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Instructions for Submitting a Worker's I-9/E-Verify

Background

All employers must verify that every person they hire is authorized to work in the United States. For City-related construction projects, CEO must confirm that a contractor has conducted this required due diligence for every one of their hires who will work on the construction site. To do so, contractors must send **PDFs (only!)** of the worker's corresponding USCIS Form I-9 or USCIS E-Verify Case Verification Report. Although they are personal identification documents, they are subject to the Freedom of Information Act. Therefore, you must **REDACT** parts of certain identification numbers to prevent identity theft.

When to Submit

Contractors must prove (see below) that they verified work status **BEFORE any individual starts work** on the construction project.

What to Submit

PDFs (only!) of either of the following:

1. USCIS Form I-9 by itself (*redacted!*)
 - › Pages 1 and 2, properly filled in and signed
- OR**
2. USCIS E-Verify Case Verification Report ("Case Processing: View/Print Details") (*redacted!*)
 - › It must show the full Case Verification Number at the top.

You will see the option to upload the PDFs when you fill out the "[Proof of Permission to Work](#)" form.

Do NOT upload scans of a worker's identity cards or documents!!

CEO just needs one of the two above forms.

What to Redact

For either form, **find all alphanumeric identity strings that correspond to the individual worker**. For the foreign-born, this includes their "A-Number." **Redact all but the LAST FOUR characters. Do this carefully to preserve the security of each worker's identity! CEO is not responsible when a contractor errs and sends an unredacted or incompletely redacted document.**

What Not to Redact

All alphanumeric references to the employer/hiring entity must be visible.

Disclaimer

The U.S. Department of Homeland Security (DHS) is the only government agency with the authority to determine whether an individual has permission to work in the United States. Relatedly, it is the only government agency that may access an employer's personnel files to determine the authenticity of identity documents that attest to a worker's immigration status. CEO's acceptance of a contractor's submission does not: (1) confirm the authenticity of identity documents, (2) confer approval of a contractor's verification practices for authorization to work, or (3) prove that the workers on their list are authorized to work in the U.S.



Sample E-Verify Form

Case Verification Number: [REDACTED] 24AG

Report prepared: 11/09/2020

Company Information

Company ID: 0000000

Company Name: Acme New Haven Construction

Client Company ID: 0000000

Client Company Name: Acme New Haven Construction

Employee Information

Name: John DOE

Date of Birth: 11/11/1990

U.S. Social Security Number: ***-**-6789

Employee's First Day of Employment: 11/09/2020

Citizenship Status: Alien Authorized to Work

Alien/USCIS Number: A [REDACTED] 0000

Document Information

List B Document: Driver's license or ID card issued by a U.S. state or outlying possession

Document Subtype: Driver's License

Document Number: *****0000

Expiration Date: 11/11/2024

State: Connecticut

List C Document: Social Security Card

Case Information

Case Status: Closed

Case Submitted By: Jane Doe

Current Case Result: Employment Authorized

Reason for Closure: Employment Authorized Auto Close

E-Verify does redact some numbers, but NOT ALL of them (shown with the arrows). DO NOT FORGET to redact them - INCLUDING in the printout's footer!

Sample Form I-9

For directions on how to fill in Section 1 below, please click on the link below:

<https://www.uscis.gov/i-9-central/form-i-9-resources/handbook-for-employers-m-274/30-completing-section-1-of-form-i-9>

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.)

1 Last Name (Family Name) Washington		First Name (Given Name) George		Middle Initial A	Other Last Names Used (if any) N/A	
2 Address (Street Number and Name) 123 Star Spangled Way		Apt. Number 1	City or Town Westmoreland		State VA	ZIP Code 20002
3 Date of Birth (mm/dd/yyyy) 02/02/1982	U.S. Social Security Number [REDACTED] - 6789		Employee's E-mail Address gWashington@email.com		Employee's Telephone Number 202-123-4567	

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.

4 I attest, under penalty of perjury, that I am (check one of the following boxes):

Do not forget to redact "Document Numbers" like Social Security Numbers. Show only the last 4 numbers/letters.

1. A citizen of the United States

2. A noncitizen national of the United States (See instructions)

3. A lawful permanent resident (Alien Registration Number/USCIS 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: _____

QR Code - Section 1
Do Not Write In This Space

Signature of Employee *George Washington* Today's Date (mm/dd/yyyy) **04/01/2020**

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 *Abigail Adams* Today's Date (mm/dd/yyyy) **04/01/2020**

6 Last Name (Family Name) Adams		First Name (Given Name) Abigail			
Address (Street Number and Name) 123 American Way		City or Town Weymouth		State MA	ZIP Code 20001

For directions on how to fill in Section 2 below, please click on the link below:

<https://www.uscis.gov/i-9-central/form-i-9-resources/handbook-for-employers-m-274/30-completing-section-2-of-form-i-9>

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.")

1	Employee Info from Section 1	Last Name (Family Name) Washington	First Name (Given Name) George	M.I. A	Citizenship/Immigration Status 1
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	List A	OR	List B	AND	List C
	Identity and Employment Authorization		Identity		Employment Authorization

2	Document Title U.S. Passport	Document Title	Document Title
	Issuing Authority Department of State	Issuing Authority	Issuing Authority
	Document Number ██████████6789	Document Number	Document Number
	Expiration Date (if any) (mm/dd/yyyy) 01/01/2023	Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy)
	Document Title	Additional Information	
	Issuing Authority		
	Document Number	QR Code - Sections 2 & 3 Do Not Write In This Space	
	Expiration Date (if any) (mm/dd/yyyy)		
	Document Title		
	Issuing Authority		
	Document Number		
	Expiration Date (if any) (mm/dd/yyyy)		

**Do not forget to redact "Document Numbers."
Show only the last 4 numbers/letters. Refer to the "U.S. Passport" entry (upper left) as an example.**

3 **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): 04/01/2020 (See instructions for exemptions)

4	Signature of Employer or Authorized Representative <i>Martha Jefferson</i>	Today's Date (mm/dd/yyyy) 04/01/2020	Title of Employer or Authorized Representative HR Manager
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Last Name of Employer or Authorized Representative Jefferson	First Name of Employer or Authorized Representative Martha	Employer's Business or Organization Name Bald Eagle Flags Inc.
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5	Employer's Business or Organization Address (Street Number and Name) 123 Bill of Rights Way	City or Town Charles City	State VA	ZIP Code 20002
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