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# **Employment Application**

			Арр	olicant	Informat	ion						
Full Name:								[	Date:			
Address:	Last		Firs	t			М.	l.				
	Street Add	Street Address					Apartment/Unit #					
	City						Sta	ate	ZI	P Code		
Phone: (	)			E-n	nail Addres	SS:						
Date Availab	ole:	Social	Security No.	:			Desired S	Salary:	\$			
Position App	lied for:											
Are you a cit	izen of the	e United States?	YES	NO D	If no, are	you aut	horized to v	work in t	he U.S.	?	YES	NO
Have you ev	er worked	I for this company?	YES	NO	If yes, wh	en?						
Have you ev	er been c	onvicted of a felony?	YES	NO								
If yes, explai	n:											
• •				Edu	ıcation							
High Cobools			Λ.	ddress								
High School:	•	To			YES	NO	Dogradi					
From:		То:	Did you gra				Degree:					
College:				ddress	YES	NO						
From:		То:	Did you gra	duate?	· 🗆		Degree:					
Other:			A	ddress		NO						
From:		То:	Did you gra	duate?	YES	NO	Degree:					
				Refe	erences							
Please list ti	hree profe	essional references										
Full Name:					Relations	hip:						
Company:							Phone:	(	)			
Address:												
Full Name:					Relations	hip:						
Company:							Phone:	(	)			
Address:												
Full Name:					Relations	hip:						
Company:							Phone:	(	)			
Address:												

		Previous Emplo	yme	ent			
Company:				Phone:	(	)	
Address:				Supervisor:			
Job Title:		Starting Salary:	\$		Endin	g Salary:	\$
Responsibilities:							
From:	То:	Reason for Leaving:					
May we contact your pre	evious supervisor for a	reference?		NO			
Company:				Phone:	(	)	
Address:				Supervisor:			
Job Title:		Starting Salary:	\$		Endin	g Salary:	\$
Responsibilities:							
From:	To:	Reason for Leaving:					
May we contact your pre	evious supervisor for a	reference?		NO			
Company:				Phone:	(	)	
Address:				Supervisor:			
Job Title:		Starting Salary:	\$		Endin	g Salary:	\$
Responsibilities:							
From:	То:	Reason for Leaving:					
May we contact your pre	evious supervisor for a	reference?		NO			
		Military Serv	ice				
Branch:				From:		To:	
Rank at Discharge:		Ту	ре о	of Discharge:			
If other than honorable,	explain:						
		Disclaimer and Si	gna	ture			
I certify that my answer	rs are true and comn	lete to the hest of my	knov	wledge			
If this application leads may result in my releas	to employment, I un	-		_	on in m	y applicat	tion or interview
Signature:					Date:		

#### **Instructions**

# Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. 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 documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

## What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

#### When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

### Filling Out Form I-9

#### Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). The employer is responsible for ensuring that Section 1 is timely and properly completed.

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in Section 1. For employees who indicate an employment authorization expiration date in Section 1, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in Section 2 evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

#### **Preparer/Translator Certification**

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

#### Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

#### **Employers must record in Section 2:**

- 1. Document title;
- 2. Issuing authority;
- 3. Document number;
- 4. Expiration date, if any; and
- 5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9**.

For more detailed information, you may refer to the *USCIS Handbook for Employers* (Form M-274). You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

# Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- **A.** If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- **B.** If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B; and:
  - Examine any document that reflects the employee is authorized to work in the United States (see List A or C);
  - **2.** Record the document title, document number, and expiration date (if any) in Block C; and
  - 3. Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3.** 

## What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

## **USCIS Forms and Information**

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

# Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

# **Privacy Act Notice**

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

# **Paperwork Reduction Act**

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.** 

U.S. Citizenship and Immigration Services

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 documents have a future expiration date may also constitute illegal discrimination.

section 1. Employee information and verific	cation (To be completed	l and signed by emp	loyee at the ti	me employment begins.)
Print Name: Last	First	Middle	Initial Maiden	Name
Address (Street Name and Number)		Apt. #	Date of	Birth (month/day/year)
City Sta	te	Zip Code	Social S	Security #
I am aware that federal law provides for imprisonment and/or fines for false statement use of false documents in connection with the completion of this form.	nts or e	st, under penalty of perju A citizen of the United S A noncitizen national of A lawful permanent resi An alien authorized to w until (expiration date, if	States the United States dent (Alien #) ork (Alien # or A	Admission #)
Employee's Signature	•	e (month/day/year)	approuere men	an day, year y
Preparer and/or Translator Certification (To penalty of perjury, that I have assisted in the completion of Preparer's/Translator's Signature	this form and that to the best			
Address (Street Name and Number, City, State, 2	Zip Code)		Date (mon	th/day/year)
expiration date, if any, of the document(s).)	n Lisi C, as tistea on th	e reverse of this for	m, and record	e document from List A OR the title, number, and
List A  Cocument title:  Sessuing authority:  Document #:  Expiration Date (if any):  Document #:	DR List I		m, and record	List C
List A  Document title:  Issuing authority:  Document #:  Expiration Date (if any):  Document #:  Expiration Date (if any):  CERTIFICATION: I attest, under penalty of per the above-listed document(s) appear to be genuin (month/day/year)  and that to the employment agencies may omit the date the emple	jury, that I have examine and to relate to the empelors of my knowledge the oyee began employment.	ed the document(s) poloyee named, that the employee is autho	resented by the employee be	List C  e above-named employee, that
List A  Cocument title:  Susuing authority:  Document #:  Expiration Date (if any):  Document #:  Expiration Date (if any):  CERTIFICATION: I attest, under penalty of perthe above-listed document(s) appear to be genuin (month/day/year)  employment agencies may omit the date the employment agencies may omit the date the employment agencies may omit the date the	jury, that I have examine and to relate to the emperor best of my knowledge the	ed the document(s) poloyee named, that the employee is autho	resented by the employee bo	List C  e above-named employee, that egan employment on
List A  Cocument title:  Susuing authority:  Document #:  Expiration Date (if any):  Document #:  Expiration Date (if any):  CERTIFICATION: I attest, under penalty of perche above-listed document(s) appear to be genuing (month/day/year)  employment agencies may omit the date the employment of Employer or Authorized Representative	jury, that I have examine and to relate to the emperor best of my knowledge the oyee began employment.    Print Name   Pri	ed the document(s) poloyee named, that the employee is autho	resented by the employee berized to work in	List C  e above-named employee, that egan employment on
List A  Document title:  Issuing authority:  Document #:  Expiration Date (if any):  Document #:  Expiration Date (if any):  CERTIFICATION: I attest, under penalty of per the above-listed document(s) appear to be genuin (month/day/year)  employment agencies may omit the date the empl Signature of Employer or Authorized Representative  Business or Organization Name and Address (Street Name  Section 3. Updating and Reverification (To b)	jury, that I have examing and to relate to the empleyers of my knowledge the oyee began employment.    Print Name   Print	ed the document(s) poloyee named, that the employee is autho  Code)	resented by the employee beginning to work it.  Title	List C  e above-named employee, the egan employment on in the United States. (State
List A  Document title:  Issuing authority:  Document #:  Expiration Date (if any):  Document #:  Expiration Date (if any):  CERTIFICATION: I attest, under penalty of perthe above-listed document(s) appear to be genuin (month/day/year)  employment agencies may omit the date the empl Signature of Employer or Authorized Representative  Business or Organization Name and Address (Street Name  Section 3. Updating and Reverification (To be A. New Name (if applicable)	jury, that I have examine and to relate to the emperor best of my knowledge the oyee began employment.  Print Name  and Number, City, State, Zip  e completed and signed	ed the document(s) poloyee named, that the employee is autho  Code)  B. Da	resented by the employee berized to work in Title  Date (in the of Rehire (month))	List C  e above-named employee, that egan employment on in the United States. (State  month/day/year)
List A  Document title:  Issuing authority:  Document #:  Expiration Date (if any):  Document #:  Expiration Date (if any):  CERTIFICATION: I attest, under penalty of perthe above-listed document(s) appear to be genuing	jury, that I have examine and to relate to the emperor best of my knowledge the oyee began employment.  Print Name  and Number, City, State, Zip  e completed and signed	ed the document(s) poloyee named, that the employee is autho  Code)  B. Da	resented by the employee berized to work in the pate (note that established)	List C  e above-named employee, that egan employment on in the United States. (State  month/day/year)
List A  Document title:  Issuing authority:  Document #:  Expiration Date (if any):  Document #:  Expiration Date (if any):  CERTIFICATION: I attest, under penalty of perthe above-listed document(s) appear to be genuing (month/day/year)  and that to the employment agencies may omit the date the employment agencies may omit the date the employment of Employer or Authorized Representative  Business or Organization Name and Address (Street Name  Section 3. Updating and Reverification (To be A. New Name (if applicable)  C. If employee's previous grant of work authorization has experimental address (street Name).	jury, that I have examine and to relate to the emperor best of my knowledge the oyee began employment.  Print Name  Print Name  and Number, City, State, Zip  e completed and signed expired, provide the informati Document #:  knowledge, this employee is	ed the document(s) poloyee named, that the employee is autho  Code)  By employer.)  B. Da  on below for the document of the do	resented by the employee berized to work in the pate (note that established Expiration)	List C  List C  e above-named employee, the egan employment on in the United States. (State  month/day/year)  eth/day/year) (if applicable)  es current employment authorization Date (if any):

# LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

### LIST A

### LIST B

# LIST C

<b>Documents that Establish Both</b>
<b>Identity and Employment</b>
Authorization

# **Documents that Establish Identity**

# **Documents that Establish Employment Authorization**

	Authorization (	OR	rucinity	AND	Employment Muthor Eutlon	
1.	U.S. Passport or U.S. Passport Card	1.	<ul> <li>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</li> </ul>		Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize	
2.	Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		name, date of birth, gender, height, eye color, and address		employment in the United States	
3.	Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-			2.	Certification of Birth Abroad issued by the Department of State (Form FS-545)	
	readable immigrant visa			3.	Certification of Report of Birth issued by the Department of State	
4.	Employment Authorization Document that contains a photograph (Form	3.	School ID card with a photograph		(Form DS-1350)	
	I-766)	4.	Voter's registration card	4.	Original or certified copy of birth certificate issued by a State,	
5.	In the case of a nonimmigrant alien authorized to work for a specific	5.	U.S. Military card or draft record		county, municipal authority, or territory of the United States	
	employer incident to status, a foreign passport with Form I-94 or Form	6.	Military dependent's ID card		bearing an official seal	
	I-94A bearing the same name as the passport and containing an endorsement of the alien's	7.	U.S. Coast Guard Merchant Mariner Card	5.	Native American tribal document	
	nonimmigrant status, as long as the period of endorsement has not yet	8.	Native American tribal document			
	expired and the proposed employment is not in conflict with any restrictions or limitations	9.	Driver's license issued by a Canadian government authority	an 6. U.S. Citizen ID	U.S. Citizen ID Card (Form I-197	
6.	Passport from the Federated States of		For persons under age 18 who are unable to present a document listed above:	7.	Identification Card for Use of Resident Citizen in the United States (Form I-179)	
	Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating	10. School record or report card		8.	Employment authorization document issued by the	
nonimmigrant adn Compact of Free A	nonimmigrant admission under the Compact of Free Association	11	. Clinic, doctor, or hospital record		Department of Homeland Security	
	Between the United States and the FSM or RMI	12	. Day-care or nursery school record			

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)