



THE UNIVERSITY OF
SOUTHERN MISSISSIPPI.

Dear Future Employee,

We ask that all new hires complete their new hire paperwork on or before their first day of work.

Appointments can be made at our Hattiesburg or Gulf Park campus [HERE](#).

If you are unable to complete this process in person due to reasons such as working fully remote out of state, please contact us at hr@usm.edu.

Our complete new employee documents can be found [HERE](#).

Your Form I-9 must be completed in person. We encourage you to reach out to your nearest College or University HR department for assistance and ask that they serve as your authorized representative. Instructions for this process and a prefilled Form I-9 for an authorized representative are included on the following pages.

Sincerely,

USM University Human Resources

Dear Authorized Representative,

University Human Resources would like to thank you for serving as our Authorized Representative for the Form I-9. We have pre-filled the first page of this document. Please use the version on the following page.

The employee should complete **Section 1**.

1. Please make sure the employee signed and dated Section 1.

As the Authorized Representation, you will complete **Section 2**.

1. Examine our employee's **original** forms of identification or Employment Authorization Documents. The full list of acceptable documents can be found on page 2 of the Form I-9 [HERE](#). The employee may elect to present –
1 document from **List A**
OR
1 document from **List B** (identity verification) **AND** 1 document from **List C** (employment authorization)
2. Make two copies of each of the presented documents.
3. Complete the information in the appropriate boxes for the documentation.
4. Leave the first day of employment blank.
5. Enter your Last Name, First Name
6. Sign
7. Date (enter the date you reviewed the documents)

Complete the Authorized Representative Form included on page three of this document.

Return the completed Form I-9, two copies of each form of identification, and the Authorized Representative Form to the employee.

The employee will then mail these documents along with all additional new hire paperwork to –

University Human Resources

Attn: HR Operations

University of Southern Mississippi

118 College Dr.#5111

Hattiesburg, MS, 39406

If you have any questions, please contact us at HR@usm.edu or (601) 266-4058.

We would be happy to view a fax of the completed form during your time with our employee to ensure accuracy.

<https://www.uscis.gov/sites/default/files/document/forms/i-9.pdf>

University Human Resources – 118 College Drive #5111 – Hattiesburg, MS 39406
Telephone (601) 266-4050 – Facsimile (601) 266-4541



AUTHORIZED REPRESENTATIVE FORM

I attest that I am not a relative of the employee nor a member of their household.

The undersigned **Authorized Representative** has examined the original identification documents(s) as listed on the form I-9 List of Acceptable Documents.

The original identification documents(s) were presented to the undersigned and appear to be genuine and related to the individual.

Authorized Representative Name _____

Business Title _____

Business Name _____

Business Address _____

City, State, Zip Code _____

Phone Number _____

E-mail address _____

Signature _____ Date _____

This is a Sample of the Form I-9 for your reference –



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	
<p>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.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<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 (Enter USCIS or A-Number.) _____ <input type="checkbox"/> 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 _____	
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		Drivers License		Social Security Card
Issuing Authority		Nevada		USA
Document Number (if any)		XXXXXXXXXX		XXXXXXXXXX
Expiration Date (if any)		XXXXXX		NA
Document Title 2 (if any)		Additional Information		
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)		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.		

<p>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.</p>		First Day of Employment (mm/dd/yyyy): Leave Blank
Last Name, First Name and Title of Employer or Authorized Representative _____ Authorized Representative		Signature of Employer or Authorized Representative _____ Today's Date (mm/dd/yyyy) _____
Employer's Business or Organization Name University Of Southern Mississippi	Employer's Business or Organization Address, City or Town, State, ZIP Code 118 College Dr. #5111 Hattiesburg, MS 39406	

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.