Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

►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.)*

Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Other Last 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	Employee's E-mail Address	Employee's 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 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: _____

QR Code - Section 1
Do Not Write In This Space

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)*

Last Name *(Family Name)*	First Name *(Given Name)*

Address *(Street Number and Name)*	City or Town	State	ZIP Code

STOP *Employer Completes Next Page* STOP

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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.")

Employee Info from Section 1	Last Name *(Family Name)*	First Name *(Given Name)*	M.I.	Citizenship/Immigration Status

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		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date *(if any) (mm/dd/yyyy)*				
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any) (mm/dd/yyyy)*				

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	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name University of Idaho	
Employer's Business or Organization Address (*Street Number and Name*) 709 S Deakin	City or Town Moscow	State ID	ZIP Code 83844

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)*
Last Name *(Family Name)*	First Name *(Given Name)*	Middle Initial	Date *(mm/dd/yyyy)*

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

University of Idaho
Human Resources

208-885-3638
hr@uidaho.edu
Updated July 2019

Requirements Prior to Completing I-9

#1 -Background Check completely processed (if required)

#2 - Start Date Established with Supervisor

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be the ORIGINAL and 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
1. U.S. Passport or U.S. Passport Card		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. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
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 report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (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.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
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		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

YOU ARE NOT AUTHORIZED TO PERFORM ANY WORK

(including trainings, orientations, meetings, etc.)

until your I-9 has been completed and you have been issued a Work Authorization Card.

University of Idaho
Human Resources

New Employee Data Form
Updated 9/4/19

Classification (Circle one below) ☐ Background Check Completed

Temporary / Temp Faculty/ Faculty / Classified / Exempt **START DATE**: _____

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	

PREVIOUS UI/STATE AGENCY EMPLOYMENT:

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	Employer	Job Title	Classification	Legal name at time of service

****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 and 6241 Required Disclosure of Conflicts

This Conflicts of Interest 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 Conflicts of Interest Disclosure form is to be returned to Human Resources for inclusion in the employee's file prior to the first week of work at the University. Each continuing University employee must complete this disclosure annually 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.webpages.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 the Chair of the university's Ethical Guidance and Oversight Committee uifcoi@uidaho.edu. **Disclose outside employment for compensation of more than 20 hours/week by completing FORM 6240 B – Disclosure of Outside Employment or Consulting for Compensation.**

Please check one:

□ 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 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:** _____
Signature

Please Print (Last, First, MI): _____Vandal #:_____

Immediate Supervisor: _____ **Date:** _____
Signature

Please Print (Last, First, MI): _____ Supervisor's Vandal #:_____

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.

University of Idaho

Voluntary Employee Self-Identification Form (Updated 5-2019)

The University of Idaho is an Affirmative Action/Equal Opportunity Employer with a commitment to recruitment and retention of a diverse and inclusive campus community. Collection of the following information on sex, race/ethnicity, disability and veteran status is in compliance with Federal laws and regulations, executive orders and applicable State laws and regulations.

The information that you submit will remain ***confidential, maintained separate from other personnel records*** and be used by the University only for statistical and required reporting purposes. Completion of this form is ***voluntary***; failure to provide this information will not adversely affect your employment.

Name: _____ **ID Number:** _____ **Date:** _____

Sex: ☐ Female ☐ Male

Race/Ethnicity:

What is your ethnicity?

Are you Hispanic or Latino? ☐ **Yes** ☐ **No**

What is your race? If you choose to voluntarily self-identify, please check one or more of the race or races with which you identify.

- ☐ **American Indian or Alaska Native**
- ☐ **Asian**
- ☐ **Black or African American**
- ☐ **Native Hawaiian or Other Pacific Islander**
- ☐ **White**

Race/Ethnicity Definitions:

- **Hispanic/Latino –** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- **American Indian or Alaska Native –** A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- **Asian –** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, 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 peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White –** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Veterans Status:

The University of Idaho is committed to equal opportunity and affirmative action in all aspects of employment for qualified protected veterans. We ask that you help us fulfill our commitments and to meet our obligations as a government contractor under the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA). VEVRAA requires us to take affirmative action to employ and advance in employment protected veterans.

While the University is required by VEVRAA to submit an annual report to the U. S. Department of Labor identifying the total number of employees who are "protected veterans" based on the categories listed below, submission of this information is voluntary on your part and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in a manner consistent with VEVRAA.

Protected Veteran classifications are defined as follows:

- **Disabled Veteran –** A veteran of the US military, ground, naval or air service who is entitled to compensation (or 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, while serving on active duty in the US military, ground, naval, or air service, participated in the United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Please check one of the boxes below:

- ☐ **I am a protected veteran**
- ☐ **I am NOT a protected veteran**
- ☐ **I don't wish to answer**

Reasonable Accommodation Notice: If you are disabled veteran and require a reasonable accommodation that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations, please contact Human Resources at 208-885-3609 or hr@uidaho.edu.

Please return this form to the Office of Workforce Diversity
Physical Address: Bruce Pitman Center, Room 41
Mail: 875 Perimeter Dr. MS 4241, Moscow, ID 83844-4241
Email: hrai@uidaho.edu

Voluntary Self-Identification of Disability

OMB Control Number 1250-0005
Expires 05/31/2023

Name:_____ Date:_____

Employee ID: _____
(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- ☐ Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- ☐ No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- ☐ I Don't Wish To Answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Please return this form to the Office of Workforce Diversity
Physical Address: Bruce Pitman Center, Room 41
Mail: 875 Perimeter Dr. MS 4241, Moscow, ID 83844-4241
Email: eo-aareview@uidaho.edu