**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 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) Fi			ne <i>(Giv</i>	en Name)	)	Middle Initial	Other Last Names Used (if any)		
Address (Street Number and N	Name)		Apt. Ni	umber	City or Town		1	State	ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Secu	urity Num	ber	Employe	ee's E-mail Addr	ess	E	mployee's ]	Felephone Number

# 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	8 Numb	er):				
<ul> <li>4. An alien authorized to work until (expiration date, if applicable, if Some aliens may write "N/A" in the expiration date field. (See installers authorized to work must provide only one of the following docum An Alien Registration Number/USCIS Number OR Form I-94 Admission</li> <li>1. Alien Registration Number/USCIS Number: OR</li> <li>2. Form I-94 Admission Number: OR</li> <li>3. Foreign Passport Number: Country of Issuance:</li> </ul>	truction nent nu	mbers to comp				2R Code - Section 1 Not Write In This Space
Signature of Employee			Today's Dat	e ( <i>mm/dd/</i>	<i>(</i> уууу)	
Preparer and/or Translator Certification (check or I did not use a preparer or translator. A preparer(s) and/or tra (Fields below must be completed and signed when preparers and I attest, under penalty of perjury, that I have assisted in the or knowledge the information is true and correct.	nslator( d/or tra	anslators ass	ist an empl	oyee in c	ompleting	Section 1.)
Signature of Preparer or Translator				Today's D	)ate ( <i>mm/d</i>	d/yyyy)
Last Name (Family Name)		First Name (G	iven Name)			
Address (Street Number and Name)	City or	Town			State	ZIP Code

STOP

[STOP]



## **Employment Eligibility Verification**

### **Department of Homeland Security**

1 1 1 1 1 1 1

#### U.S. Citizenship and Immigration Services

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A 41

List A       OR       List B       AND       List C       Employment Authorization         Document Title       Document Title       Document Title       Document Title       Issuing Authority       Issuing Authority         Document Number       Document Number       Document Number       Document Number       Expiration Date (if any)(mm/dd/yyyy)       Expiration Date (if any)(mm/dd/yyyy)       Expiration Date (if any)(mm/dd/yyyy)       Expiration Date (if any)(mm/dd/yyyy)         Document Title       Additional Information       QR Code - Sections 2 & 3 Do Not Write In This Space         Expiration Date (if any)(mm/dd/yyyy)       Document Title       Issuing Authority         Document Title       Additional Information       UR Code - Sections 2 & 3 Do Not Write In This Space         Issuing Authority       Document Title       Issuing Authority       Intervention         Issuing Authority       Document Title       Intervention       Intervention         Issuing Authority       Intervention       Intervention       Intervention         Issuing Authority       Intervention       Intervention       Intervention         Issuing Authority       Intervention       Intervention       Intervention	Employee Info from Section 1	Last Name (Fa	amily Name)	First Name (	Given Name)	M.I.	Citizenship/Immigration Statu
Document Number       Document Number       Issuing Authority         Document Number       Document Number       Document Number         Expiration Date (if any)(mm/dd/yyyy)       Expiration Date (if any)(mm/dd/yyyy)       Expiration Date (if any)(mm/dd/yyyy)         Document Title       Additional Information       OR Code - Sections 2 & 3 Do Not Write In This Space         Expiration Date (if any)(mm/dd/yyyy)       Document Title       Issuing Authority         Document Title       Issuing Authority       Issuing Authority         Issuing Authority       Issuing Authority       Issuing Authority         Issuing Authority       Issuing Authority       Issuing Authority         Issuing Authority       Issuing Authority		÷.	-		AND		List C Employment Authorization
Document Number     Document Number       Expiration Date (if any)(mm/dd/yyyy)     Expiration Date (if any)(mm/dd/yyyy)       Document Title       Ssuing Authority       Document Number       Expiration Date (if any)(mm/dd/yyyy)       Occument Number       Ssuing Authority       Document Title       Expiration Date (if any)(mm/dd/yyyy)       Occument Title       Document Title	Document Title		Document Title		Docu	iment Tit	tle
Expiration Date (if any)(mm/dd/yyyy)       Expiration Date (if any)(mm/dd/yyyy)         Document Title       Additional Information         Ssuing Authority       OR Code - Sections 2 & 3 Do Not Write In This Space         Expiration Date (if any)(mm/dd/yyyy)       On Not Write In This Space         Document Title       On Not Write In This Space         Document Title       On Not Write In This Space         Document Title       On Not Write In This Space	ssuing Authority		Issuing Authority		Issui	ng Autho	prity
Document Title     Additional Information     QR Code - Sections 2 & 3 Do Not Write In This Space       Expiration Date ( <i>if any</i> )( <i>mm/dd/yyyy</i> )     Occument Title	Document Number		Document Number		Docu	ument Nu	umber
ssuing Authority       Additional Information       QR Code - Sections 2 & 3 Do Not Write In This Space         Document Number       Expiration Date ( <i>if any</i> )( <i>mm/dd/yyyy</i> )       Document Title	Expiration Date ( <i>if any</i> )( <i>mm/dd/yyy</i>	<i>v)</i>	Expiration Date (if a	any)(mm/dd/yyyy)	Expi	ration Da	ate (if any)(mm/dd/yyyy)
Additional mitoritation     Do Not Write In This Space       Document Number	Document Title						
Expiration Date ( <i>if any</i> )( <i>mm/dd/yyyy</i> )	ssuing Authority		Additional Inform	nation			
Document Title	Document Number						
	Expiration Date (if any)(mm/dd/yyy	<i>y)</i>					
ssuing Authority	Jocument Title						
	ssuing Authority						
Document Number	Jocument Number						

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 Authorized Representative			Today's Date (mm/dd/yyyy)			Title of Employer or Authorized Representative				
Last Name of Employer or Authorized Representative First Name of I				Employer or Authorized Representative			Employer's Business or Organization Name			
Employer's Business or Organization Addre	et Number ar	nd Name) City or Town				State	ZIP Code			
Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)										
A. New Name ( <i>if applicable</i> ) B. Date of Rehire ( <i>if applicable</i> )										
Last Name (Family Name) First Name (Given Na				ame) Middle Initial			Date (mm/dd/yyyy)			
<b>C.</b> If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.										
Document Title Document Number Expiration Date ( <i>if any</i> ) ( <i>mm/dd/yyyy</i> )										
I attest, under penalty of perjury, that to the employee presented document(s),			• •						-	
Signature of Employer or Authorized Representative Today's D				Date (mm/dd/yyyy) Name of Er			of Employer or Authorized Representative			

## 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	DR		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 temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa			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	1.	<ul> <li>A Social Security Account Number card, unless the card includes one of the following restrictions:</li> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ul>	
4.	Employment Authorization Document that contains a photograph (Form I-766)			nformation such as name, date of birth, jender, height, eye color, and address		Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)	
5.	For a nonimmigrant alien authorized		3. School ID card with a photograph		3.	Original or certified copy of birth	
	to work for a specific employer because of his or her status: <b>a.</b> Foreign passport; and	-		Voter's registration card		certificate issued by a State, county, municipal authority, or	
			5.	U.S. Military card or draft record		territory of the United States bearing an official seal	
	<b>b.</b> Form I-94 or Form I-94A that has		6.	Military dependent's ID card		-	
	the following: (1) The same name as the passport;	-	7.	U.S. Coast Guard Merchant Mariner Card	4.	U.S. Citizen ID Card (Form I-197)	
	and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has	ŀ	8.	. Native American tribal document			
		-	9.		Driver's license issued by a Canadian government authority	6.	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:			Employment authorization document issued by the Department of Homeland Security	
	Passport from the Federated States of Micronesia (FSM) or the Republic of		10.	10. School record or report card			
	the Marshall Islands (RMI) with Form	1	11.	Clinic, doctor, or hospital record			
	I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		12.	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.