

# Form I-9, Employment Eligibility Verification

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 Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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 #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date (month/day/year)
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## 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.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

## Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name <b>Granger Huntress</b>	Title <b>Manager/Tennis Camp Director</b>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <b>UT Athletics PO Box 7399 Austin TX 78713</b>		Date (month/day/year)

## Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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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 (month/day/year)
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# Background Check for Staff/Faculty

Form EM150A - Revised 6/2010

Clearly print all information. Provide **all** information requested. This information is used for identification purposes only. Return this document to **your department**, not HRS.

First name \_\_\_\_\_ Middle name \_\_\_\_\_ Last name \_\_\_\_\_ Suffix \_\_\_\_\_ Maiden/former name (if applicable) \_\_\_\_\_

Present street address (No P.O. Boxes) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Years at this address: \_\_\_\_\_

Previous street address (No P.O. Boxes) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Years at this address: \_\_\_\_\_

Gender \_\_\_\_\_

Male  Female \_\_\_\_\_ Drivers license / ID number (include state) \_\_\_\_\_ Social Security number \_\_\_\_\_ UT EID \_\_\_\_\_ Date of birth (MM/DD/YYYY) \_\_\_\_\_

**California, Minnesota, and Oklahoma applicants only.** Please check here to have a copy of your consumer report sent directly to you. Only those applicants who are receiving a background check with HireRight can request a copy.

**Authorization to conduct background check**

I hereby authorize The University of Texas at Austin and/or its agent to furnish The University of Texas at Austin my consumer, criminal, driving, and other related reports to include education, license, and certification information in connection with my employment or potential employment (including contract for services) with The University of Texas at Austin. I do hereby release all agents, servants, and employees of The University of Texas at Austin, the person in charge of such law enforcement agency or department and all members of such law enforcement agency or department from all liability resulting from the furnishing of this information to The University of Texas at Austin.

I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements made herein will void my access to The University of Texas at Austin.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

**This section to be completed by the department**

**Important instructions:** Send this completed form to Human Resource Services, Employee Records at the above address. The department account number specified below will be charged for processing this request. Sub-accounts ending between 50-59 should be used.

Identity has been confirmed by hiring department

Hiring department witness \_\_\_\_\_

Job title of hire Camp Worker Job Code 2705000 Recruiting job no. (if applicable) 2705000 Position ID 2705000 Department and hiring unit code 2705000

Department account number 19-9060-8450 Department contact name Kelli Saidana Department contact phone 471-7815

Department EIDs (three maximum) ks43 awpsb fgh72 Department contact name \_\_\_\_\_ Department contact phone \_\_\_\_\_

Authorized signature for department \_\_\_\_\_

**For HRS use only** S \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_ V \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_  Eligible  Ineligible

Disclosure of Social Security numbers (SSN) is requested from you in order for The University of Texas at Austin to complete a background check. No statute or other authority requires that you disclose your SSN for that purpose. Failure to provide your SSN, however, may result in dismissal or ineligibility to be hired. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.