

FORM I-9 PROCEDURES

Presented by:
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INTRODUCTION

- These procedures will demonstrate:
 - How to correctly complete the Form I-9.
 - When the Form I-9 must be completed.
 - What are the types of acceptable documents for verifications.

IMPORTANCE OF THE FORM I-9

- The purpose of the Form I-9 is to verify an individual's identity and their eligibility to legally work in the United States.

ACCURATE FORM I-9'S ARE IMPORTANT!

- Employers are now subject to 1-9 audits. Incorrect forms, missing documentation, or not completing the Form 1-9 within the employee's first 3 days of employment are all "fineable" findings in an audit. **The employee is required to complete, sign and date Section 1 on their first day of work in which they will be compensated.**
- Civil Penalties:
 - Hiring or Continuing to Employ Unauthorized Aliens
 - First Offense — Not less than \$375 and not more than \$3,200 for each unauthorized alien.
 - Second Offense — Not less than \$3,200 and not more than \$6,500 for each unauthorized alien.
 - Subsequent Offenses — Not less than \$4,300 and not more than \$16,000 for each unauthorized alien.
 - Failing to Comply with Form 1-9 Requirements
 - Failure to complete, retain, and/or make available for inspection, you may face civil money penalties of not less than \$110 and not more than \$1,100 for each violation.
 - The Department of Homeland Security or an administrative law judge may impose penalties if an investigation reveals that you knowingly hired or knowingly continued to employ an unauthorized alien, or failed to comply with the employment eligibility verification requirements. In addition to the employer, the individual responsible may be personally liable.

Corrections to the Form 1-9

- To make a correction to the Form 1-9, cross out the incorrect information and next to it write in the correct information.
- Per Homeland Security, white-out is not to be used on the Form 1-9.

WHO CAN COMPLETE THE FORM I-9

- Authorized personnel of University of Montana are allowed to complete Section 2 of the Form 1-9. This does not include student employees.
- Other authorized individuals outside of the University of Montana deemed necessary for remote-hire employees.
- Blank pre-signed Form 1-9's are not allowed. The authorized personnel must sign and date the Form 1-9 within 3 days of the employee's first day of work.

WHEN TO COMPLETE THE FORM I-9

- The employee must complete and sign Section 1 no later than the first day of employment.
- The employer is required to complete Section 2 within 3 business days of the employee's first day of work. The employee must present documentation to the employer within 3 days of starting work for pay.
- The Form I-9 may be completed prior to the employee's first day of work provided that we have offered them employment with the University of Montana and they have accepted the offer of employment.

COMMON MISTAKES

- Forgetting to write the employee's name or Citizenship/Immigration Status in the boxes above List A OR List B and List C boxes, Section 2.
- Employee's first day of work is missing.
- Expired identification.
- Identification not listed in the correct column, List A, List B, and List C.
- Incorrect forms of identification.
 - Visas are not an acceptable form of identification.
- Employers CANNOT specify which document(s) the employee may present to establish employment authorization and identity. The employer must allow the employee to choose the documents to be presented from the Lists of Acceptable Documents, found on the last page of Form I-9.

Online fillable Form 1-9

- You and/or the employee may also use the online "fillable" version Form 1-9
[https://www.uscis.gov/i-9.](https://www.uscis.gov/i-9)
- Advantages of using the online "fillable" version:
 - It enters "N/A" in all the boxes that didn't have any information entered, such as the Apt Number field
 - Gives you the correct option to enter in that field
 - When you click on "Click to Finish" it will highlight any errors or missing information on the form

EXAMPLES



★ U.S. Citizen ★

Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

▶ START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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.)

Form fields for Section 1: Last Name (SMITH), First Name (JOSEPH), Middle Initial (A), Other Last Names (N/A), Address (1234 SOUTH 3 ST WEST), Apt. Number (N/A), City or Town (MISSOULA), State (MT), ZIP Code (59801), Date of Birth (01/01/2000), U.S. Social Security Number (123-45-6789), Employee's E-mail Address (N/A), Employee's Telephone Number (N/A).

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 boxes):

Attestation options: 1. A citizen of the United States (checked), 2. A noncitizen national of the United States, 3. A lawful permanent resident, 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy). Includes QR code area.

Signature of Employee: Joseph Smith, Today's Date: 09/01/2017

Preparer and/or Translator Certification (check one): [X] I did not use a preparer or translator. [] A preparer(s) and/or translator(s) assisted the 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, Today's Date, Last Name, First Name, Address, City or Town, State, ZIP Code.

STCP Employer Completes Next Page STCP




Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

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.")

Employee Info from Section 1	Last Name (Family Name) SMITH	First Name (Given Name) JOSEPH	M.I. A	Citizenship/Immigration Status 1
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title N/A		Document Title School ID		Document Title Social Security Card (Unrestricted)
Issuing Authority N/A		Issuing Authority UNIVERSITY OF MONTANA		Issuing Authority Social Security Administration
Document Number N/A		Document Number 790111234		Document Number 123456789
Expiration Date (if any)(mm/dd/yyyy) N/A		Expiration Date (if any)(mm/dd/yyyy) N/A		Expiration Date (if any)(mm/dd/yyyy) N/A
Document Title N/A		<div style="border: 1px solid black; padding: 5px;">Additional Information</div>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> QR Code - Section 2 Do Not Write In This Space  </div>
Issuing Authority N/A				
Document Number N/A				
Expiration Date (if any)(mm/dd/yyyy) N/A				
Document Title N/A				
Issuing Authority N/A				
Document Number N/A				
Expiration Date (if any)(mm/dd/yyyy) N/A				

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): 09/01/2017 (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Andrea Scheuring</i>		Today's Date (mm/dd/yyyy) <u>09/03/2017</u>	Title of Employer or Authorized Representative FINANCE MANAGER	
Last Name of Employer or Authorized Representative SCHEURING		First Name of Employer or Authorized Representative ANDREA	Employer's Business or Organization Name UNIVERSITY OF MONTANA	
Employer's Business or Organization Address (Street Number and Name) 32 CAMPUS DRIVE		City or Town MISSOULA	State MT	ZIP Code 59812

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

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

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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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 	OR	<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 <li style="text-align: center;">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 	AND	<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 report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) (new) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



*** F1 VISA ***
Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.


ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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 (Family Name) HERNANDEZ		First Name (Given Name) JOSE		Middle Initial E	Other Last Names Used (if any) N/A	
Address (Street Number and Name) 1234 SMITH AVE			Apt. Number N/A	City or Town SMITHVILLE		State MT
Date of Birth (mm/dd/yyyy) 01/01/1990		U.S. Social Security Number 1 2 3 - 4 5 - 6 7 8 9		Employee's E-mail Address N/A (optional)		Employee's Telephone Number N/A (optional)

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 boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): N/A	
<input checked="" type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): 05/31/2021 Some aliens may write "N/A" in the expiration date field. (See instructions)	
<p><i>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.</i></p> <p>1. Alien Registration Number/USCIS Number: N/A OR 2. Form I-94 Admission Number: 01234567890 OR 3. Foreign Passport Number: N/A Country of Issuance: N/A</p>	
QR Code - Section 1 Do Not Write In This Space 	

Signature of Employee <i>Jose Hernandez</i>	Today's Date (mm/dd/yyyy) 09/01/2017
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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		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			ZIP Code

STCP **Employer Completes Next Page** STCP




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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.")

Employee Info from Section 1	Last Name (Family Name) HERNANDEZ	First Name (Given Name) JOSE	M.I. E	Citizenship/Immigration Status 4
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title Foreign Passport, work-authorized nonimmigrant		Document Title N/A		Document Title N/A
Issuing Authority Mexico		Issuing Authority N/A		Issuing Authority N/A
Document Number 4661234		Document Number N/A		Document Number N/A
Expiration Date (if any)(mm/dd/yyyy) 09/30/2020		Expiration Date (if any)(mm/dd/yyyy) N/A		Expiration Date (if any)(mm/dd/yyyy) N/A
Document Title Form I-94/I-94A		<div style="border: 1px solid black; padding: 5px;"> Additional Information </div>		<div style="border: 1px solid black; padding: 5px;"> QR Code - Section 2 Do Not Write In This Space  </div>
Issuing Authority U.S. Customs and Border Protection				
Document Number 01234567890				
Expiration Date (if any)(mm/dd/yyyy) D/S				
Document Title Form I-20				
Issuing Authority U.S. Immigration and Customs Enforcement				
Document Number N0015644979				
Expiration Date (if any)(mm/dd/yyyy) 05/31/2021				

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): 09/01/2017 (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Andrea Scheuring</i>	Today's Date (mm/dd/yyyy) <u>09/03/2017</u>	Title of Employer or Authorized Representative FINANCE MANAGER		
Last Name of Employer or Authorized Representative SCHEURING	First Name of Employer or Authorized Representative ANDREA	Employer's Business or Organization Name UNIVERSITY OF MONTANA		
Employer's Business or Organization Address (Street Number and Name) 32 CAMPUS DRIVE	City or Town MISSOULA	State MT	ZIP Code 59801	

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

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

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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**U.S. Customs and Border Protection**
Securing America's Borders**Most Recent I-94**

Admission (I-94) Record Number: 01234567890

Most Recent Date of Entry: 2016 August 25

Class of Admission: F1

Admit Until Date: D/S

Details provided on the I-94 Information form:

Last/Surname: Hernandez
First (Given) Name: Jose
Birth Date: 03/31/1972
Passport Number: 4661234
Country of Issuance: Mexico

[Get Travel History](#)

► Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).

► If an employer, local, state or federal agency requests admission information, present your admission (I-94) number along with any additional required documents requested by that employer or agency.

► Note: For security reasons, we recommend that you close your browser after you have finished retrieving your I-94 number.

OMB No. 1651-0111
Expiration Date: 06/30/2018

[For inquiries or questions regarding your I-94, please click here.](#)

[Accessibility](#) | [Privacy Policy](#)

SEVIS ID: N0015644979

SURNAME/PRIMARY NAME [REDACTED]	GIVEN NAME [REDACTED]	CLASS F-1 ACADEMIC AND LANGUAGE
PREFERRED NAME [REDACTED]	PASSPORT NAME	
COUNTRY OF BIRTH [REDACTED]	COUNTRY OF CITIZENSHIP [REDACTED]	
DATE OF BIRTH [REDACTED]	ADMISSION NUMBER	
FORM ISSUE REASON	LEGACY NAME	
INITIAL ATTENDANCE		

SCHOOL INFORMATION

SCHOOL NAME University of Montana University of Montana - Missoula	SCHOOL ADDRESS 32 Campus Drive, Missoula, MT 59812
SCHOOL OFFICIAL TO CONTACT UPON ARRIVAL Julie Cahill International Admissions Counselor	SCHOOL CODE AND APPROVAL DATE HEL214F00570000 11 DECEMBER 2002

PROGRAM OF STUDY

EDUCATION LEVEL BACHELOR'S	MAJOR 1 Wildlife Biology 26.0709	MAJOR 2 None 00.0000
NORMAL PROGRAM LENGTH 60 Months	PROGRAM ENGLISH PROFICIENCY Required	ENGLISH PROFICIENCY NOTES Student is proficient
PROGRAM START DATE 19 JANUARY 2016	PROGRAM END DATE 31 MAY 2021	

FINANCIALS

ESTIMATED AVERAGE COSTS FOR: 9 MONTHS		STUDENT'S FUNDING FOR: 9 MONTHS	
Tuition and Fees	\$ 23,047	Personal Funds	\$ 0
Living Expenses	\$ 10,444	Scholarship	\$ 2,500
Expenses of Dependents (0)	\$	Funds from Family	\$ 27,750
Other	\$	On-Campus Employment	\$ 4,000
TOTAL	\$ 33,491	TOTAL	\$ 34,250

REMARKS

[REDACTED]

SCHOOL ATTESTATION

I certify under penalty of perjury that all information provided above was entered before I signed this form and is true and correct. I executed this form in the United States after review and evaluation in the United States by me or other officials of the school of the student's application, transcripts, or other records of courses taken and proof of financial responsibility, which were received at the school prior to the execution of this form. The school has determined that the above named student's qualifications meet all standards for admission to the school and the student will be required to pursue a full program of study as defined by 8 CFR 214.2(f)(6). I am a designated school official of the above named school and am authorized to issue this form.

X [Signature] DATE ISSUED 09 November 2015 PLACE ISSUED Missoula, MT

SIGNATURE OF: Julie Cahill, International Admissions Counselor

STUDENT ATTESTATION

I have read and agreed to comply with the terms and conditions of my admission and those of any extension of stay. I certify that all information provided on this form refers specifically to me and is true and correct to the best of my knowledge. I certify that I seek to enter or remain in the United States temporarily, and solely for the purpose of pursuing a full program of study at the school named above. I also authorize the named school to release any information from my records needed by DHS pursuant to 8 CFR 214.3(e) to determine my nonimmigrant status. Parent or guardian, and student, must sign if student is under 18.

X [Signature] DATE

SIGNATURE OF _____ DATE _____

NAME OF PARENT OR GUARDIAN SIGNATURE ADDRESS (city/state or province/country) DATE

SEVIS ID: N0015644979 (F-1)

NAME: [REDACTED]
Simosa

EMPLOYMENT AUTHORIZATION

EMPLOYMENT STATUS	TYPE
EMPLOYMENT START DATE	EMPLOYMENT END DATE
EMPLOYER NAME	EMPLOYER LOCATION
COMMENTS	

CHANGE OF STATUS/CAP-GAP EXTENSION

REQUESTED VISA TYPE	REQUEST/PETITION STATUS	RECEIPT NUMBER	BENEFIT START DATE/REQUEST DATE
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EVENT HISTORY

EVENT NAME	EVENT DATE
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OTHER AUTHORIZATIONS

AUTHORIZATION	START DATE	END DATE
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TRAVEL ENDORSEMENT

This page when properly endorsed, may be used for reentry of the student to attend the same school after a temporary absence from the United States. Each certification signature is valid for one year.

SCHOOL OFFICIAL	TITLE	SIGNATURE	DATE ISSUED	PLACE ISSUED
Becky Maier	Admin Support	X <i>Becky Maier</i>	5-10-16	Missoula MT
		X		
		X		
		X		



*** J1 VISA ***
Employment Eligibility Verification
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Last Name (Family Name) HERNANDEZ		First Name (Given Name) JOSE		Middle Initial E	Other Last Names Used (if any) N/A	
Address (Street Number and Name) 1234 SMITH AVE			Apt. Number N/A	City or Town SMITHVILLE		State MT
Date of Birth (mm/dd/yyyy) 01/01/1990		U.S. Social Security Number 1 2 3 - 4 5 - 6 7 8 9		Employee's E-mail Address N/A		Employee's Telephone Number N/A

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 boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): <u>N/A</u>	
<input checked="" type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): <u>05/13/2020</u> Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>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.</i></p> <p>1. Alien Registration Number/USCIS Number: <u>N/A</u> OR 2. Form I-94 Admission Number: <u>N/A</u> OR 3. Foreign Passport Number: <u>4661234</u> Country of Issuance: <u>Mexico</u></p>	
QR Code - Section 1 Do Not Write In This Space 	


Signature of Employee <i>Jose Hernandez</i>	Today's Date (mm/dd/yyyy) <i>09/01/2017</i>
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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.)

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Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			ZIP Code


Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
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 OMB No. 1615-0047
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
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Issuing Authority Mexico		Issuing Authority N/A		Issuing Authority N/A
Document Number 4661234		Document Number N/A		Document Number N/A
Expiration Date (if any)(mm/dd/yyyy) 09/30/2020		Expiration Date (if any)(mm/dd/yyyy) N/A		Expiration Date (if any)(mm/dd/yyyy) N/A
Document Title Form I-94/I-94A		Additional Information		QR Code - Section 2 Do Not Write In This Space 
Issuing Authority U.S. Customs and Border Protection				
Document Number 01234567890				
Expiration Date (if any)(mm/dd/yyyy) D/S				
Document Title Form DS-2019				
Issuing Authority U.S. Department of State				
Document Number N017439049				
Expiration Date (if any)(mm/dd/yyyy) 05/13/2020				

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): 09/01/2017 (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Andrea Scheuering</i>		Today's Date (mm/dd/yyyy) <u>09/03/2017</u>	Title of Employer or Authorized Representative FINANCE MANAGER	
Last Name of Employer or Authorized Representative SCHEUERING	First Name of Employer or Authorized Representative ANDREA	Employer's Business or Organization Name UNIVERSITY OF MONTANA		
Employer's Business or Organization Address (Street Number and Name) 32 CAMPUS DRIVE	City or Town MISSOULA	State MT	ZIP Code 59801	

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

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

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing 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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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Most Recent I-94

Admission (I-94) Record Number: 01234567890

Most Recent Date of Entry: 2016 August 10

Class of Admission: J1

Admit Until Date: D/S

Details provided on the I-94 Information form:

Last/Surname: Hernandez
First (Given) Name: Jose
Birth Date: 02/28/1971
Passport Number: 4661234
Country of Issuance: Mexico

[Get Travel History](#)

- ▶ Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).
- ▶ If an employer, local, state or federal agency requests admission information, present your admission (I-94) number along with any additional required documents requested by that employer or agency.
- ▶ Note: For security reasons, we recommend that you close your browser after you have finished retrieving your I-94 number.

OMB No. 1551-0111
Expiration Date: 09-30-2016

[For inquiries or questions regarding your I-94, please click here.](#)

[Accessibility](#) | [Privacy Policy](#)



U.S. Department of State

CERTIFICATE OF ELIGIBILITY FOR EXCHANGE VISITOR STATUS (J-NONIMMIGRANT)

OMB APPROVAL NO 1405-0119
09/30/2017
ESTIMATED BURDEN TIME 45 m
*See Page 2

1. Surname/Primary Name: [Redacted] Given Name: [Redacted] Gender: [Redacted]
Date of Birth: [Redacted] City of Birth: [Redacted] Country of Birth: [Redacted] Citizenship Country Code: [Redacted] Citizenship Country: [Redacted]
Legal Permanent Residence Country Code: [Redacted] Legal Permanent Residence Country: [Redacted] Position Code: [Redacted] Position: [Redacted]
Primary Site of Activity: The University of Montana
32 CAMPUS DR
MISSOULA, MT 59812-0003
2. Program Sponsor: University of Montana Program Number: P-1-01998
Participating Program Official Description: PROFESSOR; RESEARCH SCHOLAR; SHORT-TERM SCHOLAR; SPECIALIST; STUDENT ASSOCIATE; STUDENT BACHELORS; STUDENT DOCTORATE; STUDENT INTERN; STUDENT MASTERS; STUDENT NON-DEGREE
Purpose of this form: Begin New Program - Biographical Data Modified
3. Form Covers Period: From (mm-dd-yyyy): 08-22-2016 To (mm-dd-yyyy): 05-13-2020
4. Exchange Visitor Category: STUDENT NON-DEGREE
Subject/Field Code: 23.0101 Subject/Field Code Remarks: EV will take classes in English
5. During the period covered by this form, the total estimated financial support (in U.S. \$) is to be provided to the exchange visitor by:
Current Program Sponsor funds : \$23,047.00
The Exchange Visitor's Government : \$4,372.00
Personal funds : \$6,500.00
Total : \$33,919.00

DS 2019 ORIGINAL

6. U.S. DEPARTMENT OF STATE / DHS USE OR CERTIFICATION BY RESPONSIBLE OFFICER OR ALTERNATE RESPONSIBLE OFFICER THAT A NOTIFICATION COPY OF THIS FORM HAS BEEN PROVIDED TO THE U.S. DEPARTMENT OF STATE (INCLUDE DATE).
7. Eftychia Koehn Responsible Officer
Name of Official Preparing Form: 32 Campus Drive, Missoula, MT 59812
Title: 406-243-5580
Address of Responsible Officer or Alternate Responsible Officer: [Redacted]
Telephone Number: 04-13-2016
Signature of Responsible Officer or Alternate Responsible Officer: [Signature]
Date (mm-dd-yyyy): [Redacted]

8. Statement of Responsible Officer for Releasing Sponsor (FOR TRANSFER OF PROGRAM)
Effective date (mm-dd-yyyy): [Redacted] Transfer of this exchange visitor from program number [Redacted] sponsored by [Redacted] to the program specified in item 2 is necessary or highly desirable and is in conformity with the objectives of the Mutual Educational and Cultural Exchange Act of 1961, as amended.

PRELIMINARY ENDORSEMENT OF CONSULAR OR IMMIGRATION OFFICER REGARDING SECTION 212(e) OF THE IMMIGRATION AND NATIONALITY ACT AND PL 94-484, AS AMENDED (see item 1(a) of page 2).
The Exchange Visitor in the above program.
1. [] Not subject to the two-year residence requirement.
2. [x] Subject to two-year residence requirement based on:
A. [x] Government financing and/or
B. [] The Exchange Visitor Skills List and/or
C. [] PL 94-484 as amended
Joshua Smith
Vice-Consul
U.S. Embassy Paris
Name: [Signature] Title: [Redacted]
Signature of Consular or Immigration Officer: [Signature] Date (mm-dd-yyyy): 6/7/16

TRAVEL VALIDATION BY RESPONSIBLE OFFICER
(Maximum validation period is 1 year*)
*EXCEPT: Maximum validation period is up to 6 months for Short-term Scholars and 4 months for Camp Counselors and Summer Work/Travel.
(1) Exchange Visitor is in good standing at the present time
Date (mm-dd-yyyy): [Redacted]
Signature of Responsible Officer or Alternate Responsible Officer: [Redacted]
(2) Exchange Visitor is in good standing at the present time
Date (mm-dd-yyyy): [Redacted]
Signature of Responsible Officer or Alternate Responsible Officer: [Redacted]

THE U.S. DEPARTMENT OF STATE RESERVES THE RIGHT TO MAKE FINAL DETERMINATION REGARDING 212 (e).
EXCHANGE VISITOR CERTIFICATION: I have read and agree with the statement in item 2 on page 2 of this document.
Signature of Applicant: [Redacted] Place: [Redacted] Date (mm-dd-yyyy): [Redacted]



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

** Permanent Resident **

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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 (Family Name) HERNANDEZ		First Name (Given Name) JOSE		Middle Initial E	Other Last Names Used (if any) N/A	
Address (Street Number and Name) 1234 SMITH AVE			Apt. Number N/A	City or Town SMITHVILLE		State MT
Date of Birth (mm/dd/yyyy) 01/01/1990		U.S. Social Security Number 1 2 3 - 4 5 - 6 7 8 9		Employee's E-mail Address N/A <i>(optional)</i>		Employee's Telephone Number N/A <i>(optional)</i>


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 boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>
<input checked="" type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): <u>A777723677</u>
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): <u>N/A</u> Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>

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: N/A
OR
 2. Form I-94 Admission Number: N/A
OR
 3. Foreign Passport Number: N/A
 Country of Issuance: N/A

QR Code - Section 1
 Do Not Write In This Space


Signature of Employee <i>Jose Hernandez</i>	Today's Date (mm/dd/yyyy) <u>09/01/2017</u>
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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		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			ZIP Code

STOP **Employer Completes Next Page** STOP




Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

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.")

Employee Info from Section 1	Last Name (Family Name) HERNANDEZ	First Name (Given Name) JOSE	M.I. E	Citizenship/Immigration Status 3
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title Perm. Resident Card (Form I-551)		Document Title N/A		Document Title N/A
Issuing Authority U.S. Citizenship and Immigration Services		Issuing Authority N/A		Issuing Authority N/A
Document Number IOE7675481935		Document Number N/A		Document Number N/A
Expiration Date (if any)(mm/dd/yyyy) 04/02/2023		Expiration Date (if any)(mm/dd/yyyy) N/A		Expiration Date (if any)(mm/dd/yyyy) N/A
Document Title N/A		<div style="border: 1px solid black; padding: 5px;"> <p align="center">Additional Information</p> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p align="center">QR Code - Section 2 Do Not Write In This Space</p>  </div>		
Issuing Authority N/A				
Document Number N/A				
Expiration Date (if any)(mm/dd/yyyy) N/A				
Document Title N/A				
Issuing Authority N/A				
Document Number N/A				
Expiration Date (if any)(mm/dd/yyyy) N/A				

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): 09/01/2017 (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Andrea Scheuering</i>		Today's Date (mm/dd/yyyy) <u>09/03/2017</u>	Title of Employer or Authorized Representative FINANCE MANAGER	
Last Name of Employer or Authorized Representative SCHEUERING		First Name of Employer or Authorized Representative ANDREA	Employer's Business or Organization Name UNIVERSITY OF MONTANA	
Employer's Business or Organization Address (Street Number and Name) 32 CAMPUS DRIVE		City or Town MISSOULA	State MT	ZIP Code 59801

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

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

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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 (Family Name) HERNANDEZ		First Name (Given Name) JOSE		Middle Initial E	Other Last Names Used (if any) N/A	
Address (Street Number and Name) 1234 SMITH AVE			Apt. Number N/A	City or Town SMITHVILLE		State MT
Date of Birth (mm/dd/yyyy) 01/01/1990		U.S. Social Security Number 1 2 3 - 4 5 - 6 7 8 9		Employee's E-mail Address N/A		Employee's Telephone Number N/A

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 boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (<i>See instructions</i>)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): <u>N/A</u>
<input checked="" type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): <u>07/31/2019</u> Some aliens may write "N/A" in the expiration date field. (<i>See instructions</i>)


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: N/A
OR

2. Form I-94 Admission Number: 01234567890
OR

3. Foreign Passport Number: N/A
 Country of Issuance: N/A

QR Code - Section 1
Do Not Write In This Space



Signature of Employee <i>Jose Hernandez</i>	Today's Date (mm/dd/yyyy) <u>09/01/2017</u>
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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		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			ZIP Code






Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

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.")

Employee Info from Section 1	Last Name (Family Name) HERNANDEZ	First Name (Given Name) JOSE	M.I. E	Citizenship/Immigration Status 4
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title Foreign Passport, work-authorized nonimmigrant		Document Title N/A		Document Title N/A
Issuing Authority Mexico		Issuing Authority N/A		Issuing Authority N/A
Document Number 4661234		Document Number N/A		Document Number N/A
Expiration Date (if any)(mm/dd/yyyy) 09/30/2020		Expiration Date (if any)(mm/dd/yyyy) N/A		Expiration Date (if any)(mm/dd/yyyy) N/A
Document Title Form I-94/I-94A		<div style="border: 1px solid black; padding: 5px; min-height: 150px;"> Additional Information </div>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> QR Code - Section 2 Do Not Write In This Space  </div>
Issuing Authority U.S. Customs and Border Protection				
Document Number 01234567890				
Expiration Date (if any)(mm/dd/yyyy) 07/31/2019				
Document Title N/A				
Issuing Authority N/A				
Document Number N/A				
Expiration Date (if any)(mm/dd/yyyy) N/A				

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): 09/01/2017 (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Andrea Scheuring</i>		Today's Date (mm/dd/yyyy) <u>09/03/2017</u>	Title of Employer or Authorized Representative FINANCE MANAGER	
Last Name of Employer or Authorized Representative SCHEURING		First Name of Employer or Authorized Representative ANDREA	Employer's Business or Organization Name UNIVERSITY OF MONTANA	
Employer's Business or Organization Address (Street Number and Name) 32 CAMPUS DRIVE		City or Town MISSOULA	State MT	ZIP Code 59801

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

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

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing 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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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Most Recent I-94

Admission (I-94) Record Number : 01234567890

Most Recent Date of Entry: 2016 September 05

Class of Admission : H1B

Admit Until Date : 07 / 31 / 2019

Details provided on the I-94 Information form:

Last/Surname : Hernandez
First (Given) Name : Jose
Birth Date : 05/31/1974
Passport Number : 4661234
Country of Issuance : Mexico

[Get Travel History](#)

- ▶ Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).
- ▶ If an employer, local, state or federal agency requests admission information, present your admission (I-94) number along with any additional required documents requested by that employer or agency.
- ▶ Note: For security reasons, we recommend that you close your browser after you have finished retrieving your I-94 number.

OMB No. 1651-0111
Expiration Date: 12/31/2016

[For inquiries or questions regarding your I-94, please click here](#)

[Accessibility](#) | [Privacy Policy](#)

Human Resource Services

Foreign National Employees

Important Note: As The University of Montana's international recognition for outstanding academic and research programs increases, we are receiving an increased foreign national candidate pool for posted positions. Hiring Departments can gain a full understanding of the process for hiring a foreign national by first reviewing the Overview and the H1-B Visa Procedural Information & Checklist below:

Overview (<http://www.umt.edu/hrs/docs/H1BVisa.doc>) | **H1-B Visa Application** (<http://www.umt.edu/hrs/formsdocs/H1BVisaApp.doc>)

The **Non-Resident (Foreign National) FAQ**

(<http://www.umt.edu/hrs/Foreign%20National%20Employees/FAQ.aspx>) is an excellent informational resource regarding foreign students who wish to study in the United States. This reference contains vital information about Visa types, NAFTA, Taxation, Verification of Work Authorization, INS, and Alien/Citizen definitions.

REQUIRED ESSENTIALS:

All new and returning student employees are required to submit copies of the documents listed below at the beginning of their employment AND again every fall semester if they are still working on campus.

J1 Visa:

- Complete the Foreign National Information Form (see above)
- Passport
- Form I-94
- Form DS-2019
- Visa
- Social Security Card
- Work Authorization Letter (if applicable)

F1 Visa:

- Complete the Foreign National Information Form (see above)
- Passport
- Form I-94
- Form I-20
- Visa
- Social Security Card
- Work Authorization Letter (if applicable)

Permanent Residents:

- Permanent Resident Card (copy of FRONT and BACK)
- Social Security Card

RESOURCES

- **Foreign National Form (including Instructions)** ([http://www.umt.edu/hrs/formsdocs/Foreign National Info.xlsx](http://www.umt.edu/hrs/formsdocs/Foreign%20National%20Info.xlsx))

See Also:

- **Foreign Student & Scholars** (<http://www.umt.edu/fsss/>)
- **Career Services** (<http://www.umt.edu/studentjobs/>)
- **Citizenship & Immigration** (<http://www.uscis.gov/portal/site/uscis>)

All documents must be current and not expired in order to satisfy the eligibility requirements.

All other Visa types please contact:
Human Resources Services
406-243-5199