



Holsman Healthcare, LLC
Healthcare Staffing and Consulting Services
Tel: 973-393-5545 / 973-759-1494 / 877-268-9100 Fax: 973-759-0557

Employment Eligibility Verification (Form I-9): Company Instructions

Before you may begin an assignment with Holsman Healthcare, LLC, the U.S. Immigration & Naturalization Service requires that you provide documentation of eligibility to work in the United States. To provide this documentation, please:

- Complete Section 1 on the Form I-9: Employment Eligibility Verification Form.
- Take the I-9 Form and original verification documents (a listing of acceptable documentation appears on page 3 of the I-9 Form) to an authorized representative (i.e. a public notary, your current facility supervisor, or a member of your facility's Human Resources Department). Ask this person to examine your documentation, witness your signature of the I-9 Form, and sign the bottom of section 2 of the form. This signature certifies that the individual has examined your documents and believes them to be genuine and applicable to you.
- Make copies of the documents you used to verify your employment eligibility and mail/fax photocopies of all the original verifying documents and the completed and signed I-9 Form to Holsman Healthcare, LLC.
- Remember to have the authorized representative to complete Section 2 with the applicable information from the original verifying documents that you are using. The I-9 Form will be incomplete and will be reissued for completion if Section 2 does not contain all needed applicable information.

If you use a notary service:

Attention Notary: In the presence of the applicant, please examine the selected employment eligibility verification documents and sign the I-9 Form indicating your attestation that the document(s) appear to be genuine and applicable to the individual named. Place the notary stamp within the bottom margin of the form.

Employment Eligibility Verification

Please 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 eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last DOE	First JANE	Middle Initial Q	Maiden Name SMITH
Address (Street Name and Number) 1 MAIN ST		Apt. # 001	Date of Birth (month/day/year) 01-01-1901
City ANYCITY	State OH	Zip Code 00001	Social Security # 000-00-0000

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 or national of the United States
 A Lawful Permanent Resident (Alien #) A _____
 An alien authorized to work until _____

(Alien # or Admission #)

Employee's Signature Jane Doe	Date (month/day/year) 01-01-01
---	--

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.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

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).

List A	OR	List B	AND	List C
Document title: Passport		Drivers license		Social Security Card
Issuing authority: USA		STATE		SSA/DHS
Document #: PPO123		LICENSE #		000-00-0000
Expiration Date (if any): 01-07-08		01-01-01		N/A
Document #:				
Expiration Date (if any):				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative Notary/HR Rep	Print Name Notary/HR Rep	Title Notary/HR Rep
Business or Organization Name trustaff Travel Nurses, LLC	Address (Street Name and Number, City, State, Zip Code) 7767 Montgomery Rd. Suite 200, Cincinnati, Ohio 45236	Date (month/day/year) 01-01-01

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for 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)
--	-----------------------