



目标与宗旨

GIBBSHOUSTONPAUW
COMPREHENSIVE IMMIGRATION ADVOCACY

- 1) 了解 ICE（美国移民及海关执法局）突击执法/检查期间会发生什么
- 2) 了解雇主和雇员在 ICE 突击执法或检查期间的权利
- 3) 获取制定 ICE 突击执法应对计划的工具和知识
- 4) I-9 检查之最佳实践
- 5) 现场问答



什么是 ICE 突击执法？

美国移民与海关执法局（ICE）突击执法，是指移民执法人员进入工作场所或其他地点，以拘留个人、收集证据，或执行与移民或刑事调查相关的搜查令。



- **现场检查或执法行动：**执法人员到达企业或工作现场。
- **可能会涉及搜查令或文件：**可能会出示行政或司法搜查令。
- **可能会包括问话或拘留：**员工可能会被问话或逮捕。

*并非所有与 ICE 的接触都是突击执法——有些是属于检查（例如 I-9 检查）、逮捕或双方自愿之接触

谁会出现？

- 1) 身穿印有 ICE 或警察字样制服的 ICE 执法人员
- 2) IRS（国税局）刑事调查员
- 3) 身穿制服的 FBI（联邦调查局）人员



ICE 突击执法流程大纲

- (ICE) 调查开始
- (ICE) ICE 到达现场
- (雇主) 检视搜查令
- (ICE) 执法人员进行搜索与问话
- (ICE) 可能实施拘留或逮捕
- (雇主) 记录现场情况
- (雇主) 联系律师并作出回应



The image shows a graphic for an ICE raid. It features a large, bold, red text overlay that reads "ICE RAID" diagonally across the center. Above this, in white text, it says "ARE YOU PREPARED FOR AN". The background is a blurred image of an Employment Eligibility Verification (Form I-9) from the Department of Homeland Security. The form includes fields for employee information, address, and employer information. The text "ICE RAID" is superimposed over the form, indicating the context of the raid.

第一步：ICE 突击执法通常在执法人员到达前很久就开始了

1. 执法前的调查（执法人员到达前）

- ICE 可能会在现场行动前开展调查，包括：
 - 审查举报信息或投诉
 - 开展监视调查
 - 审核雇佣记录（如 I-9 表格）
 - 与其他机构协调合作
 - 获取司法搜查令、行政令或搜查授权（如适用）



第二步：保持冷静，并要求查看文件

2. ICE 执法人员到达企业现场

执法人员通常会突然到达，并：

- 表明其联邦执法人员身份
- 要求进入工作场所
- 出示搜查令或其他文件
- 要求与管理人员或企业主交谈
- 控制出入口或限制人员移动



关键目标：确认*他们持有的是哪种文件*（司法搜查令、行政令，还是检查通知）。

了解您拒绝执法人员进入的权利

- 1) 由法院签发，而不是由美国国土安全部（DHS）签发
- 2) 由真正的法官签字
- 3) 明确说明要搜查的区域以及要扣押的物品

什么是司法搜查令（Judicial Warrant）？

DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement
WARRANT OF REMOVAL/DEPORTATION

File No: _____
Date: _____

To any immigration officer of the United States Department of Homeland Security:

(Full name of alien) _____
who entered the United States at _____ on _____
(Place of entry) (Date of entry)

is subject to removal/deportation from the United States, based upon a final order by:

☐ an immigration judge in exclusion, deportation, or removal proceedings
☐ a designated official
☐ the Board of Immigration Appeals
☐ a United States District or Magistrate Court Judge

and pursuant to the following provisions of the Immigration and Nationality Act:

I, the undersigned officer of the United States, by virtue of the power and authority vested in the Secretary of Homeland Security under the laws of the United States and by his or her direction, command you to take into custody and remove from the United States the above-named alien, pursuant to law, at the expense of:

(Signature of immigration officer)

(Title of immigration officer)

(Date and office location)

ICE Form I-205 (8/07) Page 1 of 2

AO 442 (Rev. 11/11) Arrest Warrant

UNITED STATES DISTRICT COURT
for the _____

United States of America
v. _____
Defendant

Case No. _____

ARREST WARRANT

To: Any authorized law enforcement officer

YOU ARE COMMANDED to arrest and bring before a United States magistrate judge without unnecessary delay (name of person to be arrested) _____, who is accused of an offense or violation based on the following document filed with the court:

☒ Indictment ☒ Superseding Indictment ☒ Information ☒ Superseding Information ☒ Complaint
☒ Probation Violation Petition ☒ Supervised Release Violation Petition ☒ Violation Notice ☒ Order of the Court

This offense is briefly described as follows:

Date: _____ Issuing officer's signature _____
City and state: _____ Printed name and title _____

Return

This warrant was received on (date) _____, and the person was arrested on (date) _____ at (city and state) _____.

Date: _____ Arresting officer's signature _____
Printed name and title _____

File No. _____

Date: _____

(Signature of Authorized Immigration Officer)

(Printed Name and Title of Authorized Immigration Officer)

I hereby certify that the Warrant for Arrest of Alien was served by me at _____
(Location)

on _____ on _____, and the contents of this
(Name of Alien) (Date of Service)

notice were read to him or her in the _____ language.
(Language)

Name and Signature of Officer

Name or Number of Interpreter (if applicable)

Form I-200 (Rev. 09/16)



AO 93 (Rev. 11/13) Search and Seizure Warrant

for the

Case No.

Date and time issued: _____

Judge's signature

City and state: _____

Printed name and title



UNITED STATES DISTRICT COURT

for the

In the Matter of the Search of
*(Briefly describe the property to be searched
or identify the person by name and address)*

)
)
)
)
)
)

Case No.

SEARCH AND SEIZURE WARRANT

To: Any authorized law enforcement officer

An application by a federal law enforcement officer or an attorney for the government requests the search of the following person or property located in the District of

(identify the person or describe the property to be searched and give its location):

I find that the affidavit(s), or any recorded testimony, establish probable cause to search and seize the person or property described above, and that such search will reveal *(identify the person or describe the property to be seized):*

YOU ARE COMMANDED to execute this warrant on or before *(not to exceed 14 days)*

☐ in the daytime 6:00 a.m. to 10:00 p.m. ☐ at any time in the day or night because good cause has been established.

Unless delayed notice is authorized below, you must give a copy of the warrant and a receipt for the property taken to the person from whom, or from whose premises, the property was taken, or leave the copy and receipt at the place where the property was taken.

The officer executing this warrant, or an officer present during the execution of the warrant, must prepare an inventory as required by law and promptly return this warrant and inventory to *(United States Magistrate Judge)*.

☐ Pursuant to 18 U.S.C. § 3103a(b), I find that immediate notification may have an adverse result listed in 18 U.S.C. § 2705 (except for delay of trial), and authorize the officer executing this warrant to delay notice to the person who, or whose property, will be searched or seized *(check the appropriate box)*

☐ for days *(not to exceed 30)* ☐ until, the facts justifying, the later specific date of

Date and time issued:

Judge's signature

City and state:

Printed name and title

Return

Case No.:

Date and time warrant executed:

Copy of warrant and inventory left with:

Inventory made in the presence of :

Inventory of the property taken and name of any person(s) seized:

Certification

I declare under penalty of perjury that this inventory is correct and was returned along with the original warrant to the designated judge.

Date:

Executing officer's signature

Printed name and title

搜查令共有两页

确认第一页有效后，请确保执法范围仅限于第二页中列明的区域、物品及人员

第三步：查看搜查令或拒绝同意

3. 查看搜查令 / 主张权利

此阶段，雇主通常应：

- 要求取得搜查令副本
- 查看搜查范围（涵盖区域、所需物品、指定人员）
- 立即联系法律顾问
- 指定或启动负责与执法人员沟通的联系人
- 不要同意超出授权范围的搜查



第四步：搜查 – 面谈 – 扣押 – 拘留

4. 工作场所内的搜查或执法活动，以及员工接触及潜在逮捕 - 执法人员可能会：

- 搜查指定区域
- 要求查看记录
- 询问员工
- 拘留目标人员
- 扣押文件或电子设备
- 拍照或登记证物
- 将员工分开
- 指示管理层不要干预
- 邀请其他执法机构进入现场

如果 ICE 持有正式搜查令怎么办？

雇主应采取的行动

1) 指定一名联系人负责在现场与 ICE 沟通

- 询问 ICE 员工是否可以自由的离开
- 协调需要因紧急情况离开的员工
- 联系律师或社区组织提供协助
- 通知受影响员工的家属

2) 确保 ICE 仅进入搜查令授权范围内的区域

- 他们可能不会理会，但请持续表明您的反对意见。
- 录像或做记录，并告知对方您正在录音录像
- 确保机密信息受到保护，关闭并锁定电脑、员工档案及其他数据库

3) 不要协助员工逃离或躲藏

4) 提醒员工，他们有权保持沉默

EMPLOYER RESPONSIBILITIES IN ICE RAID

☒ DO NOT
INTERFERE

☒ ASK FOR
A WARRANT

☒ REVIEW
THE
WARRANT

☒ DO NOT
PROVIDE
DOCUMENTS



Employees' Responsibilities in an ICE Raid



如果 ICE 持有正式搜查令怎么办？

员工应采取的行动

- 1) 保持沉默——不要主动与 ICE 互动。他们不是你的朋友。
- 2) 只在要求律师时开口说话
- 3) 不要携带或出示伪造文件
- 4) 确保电子设备使用非生物识别密码锁定。即必须使用手动输入的密码。
- 5) 不要签署任何文件

ICE 常见执法策略

- 1) 威胁进行 I-9 检查
- 2) 声称您无权查看搜查令
- 3) 出示未明确搜查范围的搜查令，并声称他们可以搜查所有区域
- 4) 告诉您如果您配合，他们会从宽处理
- 5) 要求特定国籍的人站到指定区域
- 6) 要求拥有 TPS（临时保护身份）的人举手



如果您是 ICE 突击执法现场的旁观者

1. 保持冷静，并保持安全距离
2. 观察并记录现场情况
3. 在安全情况下可进行录像，并在录像中进行说明。您拥有美国宪法第一修正案赋予的在公共场所记录执法行为的权利。
4. 联系法律援助或快速响应网络

不要：

不要干预或激化局势

不要推搡、触碰或攻击执法人员

不要逃跑；如需离开，请冷静步行离开

请记住：ICE 执法不当行为无法在现场直接挑战



经验总结



1. 为 ICE 突击执法制定应对计划。事先演练。确保每个人都知道该怎么做。就像消防演习一样。
2. 要求查看搜查令。核实搜查令。坚持搜查范围限制。
3. 将事件发生过程做好记录与录像。
4. 配合有效司法搜查令。不要同意超出法律要求范围的搜查或问话。
5. 坚持自身权利，但不要干扰执法，也不要帮助任何人逃离或躲藏。
6. 维护企业与员工权益。

《移民工人保护法》 (HB 2105, 2025–26)

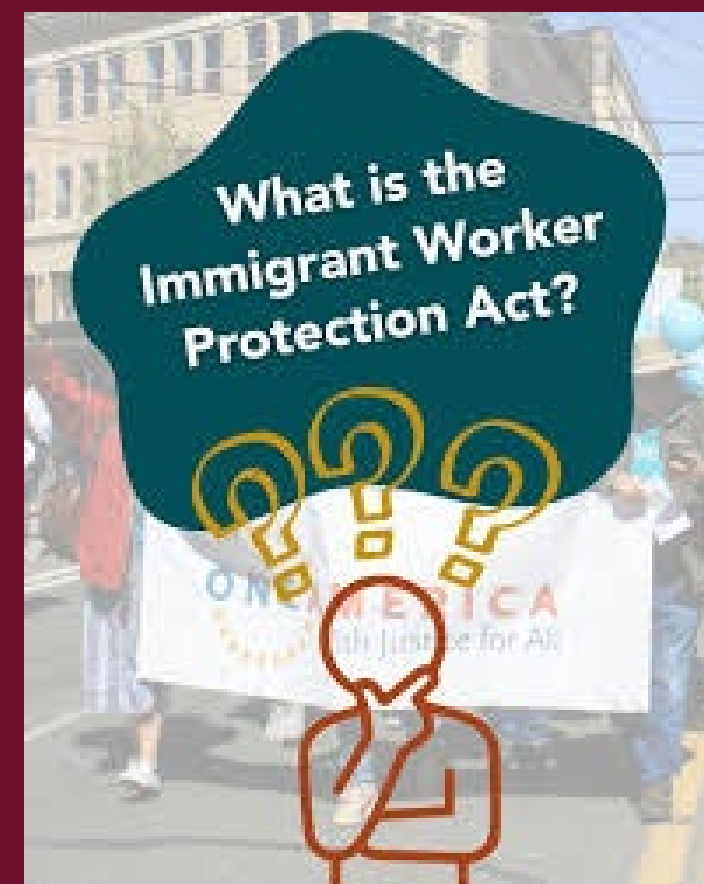
目的：在联邦移民相关工作场所检查期间，保护劳动者并明确雇主责任。

雇主主要义务：

- **提供通知：**若遇上联邦 I-9 检查，请务必通知员工。
- **分享结果：**必须通知受影响员工该检查的结果。
- **提供权利信息：**必须向员工提供有关其权利及法律资源的信息。
- **遵循正当法律程序：**如果没有搜查令或传票，不要允许进入非公开区域或查看员工记录。
- **禁止报复：**不要因员工主张自身权利而对其进行处分或报复。

法律不包括的内容：

- 并未阻止联邦移民执法
- 并未消联邦 I-9 合规要求
- 并未允许妨碍有效搜查令执行



ICE 与 I-9 检查



ICE - 美国移民与海关执法局 (Immigration and Customs Enforcement)

I-9 检查如何进行?

步骤 1: 检查通知 (Notice of Inspection)

步骤 2: 审核期

步骤 3: 判定结果

步骤 4: 罚款与处罚

I-9 检查是否需要搜查令？

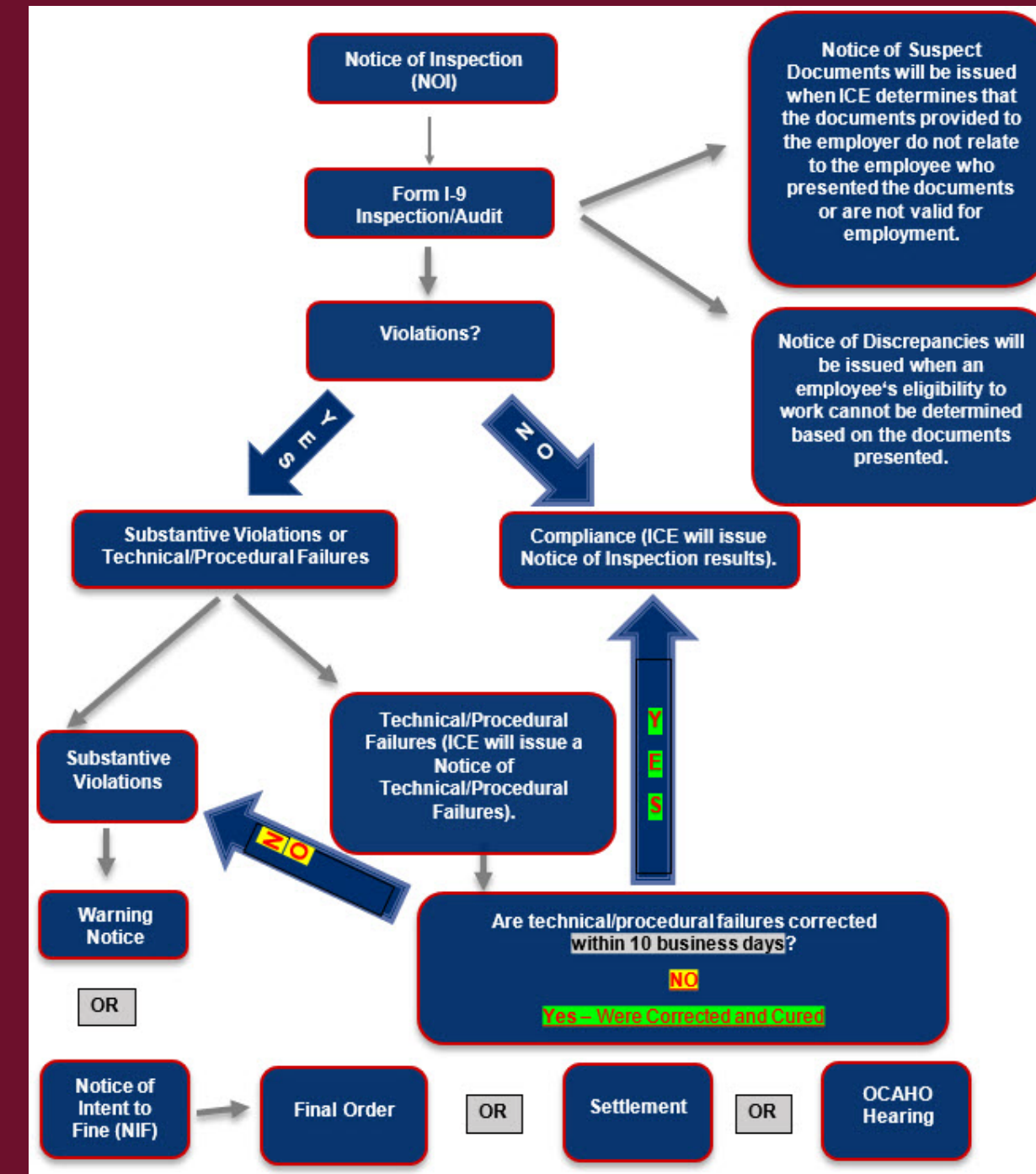
- 检查 I-9 表格**不需要**搜查令或传票
- 至少需要给雇主 3 天的时间来提交 I-9 表格
- 如果 ICE 持搜查令进行突击执法并要求查看 I-9, 请确认搜查令中明确列出 I-9 文件

I-9 检查期间可检查哪些文件？

- I-9表格
- 保存的任何支持性 A、B 或 C 类文件
- 检查追踪记录（如 I-9 电子存储）
- 员工名单、工资记录、公司文件
- 其他移民相关文件（批准文件、现行工资文件等）
- 税务记录及相关文件

I-9 审查的可能结果

- 检查结果通知 / 合规函
- 可疑文件通知
- 信息不一致通知
- 违规通知
- 警告通知
- 罚款意向通知书





雇主罚款

- **无法**在 I-9 审查期间纠正的实质性错误，可能为雇主带来重大经济处罚，**每份表格违规罚款范围为 \$288 美元至 \$2,861 美元。**

经验总结：

- 内部审查 I-9 表格可帮助降低审查风险。
- 未正确准备 I-9 表格，可能导致重大民事与刑事处罚。

2025–2026 年 I-9 罚款标准（每项违规）

- **实质性 / 文书违规：** \$288 – \$2,861 美元（之前属于技术性错误，现归类为实质性违规）。
- **明知雇佣无证员工（首次违规）：** \$716 – \$5,724 美元。
- **明知雇佣无证员工（第二次违规）：** \$5,724 – \$14,308 美元。
- **明知雇佣无证员工（第三次及以上）：** \$8,586 – \$28,619 美元。
- **未通知 E-Verify 最终未确认结果：** \$973 – \$1,942 美元。

I-9 政策与趋势更新

2026 年 3 月，美国移民与海关执法局（ICE）修改了沿用近 30 年的 I-9 表格「实质性违规」与「技术性违规」的指导标准

General Form I-9 Violations		
Category	Substantive Violations	Technical or Procedural Failures
Form Preparation	Failure to prepare the Form I-9.	Failure to use a version of the Form I-9 that is current at the time any part of the form is initially completed.
Inspection Presentation	Failure to present the Form I-9 for inspection upon request (8 C.F.R. § 274a.2(b)(3)).	—
Timeliness	Failure to ensure the timely preparation of Section 1 and/or failure to timely prepare Section 2 (and/or Supplement B, if applicable).	—
Spanish-Language Version	Completion of a Spanish-language version of the Form I-9 outside of Puerto Rico.	—
Electronic Standards	Failure to meet the standards for electronic completion, retention, documentation, security, reproduction, and electronic signatures as set forth in 8 C.F.R. § 274a.2(e)–(i).	—

Section 1 Violations		
Category	Substantive Violations	Technical or Procedural Failures
Name and Date of Birth	Failure to ensure the employee completes his or her printed or typed legal name and date of birth.	—
Other Last Names / Address	—	Failure to ensure an individual provides other last names used (if any) or a physical address in Section 1 (missing email or phone number does not constitute a violation).
Citizenship/Immigration Status Attestation	Failure to ensure the employee checks only one box attesting to citizenship status (U.S. citizen, noncitizen national, LPR, or alien authorized to work).	—
Alien Registration Number (LPR)	Failure to ensure the employee completes the Alien Registration Number/USCIS Number field next to “A lawful permanent resident.”	—

有疑问吗？

I-9 概览



01 员工信息

可接受文件示例

02

03 雇主验证

准备人和翻译员认证

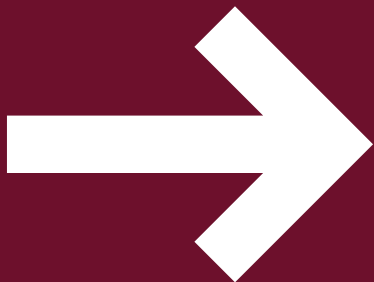
04

05 重新验证

第 1 部分：员工填写

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	

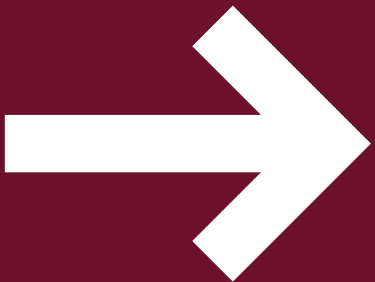
- 员工必须在入职第一天结束前完成填写
- 姓名
- 其他的姓氏
- 社会安全号码?
- 电子邮箱地址?



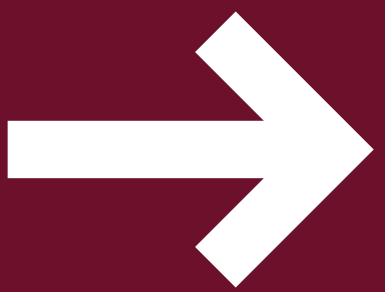
第 1 部分：员工填写

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.	Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
	☐	1. A citizen of the United States			
	☐	2. A noncitizen national of the United States (See Instructions.)			
	☐	3. A lawful permanent resident (Enter USCIS or A-Number.)			
	☐	4. An alien 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	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.					

- 员工必须勾选正确选项
- USCIS 或 A 号码
- 工作许可的到期日期
- USCIS A-号码、I-94 编号或外国护照
- 签名与日期



附表 A： 准备人 / 翻译员认证



- 使用西班牙语版本表格
 - 员工姓名
- 在顶部填写
- 准备人及翻译人员需填写并签名



**Supplement A,
Preparer and/or Translator Certification for Section 1**
Department of Homeland Security
U.S. Citizenship and Immigration Services

**USCIS
Form I-9
Supplement A**
OMB No. 1615-0047
Expires 05/31/2027

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle initial (if any) from Section 1.

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)		Middle Initial (if any)
Address (Street Number and Name)	City or Town	State	ZIP Code

第 2 部分：雇主验证

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.

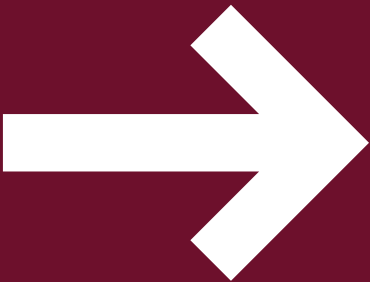
List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Expiration Date (if any)					

- 雇主必须在员工第 1 天入职后的 3 个工作日内完成填写
- A 类文件 或 B 类以及 C 类文件
- 如采用替代程序（例如远程验证），请勾选对应选项

第 2 部分：A 类文件

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)					
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)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					



- A 类文件 — 身份证件与工作许可
- 文件名称 — 美国护照
- 签发机构 — 美国国务院
- 文件编号 — 护照号码
- 到期日期 — 在填妥 I-9 时必须为有效

第 2 部分： B 类与 C 类文件

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.

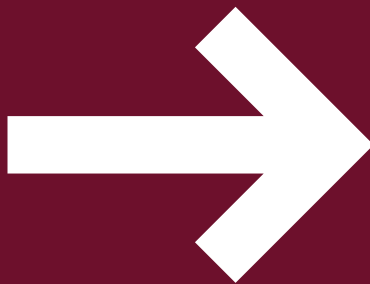
List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					

- B 类 — 身份证明
- C 类 — 工作许可证明
- 驾照（填妥 I-9 时必须为有效）
- 社会安全卡（无到期日）
- 社会安全卡（ “不得用于工作许可” / “仅在国安局授权下可用于工作许可” ）

第 2 部分：雇主认证

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.		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 	

- 完整填写
- 首次工作日期
- 不要忘记填写职位名称!
- 公司全名
- 完整地址
- 签名与日期



附表 B：重新验证

- 到期前重新验证
- 3 年内重新雇佣 — 填写新的 I-9 或附表 B
- 绿卡持有人无需重新验证



Supplement B,
Reverification and Rehire (formerly Section 3)
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 05/31/2027

Last Name (Family Name) from Section 1.		First Name (Given Name) from Section 1.		Middle Initial (if any) from Section 1.

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 Instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#).

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

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

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

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

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

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)

Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

保存要求与存储



旧的 I-9 文件保存与销毁
日期



纸本与电子存储



与人事档案分开保存

有疑问吗？