

Employment Verification Present & Future

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Employment Verification Overview

- Importance of I-9 compliance
- Overview of the new Form I-9 and process
- Best practices to minimize liability
- Questions & Answers



I-9 Compliance is Changing!

- Increased worksite audits
- Fines for simple I-9 errors range
- \$110 to \$1,100 per violation
- There can be more than more than one
- Violation per I-9
- Failure to complete I-9 has the highest penalty
- Since FY2007, **\$87.9 million in sanctions** and 726 companies debarred from gov't contracts




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Examples of Investigations and Penalties

- Wal-Mart paid \$11M in fines and has engaged in an extensive compliance program
- Golden State Fence paid \$4.7M in a plea bargain to avoid criminal prosecution of executives
- **Healthcare employer** paid over \$250,000, *not* for hiring undocumented workers but for inconsistent employment verification practices
- Abercrombie & Fitch paid over \$1M in I-9 related penalties




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Substantive I-9 Violations

- Failure to prepare Form I-9
- Untimely preparation of Form I-9
- Failure to sign the attestation in sec. 2
- Failure to examine and verify proper List A, B or C documents
- Failure to note the date employment begins
- No document title, ID number and/or expiration date of List A, B or C documents when no clear copies of supporting documents are retained
- Failure to re-verify



Mitigating Penalties


- Complete Form I-9 properly and timely
- Regular education and training
- Compliance from the top down
- Designation of compliance officer
- Regular internal and third-party audits
- Prompt correction of errors and violations
- Be consistent and avoid I-9 related discrimination



The New Form I-9

- Why now?
- Acosta will start using new Form I-9 May 7
- Form will be available at MyAcosta
- Form and instructions expanded
- Employer’s responsibility for proper completion stressed
- 3-D bar code





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)

3-D Barcode
 Do Not Write in This Space

Signature of Employee: _____ Date (mm/dd/yyyy): _____



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 Identify and Employment Authorization	OR	List B Identify	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 Hire (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Hire (if applicable) (mm/dd/yyyy)

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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Form I-9 03/08/13 N Page 8 of 9



Re-hired Employees



- *Within 3 years*
 - and employment eligibility has not changed, complete Block B and sign and date section 3
 - and eligibility has changed (expired/new documents), complete Block B and C (after examining documents from List A or C) and sign and date section 3
- After 3 years, complete new I-9

Re-hired Employees

Question:

What verification process should occur if the employee has worked for the employer for 4 years and is termed, and the employee is re-hired within 5 months of the termed date?

Employees Exempted from I-9 Verification

- Hired before November 7, 1986
- Provide casual domestic services in a private household
- Are independent contractors
- Provide services under a contract or subcontract such as a temporary employment agency
- Are workers outside the U.S.
- Are true volunteers



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

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) <u>Smith</u>		First Name (Given Name) <u>John</u>		Middle Initial <u>R</u>		Other Names Used (if any)	
Address (Street Number and Name) <u>1234 main st.</u>		Apt. Number		City or Town <u>Springfield</u>		State <u>IL</u>	
Zip Code <u>12345</u>		Date of Birth (mm/dd/yyyy) <u>01/01/71</u>		U.S. Social Security Number <u>123456789</u>		E-mail Address <u>jsmith@gmail.com</u>	
Telephone Number <u>123-456-7890</u>							

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 (specify date, if applicable, mm/dd/yyyy) _____. Some aliens may write "NA" 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 "NA" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: [Signature] Date (mm/dd/yyyy): _____

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

Form I-9 03/08/13 N Page 1 of 9

Common I-9 Errors

← Did not indicate work status

← Did not date

7

Section 2. Employer or Authorized Representative Review and Verification
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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): 03/20/2013 (See instructions for exemptions.)

Signature of Employer or Authorized Representative: [Signature] Date (mm/dd/yyyy): 03/20/2013 Title of Employer or Authorized Representative: VPHR

Last Name (Family Name): Crown First Name (Given Name): Jane Employer's Business or Organization Name: Acosta

Employer's Business or Organization Address (Street Number and Name): 1234 Easy St. City or Town: Springfield State: IL Zip Code: 12345

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 (if applicable) (mm/dd/yyyy): _____
 B. Date of Rehires (if applicable) (mm/dd/yyyy): _____
 C. If employer'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): _____

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): _____ First Name of Employer or Authorized Representative: _____

Forms I-9 03/08/13 N Page 8 of 9

Common I-9 Errors

Did not complete documentation

Employer did not record first day of employment



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 The employee's first day of employment (mm/dd/yyyy): 03/20/2013 (See instructions for exemptions.)

Signature of Employer or Authorized Representative: [Signature] Date (mm/dd/yyyy): 03/20/2013 Title of Employer or Authorized Representative: VPHR

Last Name (Family Name): Doe First Name (Given Name): John Employer's Business or Organization Name: Acosta

Employer's Business or Organization Address (Street Number and Name): 1234 Easy St. City or Town: Jacksonville State: FL Zip Code: 32132

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 (if applicable) (mm/dd/yyyy): _____
 B. Date of Rehires (if applicable) (mm/dd/yyyy): _____
 C. If employer'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): _____

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): _____ First Name of Employer or Authorized Representative: _____

Forms I-9 03/08/13 N Page 8 of 9

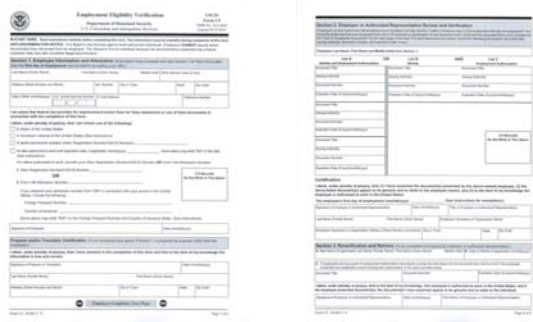
Common I-9 Errors

Over documentation



To Copy or Not to Copy

- Acosta has a business practice Employer has the choice to copy or not to copy the employee's support documents (except if E-Verify)
- Have a policy and follow it



Employment Verification – Present and Future



