

## Section 2: Review & Verification Non-Visa

**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)

|  |           |                                 |            |                                    |
|--|-----------|---------------------------------|------------|------------------------------------|
| <b>List A</b>                            | <b>OR</b> | <b>List B</b>                   | <b>AND</b> | <b>List C</b>                      |
| Document title: _____                    |           | <b>TX Drivers Lic</b>           |            | <b>Social Security Card</b>        |
| Issued: _____                            |           | <b>TX Dept of Public Safety</b> |            | <b>Health &amp; Human Services</b> |
| Doc # _____                              |           | <b>XXXXX</b>                    |            | <b>999-99-9999</b>                 |
| Doc # _____                              |           | <b>05/06/02</b>                 |            | ____/____/____                     |
| Expiration Date (if any): ____/____/____ |           |                                 |            |                                    |

**CERTIFICATION:** I certify that the above-named employee, that the employee began employment on \_\_\_\_/\_\_\_\_/\_\_\_\_, is eligible 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. I have examined \_\_\_\_\_ at \_\_\_\_\_ agency on \_\_\_\_/\_\_\_\_/\_\_\_\_ by the above-named employee, that the employee began employment on \_\_\_\_/\_\_\_\_/\_\_\_\_.

|  |   |       |
|--|---|-------|
| Signature of Employer or Authorized Representative | Print Name  | Title |
| Business or Organization Name                      | Address (Street Name and Number, City, State, Zip Code) |       |
|  | Date (month/day/year)                                   |       |

**Section 3. Updating and Reverification.** To be completed by employer if applicable.

A. New Name (if applicable) \_\_\_\_\_ Date of rehire (month/day/year) (if applicable) \_\_\_\_\_

C. If employee's previous grant of work authorization has expired, \_\_\_\_\_ the document that establishes current employment eligibility. \_\_\_\_\_

Document Title: \_\_\_\_\_ Document #: \_\_\_\_\_ Expiration Date (if any): \_\_\_\_/\_\_\_\_/\_\_\_\_

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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) |
|--|-----------------------|