

# Employee Information

Staff / Faculty / Other – Non-Employee



Select one: <input type="checkbox"/> New Employee <input type="checkbox"/> Rehired Employee <input type="checkbox"/> Current Employee Update/Change* <small>*Some changes require supporting documentation.</small>			
SSN:		Employee ID Number (if known/assigned):	
Organizational Unit (Department):			

**Personal Data:** *(Please complete applicable fields.)*

Title (Mr., Ms., Dr., etc.):	
Legal Last Name:	
First Name:	
Middle Name:	
Nickname:	
Preferred Last Name:	

Suffix (Jr., Sr., II, etc.):	
Birth Date:	
Gender:	
Marital Status:	
Highest Education Level:	
Course of Study:	

**Permanent Address**

Street Address 1:	
Street Address 2:	
City:	
County:	
State:	
Zip Code:	
Country:	

**Phone Numbers and Email Address**

Home:		
Cell:		
Work:		
Fax:		
Other:		
Primary Email:		

**Mailing Address**

*(if different from Permanent Address)*

Street Address 1:	
Street Address 2:	
City:	
County:	
State:	
Zip Code:	
Country:	

**NKU Alumni Information**

*(Complete section if graduated from NKU)*

Highest Degree Earned <b>at NKU:</b>	<input type="checkbox"/> J.D./Ed.D. <input type="checkbox"/> Master's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Associate's <input type="checkbox"/> Certificate
Major Course of Study for above degree:	

**Emergency Contacts**

Primary Emergency Contact		
Last Name:		
First Name:		
Area Code/Phone Number:		

Secondary Emergency Contact		
Last Name:		
First Name:		
Area Code/Phone Number:		

Employee Signature: (handwritten please)		Date:	
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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 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><b>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.</b></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 <b>Item Numbers 2.</b> and <b>3.</b> above) authorized to work until (exp. date, if any)						
If you check <b>Item Number 4.</b> , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
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					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p><b>Additional Information</b></p>    <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
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)					

<p><b>Certification:</b> 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):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative
		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code

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

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

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

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"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:                             <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                                     <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole 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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:                             <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security                             <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p> </li> </ol>
<p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



## Employee Authorization Agreement For Direct Deposit

Employees are able to direct deposit up to four different accounts. When choosing an additional deposit, you must enter an amount or a hundred percent that will go into the additional account.

I, the undersigned, hereby authorize Northern Kentucky University to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to the account(s) designed below and the depository name below, to credit and/or debit the same to such account.

### Section to be completed by employee:

Employee Name: \_\_\_\_\_

Employee ID or SSN: \_\_\_\_\_

NKU Department (Work Location): \_\_\_\_\_

Work Telephone #: \_\_\_\_\_

#### 1<sup>st</sup> Account Designation:

Bank/Depository Name \_\_\_\_\_

Account Number: \_\_\_\_\_

ABA Routing No. (Required): \_\_\_\_\_

Amount or Percentage for Deposit: \_\_\_\_\_

Checking Account \_\_\_\_\_ Savings Account \_\_\_\_\_

#### 2<sup>nd</sup> Account Designation:

Bank/Depository Name \_\_\_\_\_

Account Number: \_\_\_\_\_

ABA Routing No. (Required): \_\_\_\_\_

Amount or Percentage for Deposit: \_\_\_\_\_

Checking Account \_\_\_\_\_ Savings Account \_\_\_\_\_

#### 3<sup>rd</sup> Account Designation:

Bank/Depository Name \_\_\_\_\_

Account Number: \_\_\_\_\_

ABA Routing No. (Required): \_\_\_\_\_

Amount or Percentage for Deposit: \_\_\_\_\_

Checking Account \_\_\_\_\_ Savings Account \_\_\_\_\_

#### 4<sup>th</sup> Account Designation:

Bank/Depository Name \_\_\_\_\_

Account Number: \_\_\_\_\_

ABA Routing No. (Required): \_\_\_\_\_

Amount or Percentage for Deposit: \_\_\_\_\_

Checking Account \_\_\_\_\_ Savings Account \_\_\_\_\_

The authorization is to remain in full force and effect until Northern Kentucky University has received written notification from me. Notification of its termination will be provided in such time and in such manner as to afford Northern Kentucky University and the depository a reasonable opportunity to act upon it. You may choose up to 6 (six) accounts but please complete another forms for additional accounts.

Please upon filling out return to Payroll & Tax dept. located LAC 613.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VOIDED CHECK**

**Cancellation of Direct Deposit**  
Please sign here if you wish to cancel authorization for direct deposit

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_