



**Form I-9 Authorization**

The obligation to obtain a properly completed I-9 Form is assigned to \_\_\_\_\_ (hereafter referred to as "Worksite Employer") for all current and future assigned employees. If, prior to Worksite Employer's entering into a Service Agreement with ABS1 dba National HR Solutions\* ("ABS1 dba National HR Solutions") assigned employees have properly completed an I-9 form for Worksite Employer or for another professional employer organization which had a contractual relationship with Worksite Employer at the time such assigned employees were hired, such assigned employees shall not be obligated to complete a new I-9 form upon their becoming co-employed by ABS1 dba National HR Solutions.

Worksite Employer acknowledges that to the fullest extent allowed by law it has been allocated all responsibility to properly obtain and to maintain I-9 forms in conformity with the Immigration Reform and Control Act of 1986.

Worksite Employer hereby acknowledges and agrees that it is solely responsible for the examination of the original documentation required on the Employment Eligibility Verification I-9 Form and the recording of such information thereon and executing such I-9 Form with regard to all assigned employees of Worksite Employer covered under the Service Agreement entered into between Worksite Employer and ABS1 dba National HR Solutions.

Worksite Employer further agrees that ABS1 dba National HR Solutions shall have a right to inspect and copy any and all I-9 Forms and records in the possession of Worksite Employer at any time during normal business hours (8:00 AM-6:00 PM). This right to inspect and copy any and all I-9 Forms and records shall continue for a period of no less than 10 years from the date that either party to this agreement terminates the contract for services Worksite Employer has with ABS1 dba National HR Solutions.

Worksite Employer also acknowledges and agrees that Worksite Employer, and not ABS1 dba National HR Solutions, will be solely responsible for obtaining a completed I-9 Form for all of Worksite Employer's assigned employees.

Agreed to:

**ABS1 dba National HR Solutions**

By: \_\_\_\_\_ (Date)

658 W Indiantown Rd Ste 204, Jupiter, FL 33458  
(Address)

**EMPLOYER**

By: \_\_\_\_\_ Signature, Position (Date)

\_\_\_\_\_  
(Address)