

Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No. 1615-0047 Expires 08/31/2019

► START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Apt. Number	Section 1. Employee Information than the first day of employment, but no			•	st complete an	d sign Se	ection 1 d	of Form I-9 no later		
Date of Birth (mm/dd/yyyy) U.S. Social Security Number Employee's E-mail Address Employee's Telephone Numb 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 boxes): 1. A citizen of the United States 2. A noncitizen national of the United States (See instructions) 3. A lawful permanent resident (Alien Registration Number/USCIS Number) 4. An alien authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number. OR 3. Foreign Passport Number: OR 4. Today's Date (mm/dd/yyyy) Preparer and/or Translator Certification (check one): I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1. (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.) 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 reknowledge the information is true and correct. Signature of Preparer or Translator First Name (Given Name)	Last Name (Family Name)	First Name (Given Name					Other Last Names Used (if any)			
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1. A citizen of the United States	connection with the completion of this	form.				or use of	false do	ocuments in		
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Country of Issuance: Signature of Employee Today's Date (mm/dd/yyyy)					_					
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Signature of Preparer or Translator Last Name (Family Name) First Name (Given Name)			comple	etion of S	ection 1 of th	is form a	and that	to the best of my		
		correct.				Today's [Date (mm/	/dd/yyyy)		
Address (Street Number and Name) City or Town State ZIP Code	Last Name (Family Name)			First Name	e (Given Name)					
	Address (Street Number and Name)		City or	Town			State	ZIP Code		

Employer Completes Next Page





Employment Eligibility Verification Department of Hemoland Security

Department of Homeland Security U.S. Citizenship and Immigration Services

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OMB No. 1615-0047 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (F	amily Name)		First Name (Given Name		e)	M.I.	Citizer	nship/Immigration Status
List A	_)R	List		Al	ND			List C
Identity and Employment Auth	orization		Iden	tity			. =		yment Authorization
Document Title		Document T	itle			Docume	ent litle	;	
Issuing Authority		Issuing Auth	ority			Issuing	Authori	ity	
Document Number		Document N	lumber			Docum	ent Nun	nber	
Expiration Date (if any)(mm/dd/yyyy	у)	Expiration D	ate (if any)(r	mm/dd/yyy	<i>y)</i>	Expirati	on Date	e (if any	y)(mm/dd/yyyy)
Document Title									
Issuing Authority		Additional	Informatio	n					Code - Sections 2 & 3 ot Write In This Space
Document Number									
Expiration Date (if any)(mm/dd/yyyy	у)								
Document Title									
Issuing Authority									
Document Number									
Expiration Date (if any)(mm/dd/yyyy	y)								
Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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. The employee's first day of employment (mm/dd/yyyy): (See instructions for exemptions)									
Signature of Employer or Authorize	a Representat	ive	Today's Dat	te (mm/aa/	yyyy) litle	of Employ	er or A	utnoriz	ed Representative
Last Name of Employer or Authorized F	Representative	First Name of	Employer or A	Authorized F	Representative	Employ	er's Bu	siness	or Organization Name
Employer's Business or Organization	on Address (St	reet Number ar	nd Name)	City or To	own	,	Sta	ite	ZIP Code
Section 3. Reverification a	and Rehire	s (To be com	pleted and	sianed h	v emplover o	r authori:	zed rei	oresen	tative.)
A. New Name (if applicable)		1	,	J 2 2 7 7		B. Date of			
Last Name (Family Name)	First	Name (Given N	Name)	Mi	iddle Initial	Date (mr		. , ,	,
C. If the employee's previous grant continuing employment authorizatio				provide th	e information f	or the doo	cument	or rece	ipt that establishes
Document Title			Docume	ent Number	r		Expira	ation Da	ate (if any) (mm/dd/yyyy)
I attest, under penalty of perjury the employee presented docum		ocument(s) I	have exam	ined appo					
Signature of Employer or Authorize	d Representat	ive Today's	Date (mm/c	ld/yyyy)	Name of Em	nployer or	Authori	ized Re	epresentative

LISTS OF ACCEPTABLE DOCUMENTS All documents must be UNEXPIRED

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

	LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity AN	ID	LIST C Documents that Establish Employment Authorization	
2.	U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a		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	1.	A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH	
	temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa Employment Authorization Document		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,	2.	INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION Certification of report of birth issued	
5.	that contains a photograph (Form I-766) For a nonimmigrant alien authorized to work for a specific employer because of his or her status:		gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card	3.	by the Department of State (Forms DS-1350, FS-545, FS-240) Original or certified copy of birth certificate issued by a State, county, municipal authority, or	
	a. Foreign passport; andb. Form I-94 or Form I-94A that has the following:		 U.S. Military card or draft record Military dependent's ID card U.S. Coast Guard Merchant Mariner 	4.	territory of the United States bearing an official seal Native American tribal document	
	(1) The same name as the passport; and(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has		8. Native American tribal document 9. Driver's license issued by a Canadian government authority		U.S. Citizen ID Card (Form I-197) Identification Card for Use of Resident Citizen in the United States (Form I-179)	
	not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		For persons under age 18 who are unable to present a document listed above:	7.	Employment authorization document issued by the Department of Homeland Security	
6.	the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating		10. School record or report card11. Clinic, doctor, or hospital record12. Day-care or nursery school record			

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

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