

Remote Hire I-9 Completion Instructions/Notary Letter

The United States Citizenship and Immigration Services and Department of Homeland Security require all employees to complete the Employment Eligibility Verification Form I-9 and present original documentation establishing identity and employment eligibility.

Once you have accepted an offer of employment from Angelo State University, you must complete and sign Section 1 of Form I-9 no later than your first day of employment and Section 2 of Form I-9 must be completed by the university, or an agent working on behalf of the university, within 3 business days of your first day of employment.

Instructions:

- 1. Print this instruction sheet, including the attached letter to the notary, Notary Public/Designated Agent Form I-9 Verification Certificate, and the Form I-9, which includes the List of Acceptable Documents.
- 2. Fill out Section 1 of Form I-9.
- 3. Take all forms mentioned above and the original documents that you will be using to establish your identity and work authorization to a notary public in your area. You must take original documents that are on the List of Acceptable Documents to the notary. Copies will not be accepted.
- 4. Once you present the documents to the notary, they will complete Section 2 of Form I-9 and make copies of the identity and work authorization documents that you presented.
- 5. The notary will also need to complete the Notary Public/Designated Agent Form I-9 Verification Certificate.
- 6. Mail the completed and signed Form I-9, signed Notary Public/Designated Agent Form I-9 Verification Certificate, and photocopies of the identity and work authorization documents that you presented to:

Angelo State University
Office of Human Resources
ASU Station #11009
San Angelo, TX 76909-1009

If you have any questions or need assistance in the completion of these forms, please contact the Office of Human Resources at 325-942-2168.



To: Notary Public/Designated Agent

From: Angelo State University Human Resources

Subject: Form I-9 Completion and Supporting Documentation

Angelo State University is a state-funded institution of higher education located in San Angelo, Texas. Occasionally, we are required to hire remote employees. The Immigration Reform and Control Act (IRCA) and subsequent legislation require all U.S. employers to verify the employment authorization and identity of all employees hired to work after November 6, 1986. To implement the law, employers are required to complete employment eligibility verification forms (Form I-9) for all employees, including U.S. citizens. A copy of the Form I-9 is enclosed in this letter.

Notary/Designated Agent as Employer's Agent:

The person presenting the Form I-9 to you is a prospective employee of Angelo State University. Because it is not physically possible for this person to come to our offices in San Angelo, Texas to complete the Form I-9, the United States Customs and Immigration Services (USCIS) allows employers to designate agents, such as you, to carry out their I-9 responsibilities. The law does not allow the employer to carry out I-9 responsibilities by means of documents scanned or faxed by an employee.

Employee Must Complete Section 1 of Form I-9:

Our employee must complete Section 1 of Form I-9. The employee's signature holds him/her responsible for the accuracy of the information provided.

Notary/Designated Agent Must Complete Section 2 of Form I-9:

The employer, or the designated agent, must review original documents and complete Section 2 of Form I-9. We are asking you to act as our agent and review the document for us to satisfy this requirement.

Angelo State University is responsible to ensure proper completion of the entire Form I-9. Proper documentation establishes both that the employee is authorized to work in the U.S. and that the employee who presents the identity and employment authorization documents in the person to whom it was issued.

The official list of acceptable documents for establishing identity and employment authorization is enclosed with this letter being presented by our prospective employee.

- 1. You may accept any one List A document, which establishes both identity and employment authorization
- 2. Or, you may accept one document from List B (establishing identity) and one document from list C (establishing employment authorization).

You should examine the document(s) and accept them if they reasonably appear to be genuine and if they reasonably appear to relate to the person standing before you. Requesting more or different documentation than the minimum necessary to meet this requirement may constitute discrimination and/or document abuse. If the documentation presented by an employee does not reasonably appear to be genuine or relate to the employee who presents them, then you must refuse to accept them, and you must ask for other documentation from the lists of acceptable documents.

Genuineness of Documents:

You are not required to be a document expert. In reviewing the genuineness of the documents presented by an employee, employers are held to reasonableness standards.

Photocopies of Documents Not Acceptable:

You cannot accept photocopies of identity or employment eligibility documents to fulfill Form I-9 requirements. Only the original documents, meaning the actual document issued by the issuing authority, are satisfactory with the single exception of a certified copy of a birth certificate.

Please make copies of the documents presented by the employee to be sent with the completed Form I-9, as we retain photocopies with the completed Form I-9 and the supporting documentation.

Notary/Designated Agent Must Complete Certification Under Section 2 of Form I-9:

Angelo State University authorizes you, as our designated agent, to sign and date the certification portion of Section 2. Please also print your full name where indicated. You will note that our Business Name and Address is already pre-filled on the form.

Enclosed you will find all of the necessary forms and instructions. If you have any questions or concerns about completing the Form I-9, please contact our Office of Human Resources at 325-942-2168.

Thank you for your assistance in this matter.

Office of Human Resources
Angelo State University
Member, Texas Tech University System
ASU Station #11009
San Angelo, TX 76909-1009

Office: (325) 942-2168 Fax: (325) 942-2156

hr@angelo.edu



Notary Public/Designated Agent Form I-9 Verification Certificate

On	, in the state of	
(Date)	,	(State)
county of	,	
(County)		(Name of employee)
personally submitted to me,		, documents related to the
	(Name of Notary Public)	
completion of the Form I-9.		
•		nd appear to be genuine and relate to this person ion with the Form I-9 or the verification process.
Notary Public Signature		
Please print your name and add	ress and affix you seal below.	



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		•		T				
Last Name (Family Name)	First Name (Given Name) Middle Initial Othe					er Last Names Used <i>(if any)</i>		
Address (Street Number and Name)	Other A Marrie and							
Address (Street Number and Name)	dress (Street Number and Name) Apt. Number City or Town				State	ZIP Code		
Date of Birth (mm/dd/yyyy) U.S. Social Sec	urity Number Empl	ovee's F-mail Addr	ess	Fi	 mplovee's]	 		
- T	ate of Birth (mm/dd/yyyy) U.S. Social Security Number Employee's E-mail Address							
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 a	nm (check one of th	e following boxe	es):					
1. A citizen of the United States								
2. A noncitizen national of the United States	(See instructions)							
3. A lawful permanent resident (Alien Reg	gistration Number/USCI	S 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/								
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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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

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.")

of Acceptable Documents.")													
Employee Info from Section 1	Last Nam	e (Far	mily Name)		First Name (Given Name			e) N	И.І.	Citizer	nship/Immigration Status		
List A OR Identity and Employment Authorization				st B AND entity			ND	D List C Employment Authorization					
Document Title	Document Title			Documer	nt Title	;							
Issuing Authority			Issuing Authority				Issuing A	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 Additio			Additional	itional Information					QR Code - Sections 2 & 3 Do Not Write In This Space				
Document Number													
Expiration Date (if any) (mm/dd/yy)	/y)												
Document Title													
Issuing Authority													
Document Number													
Expiration Date (if any) (mm/dd/yy)	<i>(y)</i>												
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 (mi					Date (mm	/dd/yyyy)	Title	of Employe	er or A	uthoriz	zed Representative		
Last Name of Employer or Authorized Representative First Name of Employer			Employer	or Authoriz	Authorized Representative Employer's Business or Organization Nam Angelo State University					_			
Employer's Business or Organization 2601 W Avenue N	on Address	s (Stre	et Number an	d Name)		r Town Angelo			Sta		ZIP Code 76909		
Section 3. Reverification	and Reh	ires	(To be com	oleted ar	nd signe	d by emplo	yer oı	r authorize	ed rep	oreser	ntative.)		
A. New Name (if applicable)								B. Date of					
Last Name (Family Name) First Name (Given Name)			ame)		Middle Initial Date (mm/dd/yyyy)								
C. If the employee's previous grant continuing employment authorization					ed, provid	e the informa	ation fo	or the docu	ıment	or rece	eipt that establishes		
			Docur	ment Number Expiration Date (if any) (mm/dd/yyyg				ate (if any) (mm/dd/yyyy)					
I attest, under penalty of perjur the employee presented docun													
Signature of Employer or Authorize	ed Represe	entativ	e Today's	Date (mn	n/dd/yyyy,) Name	of Em	ployer or A	Authori	zed Re	epresentative		

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	sh ANI	LIST C Documents that Establish Employment Authorization
2.	U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a temporary I-551 stamp or temporary		Driver's license or ID card issues State or outlying possession of United States provided it contains photograph or information such name, date of birth, gender, he color, and address	f the ains a h as eight, eye	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
4.	I-551 printed notation on a machine- readable immigrant visa Employment Authorization Document that contains a photograph (Form I-766)		ID card issued by federal, state government agencies or entitic provided it contains a photogra information such as name, date gender, height, eye color, and	es, aph or te of birth, address	 (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
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		 School ID card with a photogra Voter's registration card U.S. Military card or draft reco Military dependent's ID card 		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
	the following: (1) The same name as the passport; and		 U.S. Coast Guard Merchant M Card Native American tribal docume 		 Native American tribal document U.S. Citizen ID Card (Form I-197) Identification Card for Use of
	(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		Driver's license issued by a Cagovernment authority For persons under age 18 vunable to present a docu	vho are	Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security
6.	limitations identified on the form. 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		O. School record or report card Clinic, doctor, or hospital reco Day-care or nursery school re		

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

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