>THE EMPLOYEE MUST:</i>	<i>THE EMPLOYEE MUST:</i>
Step 1 Complete Section 1 of the attached U.S. Department of Justice’s Employment Eligibility Verification (I-9 Form) including signature and date.	Step 1 Complete Section 1 of the attached U.S. Department of Justice’s Employment Eligibility Verification (I-9 Form) including signature and date.
Step 2 Present the appropriate verification documents to a notary within three (3) business days of working for MedStaff: A document from List A on the I-9 form Or A document from List B and a document from List C on the I-9 form	Step 2 Present the appropriate verification documents to a representative within three (3) business days of working for MedStaff: A document from List A on the I-9 form Or A document from List B and a document from List C on the I-9 form
<i>THE NOTARY MUST:</i>	<i>THE MEDSTAFF OR FACILITY REPRESENTATIVE MUST:</i>
Step 1 Examine and review the documents provided and fill in all the identifying information concerning the documents as required on the Notary Form.	Step 1 Examine and review the documents provided and fill in all the identifying information concerning the documents as required on the I-9 Form.
Step 2 Verify that the documents have been reviewed and found them to be facially valid and current.	Step 2 Verify that the documents have been reviewed and found them to be facially valid and current.
Step 3 Make copies of the verification documents from List A or List B & C.	Step 3 Make copies of the verification documents from List A or List B & C.
Step 4 Sign the affix seal to the attached Notary Public Form.	Step 4 Fill in all the identifying information concerning the documents as required by Section 2 and sign Section 2.
<i>MAIL IN ENCLOSED ENVELOPE:</i>	<i>MAIL IN ENCLOSED ENVELOPE:</i>
The I-9 Form with Original signatures;	The I-9 Form with Original signatures;
And Photocopies of the documents presented to the notary;	And Photocopies of the documents presented to the MedStaff or facility representative
And the Original executed Notary Public Form.	

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 of 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):
	<input type="checkbox"/> A citizen or national of the United States
	<input type="checkbox"/> A Lawful Permanent Resident (Alien #) A _____
	<input type="checkbox"/> An alien authorized to work until _____ (Alien # or Admission #) _____

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

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	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)
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LISTS OF ACCEPTABLE DOCUMENTS

LIST A	LIST B	LIST C
Documents that Establish Both Identity and Employment Eligibility	Documents that Establish Identity	Documents that Establish Employment Eligibility
<ol style="list-style-type: none"> 1. U.S. Passport (unexpired or expired) 2. Certificate of U.S. Citizenship (<i>Form N-560 or N-561</i>) 3. Certificate of Naturalization (<i>Form N-550 or N-570</i>) 4. Unexpired foreign passport, with <i>I-551 stamp</i> or attached <i>Form I-94</i> indicating unexpired employment authorization 5. Permanent Resident Card or Alien Registration Receipt Card with photograph (<i>Form I-151 or I-551</i>) 6. Unexpired Temporary Resident Card (<i>Form I-688</i>) 7. Unexpired Employment Authorization Card (<i>Form I-688A</i>) 8. Unexpired Reentry Permit (<i>Form I-327</i>) 9. Unexpired Refugee Travel Document (<i>Form I-571</i>) 10. Unexpired Employment Authorization Document issued by DHS that contains a photograph (<i>Form I-688B</i>) 	OR	<ol style="list-style-type: none"> 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 <p style="text-align: center; font-weight: bold;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor or hospital record 12. Day-care or nursery school record
	AND	<ol style="list-style-type: none"> 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. Certification of Birth Abroad issued by the Department of State (<i>Form FS-545 or Form DS-1350</i>) 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. Native American tribal document 5. U.S. Citizen ID Card (<i>Form I-197</i>) 6. ID Card for use of Resident Citizen in the United States (<i>Form I-179</i>) 7. Unexpired employment authorization document issued by DHS (<i>other than those listed under List A</i>)

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



NOTARY PUBLIC FORM

The undersigned has examined the original documentation from List A **OR** List B **AND** one from List C listed below presented by _____ (*Name of Healthcare Professional*) to the undersigned Notary Public.

List A

1. U.S. Passport (unexpired or expired)
2. Certificate of U.S. Citizenship (*Form N-560 or N-561*)
3. Certificate of Naturalization (*Form N-550 or N-570*)
4. Unexpired foreign passport, with *I-551 stamp* or attached *Form I-94* indicating unexpired employment authorization
5. **Permanent Resident Card** or Alien Registration Receipt Card with photograph (*Form I-151 or I-551*)
6. Unexpired Temporary Resident Card (*Form I-688*)
7. Unexpired Employment Authorization Card (*Form I-688A*)
8. Unexpired Reentry Permit (*Form I-327*)
9. Unexpired Refugee Travel document (*Form I-571*)
10. Unexpired Employment authorization document issued by the DHS that contains a photograph (*Form I-688B*)

OR

List B

And

List C

Documents that Establish Identity

1. State Driver's license or ID card provided it contains a photograph or information such as name, date of birth, sex, height, eye color and address
2. ID card issued by Federal, state or local agencies provided it contains a photograph or information such as name, date of birth, gender sex, eye color & address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependent 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

Documents that Establish Employment Eligibility

1. **U. S.** Social security card issued by the Social Security Administration
2. Certification of Birth Abroad issued by the Dept of State (*Form FS-545 or Form DS-1350*)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority bearing an official seal
4. Native American tribal document
5. U.S. Citizen ID Card (*Form I-197*)
6. ID Card for use of Resident Citizen in the United States (*Form I-179*)
7. Unexpired Employment authorization document issued by the DHS (*other than those listed under List A*)

I attest that I have examined the document(s) presented by the above-named person and that the following documents appear to be genuine and to relate to the person named above:

Document From List A: _____

Or

Document From List B: _____

And

Document From List C: _____

NOTARY PUBLIC:

By: _____

Date: _____

Print Name: _____

Official Seal

Address: _____
