

Employment Eligibility Verification

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

USCIS Form I-9 OMB No. 1615-0047 Expires 10/31/2022

▶ 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.

documentation presented has a future expiration date may also constitute megal 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)	First Name (Given Name) Middle Initial Other				er Last Names Used (if any)			
Address (Street Number and Name)	Apt. Number City or Town				State	ZIP Code		
Date of Birth (mm/dd/yyyy) U.S. Social Sec	nm/dd/yyyy) U.S. Social Security Number Employee's E-mail Address					Employee's Telephone 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 Number):								
4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): Some aliens may write "N/A" in the expiration date field. (See instructions)								
Aliens 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.								
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		(40004)			
Signature of Employee 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 my								
knowledge the information is true and correct.								
Signature of Preparer or Translator Today's Date (mm/dd/yyyy)						ld/yyyy)		
Last Name (Family Name)		First Name	e (Given Name)					
Address (Street Number and Name)		City or Town			State	ZIP Code		
<u> </u>		•				•		

STOP

Employer Completes Next Page

STOP

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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 docur of Acceptable Documents.")	nent from List A	OR a combin	ation of one	documei	nt trom List	B and	one docum	nent from Li	st C as listed on the "Lists	
Employee Info from Section 1	Last Name (Fa	mily Name)		First Na	me (Given	Name)) M.	I. Citizer	ship/Immigration Status	
List A	Ol	R	List			AN	D		List C	
Identity and Employment Auti Document Title	Document T	Identity				Employment Authorization Document Title				
Dodanioni Tido		Document Title				Document Title				
Issuing Authority	Issuing Authority				Issuing Authority					
Document Number	Document Number				Document Number					
Expiration Date (if any) (mm/dd/yy	Expiration Date (if any) (mm/dd/yyyy)				Expiration Date (if any) (mm/dd/yyyy)					
Document Title										
Issuing Authority	Additional Information				QR Code - Sections 2 & 3 Do Not Write In This Space					
Document Number										
Expiration Date (if any) (mm/dd/yy)	yy)									
Document Title	\neg									
Issuing Authority							L			
Document Number										
Expiration Date (if any) (mm/dd/yy	yy)									
Certification: I attest, under per (2) the above-listed document(employee is authorized to work	s) appear to b	e genuine ar								
The employee's first day of e			/):		(S	ee ins	structions	for exen	nptions)	
Signature of Employer or Authorized Representative			Today's Da	y's Date (mm/dd/yyyy) Title of Emp			f Employer	oloyer or Authorized Representative		
Last Name of Employer or Authorized	e of Employer or Authorized Representative First Name of Employer or Authorized Representative E			Employer's Business or Organization Name						
Employer's Business or Organization	on Address (Str	eet Number a	nd Name)	City or T	Γown			State	ZIP Code	
Section 3. Reverification	and Rehires	(To be com	pleted and	signed	by employ	er or	authorized	d represer	ntative.)	
A. New Name (if applicable)					В	B. Date of Rehire (if applicable)				
Last Name (Family Name) First Name (Given I		Vame)	Middle Initial			Date (mm/dd/yyyy)				
C. If the employee's previous grant continuing employment authorization				provide 1	the informa	tion for	the docum	nent or rece	ipt that establishes	
Document Title			Docume	Document Number			E	Expiration Date (if any) (mm/dd/yyyy)		
I attest, under penalty of perjur the employee presented docun										
Signature of Employer or Authorize	ed Representativ	/e Today's	Date (mm/c	ld/yyyy)	Name	of Emp	loyer or Au	thorized 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	۱D	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		 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 		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
5.	I-766) 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:		 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 	3.	DS-1350, FS-545, FS-240)
	 (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 not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 		Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above:		U.S. Citizen ID Card (Form I-197) Identification Card for Use of Resident Citizen in the United States (Form I-179) Employment authorization document issued by the Department of Homeland Security
of	Passport from the Federated States Micronesia (FSM) or the Republic the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record		

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

Refer to the instructions for more information about acceptable receipts.

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