

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.

Section 1. Employee Information than the first day of employment, but not			must (complete an	d sign Se	ection 1 o	f Form I-9 no later	
Last Name (Family Name)	First Name (Given Nam	ne (Given Name)		idd le I nitial	Other L	Last Names Used (if any)		
Address (Street Number and Name)	Apt. Number	City or Tow	City or Town			State	ZIP Code	
Date of Birth (mm/dd/yyyy) U.S. Social Sec	urity Number Emplo	ployee's E-mail Address			E	Employee's Telephone Number		
I am aware that federal law provides for connection with the completion of this f I attest, under penalty of perjury, that I a	orm.				r use of	false do	cuments in	
1. A citizen of the United States	(oncon one or the	.ccg z	oxoo,					
2. A noncitizen national of the United States	(Sac instructions)							
	gistration Number/USCIS	S Number):						
4. An alien authorized to work until (expira								
Some aliens may write "N/A" in the expira	ation date field. (See ins	tructions)	_		-			
Aliens authorized to work must provide only or An Alien Registration Number/USCIS Number							QR Code - Section 1 Not Write In This Space	
Alien Registration Number/USCIS Number: OR								
2. Form I-94 Admission Number: OR								
3. Foreign Passport Number:								
Country of Issuance:								
Signature of Employee				Today's Dat	e (mm/dd	/уууу)		
Preparer and/or Translator Certif I did not use a preparer or translator. (Fields below must be completed and sign	A preparer(s) and/or tra ed when preparers an	nslator(s) assi nd/or translate	ors ass	sist an empl	oyee in c	ompleting	g Section 1.)	
I attest, under penalty of perjury, that I h knowledge the information is true and c		completion (of Sec	tion 1 of th	is form a	and that t	to the best of my	
Signature of Preparer or Translator					Today's [Date (mm/d	dd/yyyy)	
Last Name (Family Name)		First N	lame (0	Given Name)				
Address (Street Number and Name)		City or Town				State	ZIP Code	



Employer Completes Next Page





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Section 2. Employer or A (Employers or their authorized reprimust physically examine one docur of Acceptable Documents.")	esentative must	complete and	sign Section	n 2 within	3 business day	ys of the em				
Employee Info from Section 1	Last Name (Fai	mily Name)		First Nam	ie (Given Nam	ne) N	1.I. Citizo	enship/Immigration Status		
List A Identity and Employment Auth	OR norization	1	List Iden		A	ND	Emp	List C loyment Authorization		
Document Title		Document T	itle			Documen	t Tit l e			
Issuing Authority		Issuing Auth	ority			Issuing A	uthority			
Document Number		Document Number				Document Number				
Expiration Date (if any)(mm/dd/yyy	y)	Expiration Date (if any)(mm/dd/yyyy)				Expiration Date (if any)(mm/dd/yyyy)				
Document Title										
Issuing Authority		Additional	Informatio	n			QF Do	Code - Sections 2 & 3 Not Write In This Space		
Document Number										
Expiration Date (if any)(mm/dd/yyyy	y)									
Document Title	\neg									
Issuing Authority										
Document Number										
Expiration Date (if any)(mm/dd/yyy	у)									
Certification: I attest, under pe (2) the above-listed document(semployee is authorized to work The employee's first day of e	s) appear to be in the United	genuine an States.	d to relate		ployee name		to the be	st of my knowledge the		
Signature of Employer or Authorized Representative			Today's Date (mm/dd/yyyy) Title			of Employer or Authorized Representative				
Last Name of Employer or Authorized R	First Name of Employer or Authorized Representativ			Representative	Employer's Business or Organization Name					
Employer's Business or Organization	on Address (Stre	et Number ar	nd Name)	City or To	wn		State	ZIP Code		
Section 3. Reverification	and Rehires	(To be com	pleted and	signed b	y employer o	r authorize	ed represe	ntative.)		
A. New Name (if applicable)							. Date of Rehire (if applicable)			
Last Name (Family Name)	First N	ame (Given N	lame)	Mi	ddle Initial	Date (mm/	(dd/yyyy)			
C. If the employee's previous grant continuing employment authorizatio				provide th	e information f	for the docu	ment or rec	eipt that estab l ishes		
Document Title				Document Number			Expiration Date (if any) (mm/dd/yyyy)			
I attest, under penalty of perjur										
Signature of Employer or Authorize			Date (mm/o					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			LIST B Documents that Establish Identity AN			LIST C Documents that Establish Employment Authorization			
3.	U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa Employment Authorization Document that contains a photograph (Form I-766)			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 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	2.	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 INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)			
5.	For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and		4. 5. 6. 7.	School ID card with a photograph Voter's registration card U.S. Military card or draft record Military dependent's ID card U.S. Coast Guard Merchant Mariner Card Native American tribal document	4. 5.	Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal Native American tribal document U.S. Citizen ID Card (Form I-197)			
6.	(2) An endorsement of the alien's nonimmigrant status 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. 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		9. F	Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: . School record or report card	7.	Identification Card for Use of Resident Citizen in the United States (Form I-179) Employment authorization document issued by the Department of Homeland Security			

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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