

109 Pickens Street, Monroeville AL 36460
(251) 743-2150

Date _____ **Employee Number** _____

Mailing Address

City	State	Zip Code
------	-------	----------

Telephone Number _____ **Date of Birth** _____

Race _____ **Sex** _____

Graduated from high School? ____ Yes ____ No
Attended Trade School or College? ____ Yes ____ No If your answer is yes,
subjects studied and degree received _____

Please check the schools you prefer to substitute in:

___ Monroe County Alternative School	___ Excel Public School
___ Monroeville Elementary School	___ J. F. Shields High School
___ Monroeville Middle School	___ J.U. Blacksher High School
___ Monroe County High School	___ Monroe Intermediate School
___ Monroe County Career Tech Center	(Lower Peachtree)

Name of System	Previous Areas Worked In	Dates



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

► **START HERE.** 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 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 before accepting a job offer.*)

Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial	Other Names Used (<i>if any</i>)																						
Address (<i>Street Number and Name</i>)			Apt. Number	City or Town		State	Zip Code																				
Date of Birth (<i>mm/dd/yyyy</i>)	U.S. Social Security Number <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												E-mail Address <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>													Telephone Number	

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 Registration Number/USCIS Number): _____
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (*See instructions*)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

3-D Barcode
Do Not Write in This Space

Signature of Employee:	Date (<i>mm/dd/yyyy</i>):
------------------------	-----------------------------

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.

Signature of Preparer or Translator:		Date (<i>mm/dd/yyyy</i>):		
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		
Address (<i>Street Number and Name</i>)		City or Town	State	Zip Code



Employer Completes Next Page



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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		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:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

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		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name)	Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
---	----------------	---

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.		
Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):

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 (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--

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 Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (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 limitations identified on the form. 6. 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 		<ol style="list-style-type: none"> 1. 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 name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

BANK / DIRECT DEPOSIT / AUTHORIZATION FORM
MONROE COUNTY BOARD OF EDUCATION

Information needed to set up direct deposit for monthly payroll.

Please print all information in blue or black ink. It is very important that all items be completed. If you have any questions, please contact the central office.

Name _____

Social Security Number _____

Type of Depositor Account _____ Checking _____ Savings

Financial Institution Name _____

Depositor Account Number _____
(Account Number of your checking or savings account)

Financial Institution Routing Number _____
(Nine digits listed on the bottom left side of your personal check)

I certify that I am entitled to the payment identified above. In signing this form, I authorize my monthly payroll payment to be sent to the financial institution named above to be deposited to the designated account.

If I choose to cancel my direct deposit, I must give a 15-day written notice to the Monroe County Board of Education.

Signature

Date

Alabama Applicant Processing Service (AAPS)

Fingerprinting Overview

Applicants MUST be registered online prior to arriving at a fingerprint location.

STEP 1 - REGISTRATION

Option 1 - Online Registration – <https://www.cogentid.com/AL>

- Applicants are responsible for their own registration. Information incorrectly entered during registration and submitted during fingerprinting CANNOT be corrected and is the responsibility of the applicants. Changes to incorrect registration data MAY be corrected online or by telephone prior to fingerprint submission.

Option 2 - Telephone Registration – 866-989-9316

- 3M Cogent encourages ALL applicants to register online.
- Applicants are responsible for their own registration. Information incorrectly entered during registration and submitted during fingerprinting CANNOT be corrected and is the responsibility of the applicants. Changes to incorrect registration data MAY be corrected online or by telephone prior to fingerprint submission.

Option 3 - Out-of-State Applicants/Paper Fingerprint Cards

- Out-of-State applicants may submit a completed fingerprint card AND a money order or cashiers check in the amount of \$54.90 made out to **3M Cogent Systems**. Applicants MUST register ONLINE prior to mailing in fingerprint cards AND must include their REGISTRATION ID. Submit fingerprint cards to:

3M Cogent System
ALSDE Cards Scan
639 North Rosemead Boulevard
Pasadena, CA 91107

STEP 2 - PAYMENT

Fingerprint Fee is \$46.90

- Applicants may pay online during registration using a debit or credit card
- No cash, credit card or business checks are accepted at the fingerprint locations.
- Applicants may pay at the fingerprint site with money order or cashier check
 - Payments must be made out to **3M Cogent Systems**
 - Payment amount for ALSDE fingerprinting is \$46.90

STEP 3 - FINGERPRINTING

Visit any 3M Cogent fingerprint location in Alabama. See *Print Locations & Hours* at <https://www.cogentid.com/AL>

Be sure to bring valid identification with you to the print location. See *What to bring* at <https://www.cogentid.com/AL>

Nearest Site Location	Record and Sound Shop 221 Commerce Street Jackson Alabama 36545
Hours of Operation	Monday- Friday 8:00 am until 3:00pm
Telephone Number	1-251-246-3253 Please see www.cogentid.com/AL for information pertaining to fingerprint processing. Neither Cogent Systems nor the fingerprint sites have the means to provide applicants with the status of their background check.