

Enriching the Lives of Those We Service

## APPLICATION FOR EMPLOYMENT

### Instructions to Applicants

TO BE CONSIDERED FOR STATE EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM.

THE STATE EMPLOYS ONLY US CITIZENS OR ALIENS WHO CAN PROVIDE PROOF OF IDENTITY AND WORK AUTHORIZATION WITHIN 3 WORKING DAYS OF EMPLOYMENT MALES SUBJECT TO MILITARY SELECTIVE SERVICE REGISTRATION MUST CERTIFY COMPLIANCE TO BE ELIGIBLE FOR STATE EMPLOYMENT (G.S. 143B-421.1). SEE AVAILABILITY BLOCK.

WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU

- COMPLETE THE SECTION FOR EQUAL OPPORTUNITY INFORMATION.
- APPLY FOR ONE VACANCY PER APPLICATION.
- GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY ("SEE RESUME" IS NOT ACCEPTABLE).
- LIST SEPARATELY EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.
- AS YOU DESCRIBE YOUR WORK HISTORY, MAKE SURE YOU HIGHLIGHT YOUR COMPETENCIES (KNOWLEDGE, SKILLS, ABILITIES AND WORK BEHAVIORS) WHICH DEMONSTRATE YOUR QUALIFICATIONS FOR THE POSITION FOR WHICH YOU ARE APPLYING.
- PROVIDE ONLY THE LAST FOUR DIGITS OF YOUR SOCIAL SECURITY NUMBER.
- CHECK FOR ACCURACY, SIGN AND DATE YOUR APPLICATION.

THANK YOU FOR YOUR INTEREST IN STATE GOVERNMENT. NORTH CAROLINA WANTS TO FIND THE BEST QUALIFIED PEOPLE AVAILABLE TO SERVE ITS CITIZENS. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.

### Equal Opportunity Information

State and Federal Government policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. Sex, age or absence of disability is a bona fide occupational qualification in a small number of State jobs. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.

<p><b>Date of Birth</b></p> <p>_____ (Month) (Day) (Year)</p> <p><b>Gender</b></p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p><b>DISABILITY:</b> "Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment" (Americans with Disabilities Act of 1990). Persons without a disability should check item A. The reporting of a disability is strictly <b>VOLUNTARY</b>. Persons with disabilities who <b>DO NOT WISH</b> to report their disabilities should check item A. Information reported on this form will be kept confidential as required by State law. Public disclosure of this information without your consent would be a violation of G.S. 126-27.</p>	
<p><b>ETHNIC GROUP</b></p> <ol style="list-style-type: none"> <li>1. White (non-Hispanic)</li> <li>2. Black (non-Hispanic)</li> <li>3. Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)</li> <li>4. Asian (including Pacific Islander)</li> <li>5. American Indian (including Alaskan native)</li> </ol>	<p><input type="checkbox"/> A None/Prefer not to report</p> <p><input type="checkbox"/> B Blind or severely visually impaired</p> <p><input type="checkbox"/> C Deaf or severely hearing impaired</p> <p><input type="checkbox"/> D Loss of limited use of arms and/or hands</p> <p><input type="checkbox"/> E Non-ambulatory (must use wheelchair)</p> <p><input type="checkbox"/> F Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)</p>	<p><input type="checkbox"/> G Respiratory impairment</p> <p><input type="checkbox"/> H Nervous system/Neurological disorder</p> <p><input type="checkbox"/> I Mentally restored</p> <p><input type="checkbox"/> J Mental retardation</p> <p><input type="checkbox"/> K Learning disability</p> <p><input type="checkbox"/> L Others (heart disease, diabetes, speech impairment)</p> <p><input type="checkbox"/> M Other (please specify)</p>



Licenses and certifications (List, giving dates and sources of issuance):

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.) YES NO (If yes, explain fully on an additional sheet.)

**WORK HISTORY** (Include your own experience) Use additional sheets if necessary. As you describe your work history experiences, make sure you highlight your competencies that demonstrate your qualifications for the position for which you are applying.

Current or Last Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	May We Contact Employer YES NO
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:			
Full Time    Years    Months				
Part Time    Years    Months				
If part time, number of hours worked per week:				
Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:			
Full Time    Years    Months				
Part Time    Years    Months				
If part time, number of hours worked per week:				
Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	
Date Separated (mo/yr)	List major duties that demonstrate your competencies related to the position for which you are applying in order of their importance in the job:			
Full Time    Years    Months				
Part Time    Years    Months				
If part time, number of hours worked per week:				

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1)

Signature of Applicant (unsigned applications will not be processed)

Date

**M & S HOME CARE SERVICES  
APPLICATION FOR EMPLOYMENT**

**PROFESSIONAL REFERENCES**

PROVIDE THREE (3) PROFESSIONAL REFERENCES, NOT RELATED TO YOU, WHO HAVE KNOWN YOU AT LEAST ONE (1) YEAR.

NAME	TITLE	COMPANY	TELEPHONE	YEARS ASSOCIATED
NAME	TITLE	COMPANY	TELEPHONE	YEARS ASSOCIATED
NAME	TITLE	COMPANY	TELEPHONE	YEARS ASSOCIATED

**AUTHORIZATIONS - Read and initial each paragraph, and then sign below:**

**TRUTHFULNESS OF APPLICATION:** I certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that the misrepresentation or omission of material facts may result in termination of my employment.

**AUTHORIZATION TO INVESTIGATE:** I authorize any of the persons or organization referenced in this application to give the company any and all information concerning my previous employment, education, or any other information they might have, with regard to any of the subjects covered by this application, and release all such parties from the liability for any damage that may result from furnishing such information. I authorize the company to request and receive such information.

**AT-WILL RELATIONSHIP:** I understand and agree that if I am offered employment with the company it will be on an "at-will" basis. This means that either I or the company may terminate the employment relationship at any time for any reason, with or without cause. I further understand that the "at-will" nature of my employment with the company is an aspect of employment that cannot be modified or changed, except by a written agreement signed by the chief executive officer of the company. I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company.

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**SEARCH OF PUBLIC RECORDS:** Should a search of public records- including records of an arrest, indictment, conviction, civil judicial action, tax lien, or outstanding judgment be conducted by internal personnel employed by the company, i am entitled to copies of any such public records obtained by the company unless I mark the check box below. if I am not hired as a result of such information, I am entitled to a copy of any such records even though I have Checked the box below.  
[ ] I waive receipt of a copy of any public record described in the above paragraph.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

# CRIMINAL HISTORY CONSENT FORM

I hereby authorize M & S HOME CARE SERVICES to receive any criminal history, driver's history and credit information pertaining to me which may be in the files of any states or local criminal justice agency or any other civil agencies for the purpose of obtaining pre-employment verification.

PRINT FYLL NAME

\_\_\_\_\_  
LAST FIRST MIDDLE SUFFIX

\_\_\_\_\_  
Address APT# City/STATE/ZIP

Sex \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Signature \_\_\_\_\_ TODAY DATE \_\_\_\_\_

- GA Criminal History Only
- Out of state criminal History
- Credit Profile
- Comprehensive report (All Three)

State: \_\_\_\_\_

**One of the following Must Be Checked**

- This authorization is valid for 180 days from date of signature.
- I, \_\_\_\_\_, give consent to the above-named to perform periodic criminal history background check for the duration of my employment with this company.

**Special employment provisions (check only if applicable):**

- Employment with mentally disabled (purpose code 'M')
- Employment with elder care (purpose code 'N')
- Employment with children (purpose code 'w' )

**Georgia code (O,G,G,A) Section 35-3-34.c**

Neither the center, its employees, nor any agency or employee of the state shall be responsible for the accuracy of information disseminated and shall not have any liability for defamation, invasion of privacy, negligence, nor any other claims in connection with the dissemination pursuant to the code section and shall be immune from suit based upon such claims

~~M&S HOME CARE SERVICES~~  
APPLICATION FOR EMPLOYMENT

GENERAL CODE OF CONDUCT GUIDELINES FOR EMPLOYERS

PLEASE READ AND CHECK OFF

- ] REPORT TO WORK 15 MINUTES BEFORE THE BEGINNING OF YOUR SHIFT.
- ] EMPLOYEE IS RESPONSIBLE FOR HIS/HER OWN TRANSPORTATION TO AND FROM WORK.
- ] ALL SERVICES ARE TO BE PROVIDED IN ACCORDANCE WITH POLICY AND PROCEDURES OF M&S HOME CARE SERVICES.
- ] ALL INFORMATION ABOUT THE CLIENT IS TO BE KEPT CONFIDENTIAL, ANY NEGATIVE COMMENTS ABOUT THE CLIENT SHOULD BE VOICED TO ONLY THE MANAGMENT OF M&S HOME CARE SERVICES.
- ] YOU MUST CALL IN AT LEAST 24 HOURS PRIOR TO THE START OF YOUR SHIFT.
- ] GOOD PERSONAL HYGENE IS REQUIRED.
- ] TWO ABSENCES WITHIN A 30 DAYS PERIOD THAT WAS NOT CLEARED BY M&S HOME CARE SERVICES WILL REQUIRE A WRITTEN EXECUSE OR DOCTOR'S EXCUSE DEPENDING UPON THE TYPE OF CALL IN.
- ] AN EMPLOYEE IS REQUIRED TO MAINTAIN A PHONE OR PAGER AT ALL TIMES.
- ] AN EMPLOYEE IS REQUIRED TO WORK 1 DAY OUT OF EVERY 30 DAYS TO RETAIN ACTIVE STATUS
- ] IT IS THE EMPLOYEE'S RESPONSIBILITY TO REPORT ALL WORK RELATED INJURIES TO M&S HOME CARE SERVICES PROMPTLY (WITHIN 24 HRS). FAILURES TO REPORT MAY WAIVER THE RESPONSIBILITY OF M&S HOME CARE SERVICES. MAKING THE EMPLOYEE RESPONSIBLE FOR THE NEEDED CARE AND COST.
- ] A NO CALL NO SHOW FOR A PREVIOUSLY CONFIRMED SHIFT WILL RESULT IN 2 MONTH SUSPENSION.

FAILURE TO PROVIDE ALL REQUIRED DOCUMENTATION FOR YOUR FILE  
(CPR, FIRST AID, TB SKIN TEST AND BACKGROUND CHECK) CAN AND WILL  
RESULT IN SUSPENSION UNTIL SUCH DOCUMENTS ARE OBTAINED BY  
M&S HOME CARE SERVICES.

EXCESSIVE USE OF CELL PHONE OR BLUETOOTH OR CLIENT'S PHONE  
WHILE PROVIDING CARE FOR THE CLIENT CAN AND WILL RESULT IN  
SUSPENSION OR DISMISSAL.

LEAVING WORK EARLY WITHOUT PERMISSION OR NOTIFYING M&S  
HOME CARE SERVICES WILL RESULT IN SUSPENSION.

EMPLOYMENT IS CONTINGENT UPON BACKGROUND CHECK

NON-COMPLETE CLAUSE CAN NOT TAKE OUR CLIENT FROM M&S TO ANOTHER  
AGENCY.

I, \_\_\_\_\_ (PRINT NAME) have read and  
understand the above policies and procedures set by M&S Home care services and  
by signing I agree to uphold these policies and procedures.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE



PLEASE INDICATE TRAINING OR RELEVANT EXPERIENCE THAT YOU HAVE

CERTIFIED NURSE ASSISTANT

- \_\_\_\_\_ COMPLETED CERTIFIED NURSE ASSISTANT TRAINING BUT NO WORK EXPERIENCE
- \_\_\_\_\_ CPR, FIRST AID COURSE TAKEN AND HAVE CURRENT CARDS
- \_\_\_\_\_ NON PAID EXPERIENCE CARING FOR A PERSON WITH DISABILITIES.

PROCEDURE PERFORMED FOR CLIENT	I HAVE RECEIVED TRAINING	I HAVE WORK EXPERIENCE:	I NEED TRAINING
AMBULATION/TRANSFER			
POSITIONING IN BED/CHAIR			
GROOMING/SHAVING/HAIRCARE/DENTAL CARE			
DENTAL CARE			
TOILETING/DIAPPERING			
SKIN CARE/BED BATH			
MOVING BED/CHAIR TRANSFERS			
DRESSING			
CARING FOR QUADRIPLLEGIC			
CARING FOR HEMPLEGIC			
FEEDING DISABLED			
VITAL SIGNS			
HOME INFECTION CONTROL			
HOME MANAGEMENT			
HOME SAFETY			
HOME SANITATION			
PROPER NUTRITION			
FOOT CARE			
CARE OF THE ELDERLY			
CARE OF THE CONVALESCING			
MEAL PREPARATION/MEAL SERVING			
TRANSPORT/ESCORT SERVICES			
HOUSEKEEPING/HOUSE CLEANING			
MEDICAL EMERGENCIES IN THE HOME			
TRANSFER CLIENT USING A HOYER LIFT			
CATHERIZATION/CONDOM CATH CARE			
FEEDING TUBE			
MEDICATION ASSISTANCE			
SUCTIONING			
PERSON ON VENTILATOR			
USE OF ADAPTIVE EQUIPT/WHEELCHAIR COMMUNICATIVE DEVICE			
OPERATION OF A WHEELCHAIR LIFT EQUIPPED VEHICLE			
WOUND CARE			
WORKING WITHMENTALLY CHALLENGED			
ASST THERAPEUTIC EXERCISES			

	STAFF SIGNATURE _____	DATE _____
	AGENCY PERSONNEL _____	DATE _____

# M&S HealthCare Services

Enriching the Lives of Those We Service

## HEPATITIS B Consent/Decline Form

I, \_\_\_\_\_, understand that I have the option to receive a Hepatitis B vaccine.

**Please check one of the following:**

A. I am declining that option at this time.

B. I will obtain the vaccine and provide agency proof within 15 days.

**Or**

C. I have already received the vaccine.

It has been clearly explained to me that I will be additionally responsible for any other duties assigned to me by my immediate director or other managers and administrators with the authority to do so.

In accepting this position, I am signifying that I can perform the essential functions as outlined and explained to me during my New Hire Orientation.

\_\_\_\_\_  
**Staff Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**M&S Authorized Signature**

\_\_\_\_\_  
**Date**

# M&S HealthCare Services

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## Emergency Contact Form

~ Information	
Name:	
Address:	
Phone:	Email:
SSN:	DOB:
Emergency Contact Information	
Name:	Relationship:
Address:	
Phone:	Email:
Name:	Relationship:
Address:	
Phone:	Email:
Additional Notes	
<b>Medications:</b>	
<b>Allergies:</b>	
<b>Comments:</b>	

# M&S HealthCare Services

Enriching the Lives of Those We Service

## ATTESTATION STATEMENT AND AUTHORITY FOR RELEASE OF INFORMATION

**\*\*EMPLOYEES, VOLUNTEERS, and/or CONTRACTORS\*\***

Please Check (✓) the Appropriate Response

Do you have any criminal, social or medical history that would adversely affect your capacity to work with children and/or adults? YES  NO

Have you plead "guilty" or "no contest" to or been convicted of a crime other than minor traffic citations? YES  NO

Have you ever been substantiated for the child abuse and/or neglect or disabled adult abuse and/or neglect? YES  NO

The undersigned hereby certifies that all information provided to Yelverton's Enrichment Services, Inc. (YES, Inc.) as part of the employment or provider contracting process, including information provided in the Employment Application, as applicable, is truthful, current, complete, and to undersigned's best knowledge and belief, correct in all respects.

The undersigned further understands and acknowledges that the intentional submission of false or misleading information, and/or the withholding of relevant information are grounds for immediate termination of employment, or the Provider Service Agreement, as applicable.

The undersigned consents to the release by any person, agency, organization, or institution of any and all information necessary to verify information provided by applicant as part of YES employment/contracting process and hereby specially authorizes YES to:

- ❖ Conduct a criminal background/Fingerprinting check using Cogent
- ❖ Request name check/social security number reports if candidate/employee residence of 5 or more yrs in GA
- ❖ Perform a Georgia Health Care Personnel Registry Check, DMV Check (3<sup>rd</sup> Party Vendor Check), & Sex Offender check (if applicable)
- ❖ OGI/OGA
- ❖ Check all references provided by applicant
- ❖ Verify any or all credentials, including educational credentials, professional licenses and certifications, and work history provided by applicant on the Employment Application (if applicable)

and hereby release such persons, agencies, organizations, and institutions for any and all liability for doing so. Once employed or under contract, the undersigned agrees to report to the Assigned Administrative Staff and/or Executive Management, within 24 hours of such occurrence, any allegation of abuse, neglect, or exploitation made against the undersigned and, within 15 days, any charge brought against the undersigned for any violation of federal or state law, including all felonies, misdemeanors & traffic violations.

PRINT CLEARLY

Last Name	First Name	Middle Name	Maiden Name
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Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apartment/Unit # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Social Security Number or Government ID: \_\_\_\_\_ - \_\_\_\_\_

Birth Date (MM/DD/YR): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Staff Authorized Signature Date

## ASSURANCE OF CONSUMER RIGHTS

*As a person, each consumer has specific human and legal rights as granted in the Constitution of the United States, which will be followed and respected daily by all staff. The following is a brief outline. Further information and explanations can be found in the DHMH Bill of Rights, and , Client Rights in the Community Health:*

- A. The right to privacy.
- B. The right to receive mail and make phone calls (Residential Consumers: Phone privileges will be allowed between the hours of 8am and 9pm, consumers are granted 1- fifteen minute inbound and 1-fifteen minute outbound call, daily. Consumer has the right to contact Parent or Guardian provided the call is made between 8am and 9pm and will count as either their inbound or outbound phone call. Calls made to Parent or Guardian can be held in the Consumer's bedroom, however, all other calls will be held in the common areas).
- C. The right to be treated as an individual with feelings, emotions, and preferences.
- D. The right to be involved in decisions which concerns you (the person served).
- E. The right to productive work, including opportunities for training.
- F. The right to maintain personal earnings and possessions and decide how to spend their money.
- G. The right to be protected from abuse, neglect, financial or other exploitation, and any other unfair treatment.
- H. The right to education and training to assist in acquiring skills.
- I. The right to participate in all aspects of community life.
- J. The right to live with other people their own age in a home environment.
- K. The right to proper treatment, medical care, dental care, or any other specialized medical/health need(s).
- L. The right to participate in their own religious beliefs.
- M. The right to be protected from retaliation and humiliation.
- N. The right to exercise all civil rights, including the right to dispose of property, execute instruments, make purchases, enter into contractual relationships, register to and vote, bring civil actions, marry and get a divorce, unless the exercise of a civil right has been precluded by an un-revoked adjudication of in competency.

*The Staff of YES are required to adhere to all consumer rights set forth.*

*By my signature, I state that I have read and understand the contents of Client Rights in Community Mental Health, Developmental Disabilities and Substance Abuse Services.*

\_\_\_\_\_  
**Staff Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date**



# 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):

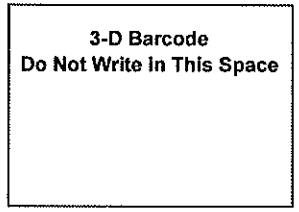
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A"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



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.)*

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode  
Do Not Write in This Space**

**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.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town	State      Zip Code

**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 Hire (if applicable) (mm/dd/yyyy):
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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):
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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:
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## 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.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>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</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form I-197)</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol>

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.