Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No.1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)

Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)
- ☐ 4. A noncitizen (other than **Item Numbers 2.** and **3.** above) authorized to work until (exp. date, if any)

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

Signature of Employee	Today's Date (mm/dd/yyyy)

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Additional Information

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code
University of Idaho	**709 S Deakin St, Moscow, ID, 83844**

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

University of Idaho
Human Resources

New Employee Data Form
Updated 11/2024

Classification (please circle): Temporary Temp Faculty Faculty Classified Exempt Post-Doc

START DATE: _____ ☐ Background Check Completed

Department: _____

Supervisor: _____

Last Name_____ First Name_____ Middle Int. _____

Previous Names Used_____ Marital Status_____ Gender_____

Home Address_____ City_____ State_____ Zip_____

Phone_____ Email _____Date of Birth_____

Social Security Number_____Country of Citizenship_____

CURRENT / FORMER PERSI MEMBERS:

ALL POSITIONS:
Are you currently receiving PERSI retirement income? ☐ Yes ☐ No

FACULTY/EXEMPT/POST-DOC POSITIONS ONLY:
Are you vested in PERSI? (Vesting occurs after 5 years) ☐ Yes ☐ No

If Yes, would you like to continue your contributions to PERSI and waive enrollment in the ORP retirement plan? ☐ Yes ☐ No

If No, you will be enrolled in the ORP retirement plan and will need to contact PERSI to discuss options for your previous contributions (if applicable).

Please Note: Your campus mailing address and 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 to be excluded again if 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 email 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 MyUI.
- I understand that my University of Idaho demographic and payroll information is available to me and updateable by me through the MyUI portal.

Signature _____ Date_____

Please return this form to Human Resources by fax: 208-885-3602* ***DO NOT EMAIL!*

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

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name: _____ Date: _____

Employee ID: _____
(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, 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?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

☐ Yes, I have a disability, or have had one in the past
☐ No, I do not have a disability and have not had one in the past
☐ I do not want 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

Employers may modify this section of the form as needed for recordkeeping purposes.
For example:
Job Title: _____ Date of Hire: _____