



## Certification of Employment Eligibility

Full Legal Name [Employee]: \_\_\_\_\_

Name of Contracting Entity/Employer: \_\_\_\_\_

The University of Missouri Health Care (“MUHC”) requires that any personnel performing work at MUHC be authorized to work in the United States pursuant to all Federal and state immigration laws. Federal immigration law requires the use of the Form I-9 by all employers to verify the identity and work authorization of each of their employees. The following Certification is provided to satisfy MUHC's requirement that all personnel performing work at MUHC be authorized to work in the United States.

**Certification:**

**Form I-9 Compliance**

By signing below, I attest, under penalty of perjury, that (1) the above-named individual is employed by the undersigned contracting entity/employer; (2) that the individual and employer have completed a Form I-9 in compliance with immigration law requirements; (3) that I have examined the Form I-9, which was completed properly, including the provision by the employee of acceptable document(s) to establish his/her identity and work authorization.

**E-Verify Compliance**

If the contracting entity/employer was a participant in the E-Verify program at the time the above-named employee was hired, I further attest, under penalty of perjury, that the employer received an "Employment Authorized" case result in the E-Verify check of such individual. In the event the contracting entity/employer was not a participant in the E-Verify program at the time the above-named employee was hired, I make no representation concerning an E-Verify check.

\_\_\_\_\_  
Name of Contracting Entity/Employer

\_\_\_\_\_  
Name of Official Authorized to Certify on Behalf of Contract Entity/Employer

\_\_\_\_\_  
Title of Representative

\_\_\_\_\_  
Signature & Date