Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9
OMB No. 1615-0047
Expires 08/31/2019

START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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.)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Last Names Used (if any)</th>
</tr>
</thead>
<tbody>
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</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>Employee's E-mail Address</th>
<th>Employee's Telephone Number</th>
</tr>
</thead>
<tbody>
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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 boxes):

- [ ] 1. A citizen of the United States
- [ ] 2. A noncitizen national of the United States (See instructions)
- [ ] 3. A lawful permanent resident (Alien Registration Number/USCIS Number):
  [_________________________]
- [ ] 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): [_________________________]
  Some aliens may write "N/A" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:
An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: [_________________________]

OR

2. Form I-94 Admission Number: [_________________________]

OR

3. Foreign Passport Number: [_________________________]
   Country of Issuance: [_________________________]

Signature of Employee: [_________________________]

Today's Date (mm/dd/yyyy): [_________________________]

Preparer and/or Translator Certification (check one):

- [ ] I did not use a preparer or translator.
- [ ] A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator: [_________________________]

Today's Date (mm/dd/yyyy): [_________________________]

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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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

<table>
<thead>
<tr>
<th>Employee Info from Section 1</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
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<tbody>
<tr>
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<tr>
<td>First Name (Given Name)</td>
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<tr>
<td>M.I. Citizenship/Immigration Status</td>
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</table>

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<thead>
<tr>
<th>Identity and Employment Authorization</th>
<th>OR</th>
<th>Identity</th>
<th>Employment Authorization</th>
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<tbody>
<tr>
<td>Document Title</td>
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<tr>
<td>Issuing Authority</td>
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<td>Issuing Authority</td>
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<td>Document Number</td>
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<td>Expiration Date (if any)(mm/dd/yyyy)</td>
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</table>

Additional Information

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

Today's Date (mm/dd/yyyy) Title of Employer or Authorized Representative

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) B. Date of Rehire (if applicable)

<table>
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<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Date (mm/dd/yyyy)</th>
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</table>

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title

Document Number

Expiration Date (if any) (mm/dd/yyyy)

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

Today's Date (mm/dd/yyyy) Name of Employer or Authorized Representative
**Classification** (Circle one below)  
Temporary / Temp Faculty / Faculty / Classified / Exempt / Volunteer / Affiliate** see affiliate instructions on back

Department: ________________________________

Supervisor: ________________________________

Last Name __________________ First Name __________________ Middle Int. __________________ Date of Birth __________________

Home Address ___________________ City __________________ State __________________ Zip __________________ Telephone __________________

Social Security Number ___________________ Country of Citizenship ___________________ Marital Status ___________________ Gender __________________

Previous Names Used ___________________ Email __________________

FOR NEW/RETURNING EMPLOYEES ONLY:

Are you currently receiving PERSI retirement income?  
Yes ______  No ________

Are you vested in PERSI? (Vesting 5 years)  
Yes ______  No ________

Previously Employed by the State of Idaho?  
Yes ______  No ________

Include all part-time and temporary employment with the University of Idaho and any other state agencies. This information is used to compute service credit. (Only include employment with other State of Idaho agencies)

Dates of Employment ___________________ Location ___________________ Classification ___________________ Name Used __________________

**Please Note: Your campus mailing address & office phone number will be posted in the University of Idaho Online Directory. If you would like your information excluded from the directory please contact Human Resources or your supervisor. You will need to request this information to be excluded should you change positions at the University at any time.**

- I have been informed and understand that Payroll and Benefit Services will send information regarding changes and updates to my benefits, meeting schedules and payroll information to my primary e-mail account on file. (Not applicable to volunteers or affiliates)
- I understand that my benefit information about my plan choices, dependents enrolled, cost, and qualifying life events may be found at my benefit portal in VandalWeb.
- I understand that my University of Idaho demographic and payroll information is available to me and updateable by me through my VandalWeb portal.

_________________________________________    ____________________________
Signature ___________________ Date ____________________

*Please return this form to Human Resources by fax: 208-885-3602    DO NOT EMAIL!
FSH 6240 Required Disclosure of Conflicts

This disclosure form is to be signed by the employee and his/her supervisor after reviewing information on conflicts of interest and nepotism in the Faculty Staff Handbook 6240 and 6241. For each new employee, the signed disclosure form is to be returned to Human Resources for inclusion in the employee’s file not later than the first week of work at the University. Each continuing University employee shall complete this disclosure form at least with his or her performance evaluation.

If you have a conflict to disclose, then you also will need to complete Form FSH 6240A. Likewise, if there is any change in your circumstance that may give rise to potential conflicts or eliminate potential conflicts previously disclosed, then you will need to complete Form FSH 6240A within 30 days of the change. University of Idaho FSH Policy 6240 Conflicts of Interest or Commitment is available at http://www.webs.uidaho.edu/fsh/6240.html. If you have any questions about the form or about specific potential or actual conflicts of interest, please contact your unit administrator or Conflict of Interest Coordinator at uifcio@uidaho.edu. Disclose outside employment for compensation of more than 20 hours/week or any consulting by completing FORM 6240 B – Disclosure of Outside Employment or Consulting for Compensation.

Please check the applicable statement:

☐ I have reviewed FSH 6240 and DO NOT have any conflicts of interest, conflicts of commitment or apparent conflicts to report.

☐ I have reviewed FSH 6240 and DO have conflicts of interest, conflicts of commitment or apparent conflicts to report. Please submit a completed and signed form FSH 6240A to your unit administrator, along with separate pages describing a plan to manage each conflict or apparent conflict.

Your signature below certifies that:

- You have reviewed FSH 6240 regarding disclosure of conflicts
- The information that you provide in this form regarding your disclosure of any conflict is accurate to the best of your knowledge as of the date of this document, and
- You commit to providing an update if a material change occurs in the information you have provided.

________________________________________  ____________________________
Employee Name                                      Date
Intellectual Property Agreement for University of Idaho Employees

As an employee of the University of Idaho, I acknowledge that I am subject to and agree to abide by the policies of the Board of Regents of the University of Idaho, including but not limited to Idaho State Board of Education Governing Policies and Procedures, Section V. Financial Affairs, Subsection M. Intellectual Property, and University of Idaho policies, including but not limited to Faculty Staff Handbook 5300, Copyrights, Protectable Discoveries, and Other Intellectual Property Rights and 5700, Research Data, as these policies may be amended from time to time.

Pursuant to those policies I hereby agree to the following:

1. I will disclose to the University, through the Office of Technology Transfer, and do hereby assign to the University any and all Protectable Discoveries (i.e. "anything which might be protected by utility patent, plant patent, design patent, plant variety protection certificate, maskwork, or trade secret") arising from my work and duties as an employee of the University, from my use of Board or University resources not openly available to the public, or otherwise subject to a claim of ownership under Board or University policies. I further agree to collaborate with the University in the assignment or confirmation of assignment, as required by the policies of the Board and the University, of all my right, title and interest in such Protectable Discoveries. I will also provide completed documents and fully participate in actions that allow the University to preserve, perfect, and protect its rights in Protectable Discoveries.

2. I acknowledge that University claims ownership of and do hereby assign to the University all my right, title and interest in copyrightable works that fall within the definition of "UI-Sponsored Materials," as set forth in FSH 5300 B-2(b), or that are required for performance of University research and/or transfer of rights arising from University research to sponsors, as permitted under FSH 5300 E. I further agree to collaborate with the University in the assignment or confirmation of assignment, as required by the policies of the Board and the University, of all my right, title and interest in such works. I will also provide completed documents and fully participate in actions that allow the University to preserve, perfect, and protect its rights in such works.

3. I certify that I am under no consulting or other obligation to any third person, organization or corporation that is, or could be reasonably construed to be, in conflict with this agreement with respect to rights to Protectable Discoveries or copyrightable materials.

4. I will not enter into any agreement creating intellectual property obligations in conflict with this agreement or Board of Regents or University policies.

_____________________________  ___________________________  ____________
Signature                          Printed Name                      Date

Send original to Office of Technology Transfer, 875 Perimeter Dr., MS 3003, Morrill Hall 103, Moscow, ID 83844-3003; copy to HRS; copy to signer.
The following information is collected to measure the effectiveness of the University of Idaho's affirmative action and equal employment opportunity efforts. We would appreciate your participation however you are not required to participate. Please be assured that this information is strictly voluntary and treated confidentially. It is not kept in your file, and is only used strictly in a manner consistent with state and federal affirmative action guidelines.

Name: ___________________________________________ ID Number: __________________________

Sex:  ☐ Female  ☐ Male  ☐ Do Not Identify

**Race/Ethnicity: (please refer to definitions)**

*What is your ethnicity?*

☐ Yes ☐ No

**Race/Ethnicity Definitions:**

- **Hispanic/Latino Origin** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race
- **American Indian/Alaska Native** – All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community
- **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, including, for example, Cambodia, China, Japan, Korea, India, Malaysia, Pakistan, Thailand, and Vietnam
- **Black or African American** – A person having origins in any of the black racial groups of Africa
- **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands
- **White** – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East

*What is your race? Select one or more races.*

☐ American Indian/Alaska Native*
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Chose not to answer

*If American Indian, please indicate your tribal affiliation and/or tribal enrollment number

__________________________

Disability Status:

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we ask you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we do hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

Do you have a disability as defined by the American’s with Disabilities Act (ADA)? (Please see definition below)

☐ Yes ☐ No ☐ Choose not to answer

The American’s with Disabilities Act of 1990 defines an individual with a disability as:

- a person with a physical or mental impairment that substantially limits a person in a major life activity,
- a person with a record of such a physical or mental impairment, or a person who is regarded as having such an impairment

Disabilities may include:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral Palsy
- HIV/AIDS
- Schizophrenia
- Muscular Dystrophy
- Bipolar Disorder
- Major Depression
- Multiple Sclerosis (MS)
- Missing full or partial limbs
- Post-Traumatic Stress Disorder (PTSD)
- Obsessive Compulsive Disorder (OCD)
- Impairments requiring the use of a wheelchair
- Intellectual Disability (previously called mental retardation)

Reasonable Accommodation Notice: Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require accommodation to apply for a job or to perform a job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

**Veterans Status: (please refer to definitions)**

This employer is a Government contractor subject to the Vietnam Era Veteran’s Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 USC § 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans.

- **Disabled Veteran** – A veteran of the US military, ground, naval or air service who is entitled to compensation (who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service connected disability
- **Recently Separated Veteran** – Any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the US military, ground, naval, or air service
- **Active duty wartime or campaign badge veteran** – A veteran who served on active duty in the US military, ground, naval or air service during a war, or in a campaign or expedition for which campaign badge has been authorized under the laws administered by the Department of Defense
- **Armed Forces Service Medal Veteran** – A veteran who served on active duty in the US military, ground, naval, or air service, participated in the US military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12585

☐ I am not a protected veteran
☐ Disabled Veteran
☐ Recently Separated Veteran
☐ Active duty wartime or campaign badge veteran
☐ Armed Forces Service Medal Veteran
☐ Choose not to answer

Please return to: University of Idaho
Human Rights, Access & Inclusion
875 Perimeter Dr. MS 3160
Moscow, ID 83844-3160
hrai@uidaho.edu